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Background

Child injury is a leading cause of death, disability and burden and the leading cause of inequalities for children in the EU. Despite this, the issue of child injury is often neglected and investment is rarely equal to the magnitude of the problem.

For the last decade the European Child Safety Alliance has been urging countries to develop a government endorsed child safety action plan because more effective action and consistency of healthy public policy should result through a strategic approach that identifies priority areas and actions based on evidence-based good practices. In addition while the health care sector manages the outcome of injury, the prevention strategies that have been proven effective often lie in other sectors or require coordination between sectors. A strategic and coordinated effort can also help facilitate a multi-sectoral approach to action – important given that the solutions to child injury often lie outside of the health sector (e.g., transport, education, etc.) or require coordination between sectors - and ensure it receives adequate investment that will lead to meaningful reductions.

A government endorsed national Child Safety Action Plan (CSAP) is defined as a policy document endorsed at the highest level of government that describes:

1) the broad framework, long-term direction and priorities for prevention and safety promotion for children in a country and

2) the specific short-term activities, organisational responsibilities and resources required to begin to implement those priorities.

The development and implementation of such plans is also seen as assisting countries with meeting commitments made through various international declarations, resolutions and recommendations, several of which also call for the development of national action plans. They include:

- UN Convention of the Rights of the Child
- UN Millennium Development Goals
- WHO Region for Europe Resolution R55 / R9 on injury prevention
- European Commission Recommendation on injury prevention
- World Reports Child Injury Prevention
- European Report on Child Injury Prevention
The CHILD SAFETY ACTION PLAN (CSAP) project was a large-scale initiative that ran from 2004-2010 in two phases with the aim of facilitating the development of child safety action plans in participating countries in Europe and raising awareness of, and commitment to, addressing a leading cause of death for children in Members States through the use of evidence based good practice.

At the end of the CSAP II which ran from 2007-2010, 26 countries were participating: 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 had chosen to follow the process as observers: Croatia, Denmark†, England, Former Yugoslav Republic of Macedonia, Norway†, Poland† and Switzerland.

*Joined second phase of CSAP 2007-2010
†Active participants in first phase of CSAP 2004-2007

As part of the TACTICS project three additional countries, Croatia, Slovakia and Romania began their CSAP development process and the TACTICS Secretariat continued to monitor and receive updates on progress from the countries that had participated in CSAP I and CSAP II.

Full 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 at:

An overview and progress report of the second phase, is available in the report Action Planning for Child Safety:

This report provides information on subsequent progress of the 29 countries that actively participated in either CSAP I (2004-2007) or CSAP II (2007-2010) and the progress under TACTICS (2011-2014) for the three new countries.
CSAP Development Process

A government endorsed national Child Safety Action Plan (CSAP) is 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 (Figure 1) 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. During CSAP I and CSAP II some countries chose to pursue a ‘stand alone’ policy document as was the case in Finland, while others looked to integrate identified goals, objectives and actions into broader initiatives such as a national Child Environment & Health Plan (CEHAP) as occurred in Germany, a national Injury Prevention Strategy addressing all ages / all injuries as was the approach in Austria. For the three new country partners undertaking the development task under the auspices of TACTICS only two countries, Croatia and Slovakia, progressed to the point that a specific decision was made with respect to where their CSAP would fit. For Croatia it will be a stand-alone programme under the leadership and coordination of the Ministry of Health and for Slovakia, it will form part of their national Child Environment & Health Plan (CEHAP).

![Figure 1. CSAP Development Process](image-url)
Child Safety Action Plan Development and Mentoring Processes

The action plan mentoring process for the three new country partners involved both specific meetings held in conjunction with other TACTICS meetings, reviewing progress with all participating countries as part of ECSA Steering Group meetings, as well as the availability of day-to-day on-going support to facilitate Child Safety Action Plan development. Activities have included:

- Two face-to-face meetings with the new country partners and the TACTICS Programme Manager in Rome and Denmark.
- CSAP updates approximately every six months and sharing of country progress, challenges and solutions at ECSA Steering Group meetings when time permitted.
- Distribution of CSAP development process, Child Safety Good Practice Guide and examples of other countries CSAPs.
- 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 for the most part by email.
- Site visits were discussed and the Secretariat offered repeatedly to travel to assist in whichever way the country partners thought best, however none of them felt they were at a point in the process where this would assist within the timeframe of the TACTICS project.
CSAP Development Progress Update

Partners initiating CSAP development under the TACTICS project did not have the benefit of going through the process with multiple countries at the same time. For the most part, partners that participated in previous CSAP I and II projects were much less active than they had been when CSAP development was part of an official project and was actively linked to the Child Environment and Health Action Plan for Europe (CEHAPE) process. In addition, there were fewer opportunities for the three new CSAP countries to directly share problem solving with those who had been through the process previously.

As of April 2014, seven countries have government endorsed plans they are either implementing or preparing to implement (Cyprus, Czech Republic, Estonia, Finland, Hungary, Israel and Sweden), eight countries have completed plans and are working on government endorsement and / or implementation (Austria, Belgium, Croatia, France, Germany, Netherlands, Northern Ireland, Slovenia) and two have developed a strategic document and are now working in different ways to move toward action (Scotland and Wales). The other participating countries are at various stages in the planning process (see Table 1). Given differences in starting points, challenges with government elections, etc. the table is not intended as a means of comparing progress, but rather to illustrate where countries are at in their national action planning processes.
Table 1. Country progress through 9 steps in CSAP development process

|------------------|-----------------------|------------------------------|---------------------------------|-----------------------------|-----------------------------------------------|------------------------------------------|--------------------------------------|-----------------------|------------------------------------------|----------------------|------------------------|

1. Initially conducted in 2009, repeated in 2011, 2012 and 2013
2. National Action Plan completed and endorsed prior to the onset of CSAP I
3. Participated in CSAP I; observer in CSAP II so progress only reflects progress to December 2007.
4. Initial engagement achieved, but on-going work to maintain and enhance
5. Plan approved by 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.
<table>
<thead>
<tr>
<th>Country</th>
<th>Progress in CSAP development and implementation</th>
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<tbody>
<tr>
<td>Iceland</td>
<td>2010</td>
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<td>Ireland</td>
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<td>Italy</td>
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<td>Latvia</td>
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<td>Lithuania</td>
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<td>Norway</td>
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<td>Poland</td>
<td>03-2007</td>
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<td>Portugal</td>
<td>03-2007</td>
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6 Northern Ireland is working from pre-existing plans on home and road safety; no comprehensive plan anticipated at this time
7 Participated in CSAP I; observer in CSAP II so progress only reflects progress to December 2007.
8 Participated in CSAP I; observer in CSAP II so progress only reflects progress to December 2007.
### Progress in CSAP development and implementation

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9 In Spain all 17 autonomous communities must be included in the development process and consulted in development of national plans and this has meant the process has taken much longer.

10 Although there is an overarching strategy document, specific objectives and actions will be decided at the level of the 22 areas and seven health boards independently will not be endorsed at the national level.
Progress in previous CSAP countries

The following updates were provided by country partners and provide information on activities undertaken as part of CSAP development and or implementation. In some cases they also describe activities that have come about as a direct result of the CSAP development process.

**Austria**

In 2011 a national action plan (injury prevention for all age groups) was prepared for Austria under the leadership of KfV / Rupert Kisser. This plan was to be the vehicle to implement the CSAP developed in 2007/2008 under CSAP I, but to date there has been no progress in getting government endorsement of the overarching plan. It currently sits with the Ministry of Health and is still pending next steps. Although there are action plans for traffic safety (driven by Ministry of Traffic), school safety (worker insurance company) and actions plans for fulfilling health targets (Ministry of Health), it has not been possible to implement a stand alone CSAP as initially envisioned. However efforts to make progress on child injury with respect to implementing good practice have paid off in that the subject ‘injury prevention for children’ is a stand-alone topic within health plans. This was an important achievement as this is one of the criteria necessary to receive funding from the state.

**Belgium**

There has been no process since the initial document produced in 2007 was disseminated in 2008. The need to address three separate communities (French, Flemish and German) and thus three sets of stakeholders makes a national plan difficult – particularly given even government cannot agree on activities.

**Cyprus**

Cyprus developed the first CSAP in Europe, undertaking development independently prior to the start of CSAP I. However they participated in the project, including completing assessments to allow Child Safety Report Cards in 2009 and 2012 and a Child Intentional Injury Prevention Policy Profile in 2014. They have been implementing their plan since the Ministerial Council endorsed it in late 2004, although lack of funding has meant that a number of initiatives have remained at the pilot stage.
**Czech Republic**

The Czech Republic has continued with implementation of their CSAP since Czech government endorsed the plan in 2007 and the Report on the implementation of the national Action plan for child injury prevention in 2010. Priority areas for the Czech CSAP are traffic mortality, sport injuries, drowning, intentional violence (especially suicide) and school injuries.

CSAP implementation has been facilitated by a reporting mechanism that includes an Interdepartmental Working Group for Injury Prevention led by the Ministry of Health. The national partners involved in implementation have regular meetings and report on progress regularly. Monitoring of the child injury situation has been facilitated by the establishment of the national child injury register, augmented by school inspections and data from the police. Specific action steps have included developing Safe School programmes, a sport safety instruction booklet, a home safety booklet, a radio broadcast on injury prevention, parent information sheets for distribution by paediatricians.

The biggest challenges to CSAP implementation have been to keep all the participants on board and a low level of political support. The biggest facilitator was the establishment of a National coordination centre for child injury and violence prevention and safety promotion founded in 2011, cooperation with the violence specialist and National child injury register.

Within the timeframe of TACTICS the changes in the Ministry of Health have resulted in less support for child injury prevention, however activities related to intentional injury have identified new partners and increased media interest. All the activities under TACTICS were useful for child injury or violence prevention. The assessment of child safety policies in 2011 served as the basis for mapping the possible partners and participation in the pilot of the reference frameworks in 2013 served as an example of how to find regional structures to approach and engage in prevention efforts. Finally, the regional case study showed the situation related to bicycle helmet use and was taken up by the traffic safety group as a guide. The report on National Action to Address Child Intentional Injury and the Czech Child Intentional Injury Prevention Policy Profile roused the interest given the suicide data reported and possible additional actions that could be taken and the Child Safety Report card and profile in 2012 raised media interest and resulted in implementation of a new project.

**Denmark**

The challenge to date has been engaging government. In September 2012 government representatives (from the Health and Medicines Authorities and The Danish Safety Technology Authority) participated in a seminar on Child Safety arranged by the National Institute of Public Health, the Child Accident
Prevention Foundation and the Accidental Analysis Group. The aim of the day was to create a platform for exchange of knowledge and experience by bringing the key actors in the field together, while also providing an opportunity to explore whether there are specific tasks that could be improved by joining forces and enhanced ways to work together. A conclusion of the day was that there is a great need to gather and disseminate knowledge regarding best practices related to Child Safety in a form that municipalities can use in their health promotion and prevention efforts. A particular target group identified for this activity was nurses. One solution suggested was that the Health and Medicines Authority develop a Health promotion package on Child Safety (a similar activity has been undertaken for a number of other subjects) - preferably in cooperation with / with assistance from the Danish Safety Technology Authority, the National Institute of Public Health, the Accident Analysis Group, the Child Accident Prevention Foundation and other relevant groups. The proposal for a health promotion package on Child Safety was taken forward after the meeting and the Health and Medicines Authority responded positively to the proposal and indicated they would consider including child safety as a priority area for the future. As of April 2014 the Authority has put it on standby until autumn 2014, where it will be revisited and discussed. The Child Safety Report Card results provided a strong basis for discussion of policies, (lack of) and action plan and the need for coordination of child safety initiatives across different forums.

**Estonia**

Estonia did not provide updates and eventually withdrew from the TACTICS project.

**Finland**

The National Injury Prevention Program for Children and Young People completed and endorsed by government in 2009 continues to be implemented, with prioritisation of the many actions and seeking of partners and funds to support action steps. Activities under TACTICS, particularly those related to the regional have been useful to moving forward. A new steering committee for this program will be established at the beginning of 2015.

**France**

No real progress has been made in France within the TACTICS timeframe. Steps in progress at the end of CSAP I and CSAP II are still in progress and the biggest challenge has been maintaining government interest in injury prevention. The French partner indicated that given the general inactivity regarding development of a CSAP the activities under TACTICS and the resulting
deliverables were not that useful to the CSAP process. However they did note that the 2012 Child Safety Report Card did assist in keeping the issue visible.

**Germany**

Efforts made toward a Child Safety Action Plan over the last years have resulted in permanent good contact to the Ministry of Health and there are now monthly telephone calls and there have been three face-to-face meetings with the Health Minister (3 different ministers within four years). However, German Ministry has clearly communicated they will not officially endorse the CSAP developed. They are interested in outsourcing injury prevention to Safe Kids Germany as an NGO with a good reputation, however they do not want to have governmental obligations.

The result of this government position has been a change in approach. There have been more than 10 meetings held with the Members of Safe Kids Germany, committees, stakeholders and experts to discuss child safety action. All are willing to discuss, but they do not want to make concrete agreements to support child safety actively and financially.

A data report was produced in cooperation with the Federal Statistical Office and the IDB-Representative Dr. Gabriele Ellsaesser and resulted in agreement to focus on young children as a high-risk group. This shift in focus was included into the action plan, which was updated following a review of activities in 2010. Safe Kids Germany redefined their vision and submitted a proposal to the Ministry of Health based on the 2007 CSAP recommendations that highlighted the main issues and rationale for actions to address child safety issues. Called the “Action Plan Child Safety 2011-2016”, it is currently funded by the Ministry of Health.

The biggest difference is that the current plan focuses on activities that can be co-ordinated by Safe Kids by itself, as opposed to the original plan which sought to include all important sectors and players in the field of injury prevention and tried to motivate them to concerted, targeted action. However efforts have been negatively impacted by the withdrawal of Johnson & Johnson as Safe Kids Germany main sponsor in 2012.

Positive outcomes related to activities under the TACTICS project were the synergies of the reference framework process in the region North Rhine-Westphalia and the development of a new regional programme. As a result of data collection for the regional case study new contacts were made and knowledge regarding regional structures increased allowing the set up of a new qualification programme in the region which will be funded through a health grant from the North Rhine-Westphalia States’ Ministry.

Moving forward there is a need to build up a research group who can assist in evaluating programmes in a simple way, e.g. giving us examples how to evaluate programme outputs and outcomes without additional costs, to find ways to
cover the costs of translation of resources to the many languages needed to meet the needs of vulnerable groups and to assist in finding international sponsors to support activities.

**Greece**

No real progress has been made in Greece within the TACTICS project timeframe. Assessments were completed to allow an updated Child Safety Report Card and a Child Intentional Injury Prevention Policy Profile, and results of the Report Card indicate that Greece’s action on child injury has reduced likely in large part due to funding cuts related to the economic situation. However, given Greek children are at increased risk as a result of this, it will be important to monitor the situation moving forward.

**Hungary**

Child Safety Action Plan (2010-2020) continues to be implemented. Actions taken to date include:

- Publishing a Child Safety Report (based on the indicators of Child Safety Action Plan);
- Drafting and distributing Home Safety leaflets for families/parents;
- Annual Child Safety Advisory Board meetings;
- Circulation of an electronic newsletter to keep stakeholders updated;
- Updating and distribution of first aid leaflet;
- Home safety and first aid training/consultation for parents and child care professionals;
- TV-spots produced on different child injury topics and related educational material drafted for use in schools by teachers, head of classes; to elaborate child safety topics in an interactive manner together with students. Teachers supervised development of the material, and a demonstration film was shot for school nurses to be able to use the education material without long lasting training. Some of the school nurses provided valuable feedback on the educational material.
- A detailed international comparison of evidence-based measures related to child safety issues was carried out through an analysis by an international law office.
- Inclusion of detailed injury items in the 2010 HBSC surveys and similarly planned for the 2014 survey as well.
The initiative suffered a set back in September 2012 with the departure of the national CSAP coordinator, Dr. Gabriella Páll. Two colleagues from the National Institute of Child Health have taken over the duties, but the change has slowed the implementation process. In addition, limited financial resources due to the economic crisis and difficulties related to the inter-sector nature of the plan (requiring coordination of many partners, networking) also set back the acceptance of National Injury Prevention Plan and progress over the last few years.

**Iceland**

No real progress has been made in Iceland within the TACTICS project timeframe, in fact the programme has undergone a number of set backs due to withdrawal of government support and funding and downsizing of activities.

**Ireland**

Efforts have been on-going to get child injury prevention into a new government child-centred policy framework that is due to be published very shortly by the Department of Children and Youth Affairs. This will provide a platform for a policy implementation (action) plan. Other activities include an EU co-funded Child Research Conference event in May 2013 at DCU Ireland, which was opened by Minister Fitzgerald (Children and Youth Affairs) and showcased the outcomes of a number of EU funded projects including RICHE, CHICOS, TACTICS and EUROPERISTAT projects and was also an opportunity for the work on CSAP/TACTICS to be placed in broader child health context. Two government departments (Health and Children) collaborated to support a National Child Injury event in January 2014. The event was completely booked out with waiting lists indicating the interest in the event. Joanne Vincenten (ECSA) provided the keynote address situating Ireland’s performance in a wider European context with messages from the learning from the previously funded CSAP project and the current TACTICS project. She capitalised on opportunities to link with and appraise Ireland’s Minister of Children and Youth Affairs at several subsequent EU events, providing useful coalescence on the issue as child policy framework developments in Ireland were taking place.

National level partners have continued to work on child injury prevention at a project level and this work is currently being consolidated into a national network for child injury prevention. An initial network event is planned for May 2014. Related to these two events, there has been on-going work on conducting a situation analysis, with initial work done under the auspices of the CSAP II project will be updated through the network. Of particular note is a critical assessment of child injury prevention in Ireland conducted as part of a PhD thesis to be completed in 2014. Critical issues and priorities for child injury will
be identified by the national network based on the updated situational analysis and used to move forward to develop a CSAP, which will be put forward to the new government child-centred policy framework. The biggest issues moving forward have been:

- the lack of ownership of the child safety issue
- the lack of specified focal points in government departments or cross departmental coordination which makes it difficult to gather and substantiate data.
- the fact that the Health Services Executive (CSAP and TACTICS partner) is the operational delivery system in health in Ireland and thus is not always free to be critical of government policy or gaps in policy.
- finally there is no independent child-safety NGO where unintentional injury issues can be addressed or advocated for.

The Irish partners noted that the European Child Safety Alliance Secretariat has committed invaluable expertise and guidance to the whole process not only through the TACTICS project work and the meetings, but also in supporting national effort at national events. The publication of the second child safety report card for Ireland in 2012 gave the network work a stronger base. It was very useful to invite another national partner in water safety to present a case study at the Copenhagen TACTICS meeting, with follow up work on mapping (organigraph) development for water safety in Ireland. Other facilitators to progress have included key appointments to advisory positions on child health in joint government departments, which have enabled child injury prevention to stay on the agenda of a new wave of child centred policy development. Other supporting activities have included the first major national longitudinal study, Growing Up in Ireland, which included questions on child injury and resulted in reports and prevalence studies that are making child injury a more visible issue. Finally, a current emphasis on obesity as a national health concern is also bringing injury into focus albeit indirectly via issues related safe pedestrians and cycling. Looking forward Ireland has indicted a need to maintain the link with the ECSA leadership and network in order to underpin national CSAP development efforts, which are only now beginning to galvanise into an active planning phase.

Israel

In Israel, a government resolution was passed in February 2012, approving: "planning a perennial program to promote child safety in Israel". Ministry of Health is the leading authority of the planning process; Beterem-Safe Kids Israel (NGO) is serving as the professional consultant for the process.
The government resolution included 16 Ministries and national authorities, which are now actively engaged in the program: Health; Finance; Public Security; Education; Interior; Social Affairs and Social Services; Economy; Transportation, National Infrastructure and Road Safety; Prime Minister’s Office; Justice; Fire and Rescue Services; National Road Safety Authority; the Israel Police; the National Insurance Institute; Anti-Drug Authority (IADA) and the Center for Local Government.

The planning process, according to the ECSA CSAP development model included a three-stage mapping of child safety in Israel:

1. Mapping national policy to address child safety in Israel with international tools such as Israel’s 'Child Safety Report Card' (May 2012)


3. Mapping ministries and agencies areas of responsibilities in child safety. (January 2013)

On September 2012, the inter-ministerial committee set a planning workshop to formulate Strategic layout (for the coming 10 years) of the Israeli child safety action plan. The strategic framework includes vision, national goals and critical issues. The vision statement is: 'Israel is safe for children'.

Five critical issues were defined: Data and Information; Professionalism and capacity building for professionals; Education and information for the public; Intervention programs for at-risk populations; Standardization, legislation and enforcement.

At the planning workshop the inter-ministerial committee formulated primary goals and injury prevention and safety promotion objectives. This initial set of goals and objectives will be finalized when the planning stage is complete.

Background professional material was prepared for each type of injury, including updated data from Israel and best practices as planning support tools. Israel used tools like the ECSA 'Child Safety Good Practice Guide', WHO publications, and also created a summary of all the different national committees on relevant topics in Israel, and their recommendation’s.

During 2013, the ministerial partners planned the action steps. This process included internal ministry and inter-ministry collaboration and process development based on the mapping phase. In addition, 6 sub-committees of the inter-ministerial committee formulated an action framework for 6 cross-cutting critical issues that are necessary for inter-ministerial collaboration.

The biggest challenges to the process have been engaging the government agencies in the planning process, and gaining budgetary approval. In addition, correlating between the discourse in the government ministries and the issues of child injury and prevention. The biggest facilitator has been that Beterem
Organization as an NGO, that is not part of the government, is recognized as a professional authority in child safety and leading processes of public policy, was able to facilitate the CSAP process and further implementation.

Unanticipated positives have included the achievement of a partnership and inter-ministerial commitment to work on the issues of child safety that do not fall under the jurisdiction of any single government ministry (such as pupil transportation and injury data collection) and the fact that many of the ministries have begun to implement activities and show commitment for child safety during, and as a result of the planning process, in spite of no additional budgeting or government decision.

A number of the tools and resources developed to support CSAP development (e.g., Child Safety Report Cards) or under the auspices of TACTICS (e.g., the organigrams analysis framework), the ECSA semi-annual meetings and consulting with colleagues from different countries about their CSAP challenges were all seen as valuable to the planning process.

**Italy**

No update was available from Italy at the time of the drafting of this report. However they did participate in the assessments to allow production of both a Child Safety Report Card and a Child Intentional Injury Prevention Policy Profile, and efforts have been underway to enhance surveillance, particularly for child injury to support prevention programming.

**Latvia**

No real progress has been made in Latvia within the TACTICS project timeframe, although action has been taken with respect to increasing capacity, particularly of physicians. The Ministry of Health is currently working on updating the Public Health Strategy for the years 2014-2020, and it is anticipated that this document will include measures and indicators regarding child safety, and it is hoped that this in turn will stimulate further investment and action related to uptake of evidence-based good practices.

**Lithuania**

Partners from national institutions such as Ministry of Health of the Republic of Lithuania, State Environmental Health Center, Ministry of Transport and Communications of the Republic of Lithuania, Ministry of Education and Science of Republic of Lithuania, Statistical Deapartment under the Government of the Republic of Lithuania, Lithuanian Health Information Centre, The State Non Food
Products Inspectorate under the Ministry of Economy of Lithuania, Fire and Rescue Department under the Ministry of the Interior of the Republic of Lithuania, NGO Confederation for Children, Faculty of Medicine of Vilnius University, Faculty of Health Science of Klaipeda University were asked to provide information for child safety situation analysis to complete questionnaires "Leadership, Infrastructure and Capacity Assessment" and "National Policy Action Assessment Form" as part of the situational analysis.

Activities towards development of a Lithuanian CSAP continue following a seminar held in June 2010 with partners from all listed institutions and from other important institutions as Public Health Bureau of municipalities, Children’s Rights Ombudsman to discuss a set of prepared child safety recommendations and to agree on final goals, objectives and tasks/activities. Although there was agreement on the recommendations, there was the lack of political will to approve a stand-alone child safety plan. Thus the decision was made to child safety include activities as part of other action plans. Two opportunities - the Action plan for reduction of health inequalities and the Health program of Lithuania - are under development and activities are underway to ensure these documents include actions to address child injury prevention issues.

The TACTICS project was seen as a very good platform to raise awareness of child safety problems in Lithuania, assisting in identifying solutions for the problems identified and selecting priorities for action. The existence of an international project coordinating information and efforts continues to be a useful driving force and resource.

**Luxembourg**

No update was available from Luxembourg at the time of the drafting of this report. While they did participate in the assessments to allow production of both a Child Safety Report Card and a Child Intentional Injury Prevention Policy Profile, it is known that due to limited resources, they have yet to actively undertake development of a CSAP.

**Malta**

The CSAP development initiative was initially spearheaded by Dr. Charmaine Gauci, Department of Health Promotion and Disease Prevention and her assistant Marianne Massa, with some involvement from Pierre Gatt from the Education Ministry. Little was accomplished beyond completion of the assessments for the 2009 and 2012 Child Safety Report Cards. No Child Safety Action Plan has been developed to date, the main problem being the fact that there is no entity with a remit in child and/or general safety issues (except for the Commissioner for Children who was never involved in this project). There
are entities with a remit in specific safety issues (e.g., transport, products, medicine, etc.), but the lack of someone willing to take on the overarching coordination means actions have been isolated.

**Netherlands**

No further steps with the specified Child Safety Action Plan have occurred since the last update (2011). Netherlands has a stand alone child injury strategy which is being executed by the Consumer Safety Institute and financed by the Ministry of Health. Child safety still is one of the key focus points in injury prevention (although more and more this focus shifts towards injury prevention in elderly).

Actions during the TACTICS project included a campaign on the prevention of drowning (a direct result of activities undertaken as part of CSAP). The campaign included development of a toolkit for local health professionals with which they could educate parents. The campaign focused on the prevention of drowning and the importance of surveillance. We also aimed part of the campaign directly on parents by handing out brochures at the beach in cooperation with lifeguards.

In terms of moving forward, it would be helpful if the following issues were addressed on a European level:

- keeping injury prevention in children and adolescents on the policy agenda (because of demographics the focus is more and more on elderly, but we must not forget to educate new parents on child safety, and to support professionals on child safety)

- continuing to encourage/stimulate a multi-disciplinary and multi-sectoral approach: engaging the fields of road safety, security, social and emotional development, disorders (e.g., ADHD, Asperger, etc.) in child injury prevention

- continuing to facilitate exchange of good practice between member states

- continuing to focus on reducing inequalities in child safety (e.g., poverty, knowledge on health issues, disorders, disabilities)

- assistance with understanding how parents and professionals (e.g., local health professionals, teachers) are accessing information on child injury prevention – particularly with respect to online and social media sources, and identifying good practices with respect to communicating with parents and professionals through these new media.
Norway
Norway participated in CSAP I and was an observer in CSAP II. Little has happened since CSAP I, although the Report Cards have received some attention. The Ministry of Health has been proposing a white paper on child accident prevention for a number of years, but to date no action has been taken.

Poland
Poland participated in CSAP I and was an observer in CSAP II. Although the Ombudsperson for Children was engaged during CSAP I, little activity towards a national action plan has occurred since that time, although pieces of what was developed under CSAP I are/were integrated as part of national policies in following programs and strategies with specific actions for children and adolescents:

1) National Health Program 2007-2015,
2) National Road Safety Program 2005-2007-2013
3) CEHAP/NEHAP 2011-2015
4) Consumer Policy 2010-2013
5) and many national strategies endorsed by specific Ministries (“School Safety” Program by Ministry of Education, “Live Safely” Program by Ministry of Interior, etc.)

Jagellonia University, the partner that completed the report card assessments under the TACTICS project, has also made recommendations based on the report card findings, but the biggest challenge remains lack of a national organisation with a mandate to coordinate action for child injury prevention.

Portugal
During 2011 APSI conducted several meetings with different partners in order to stabilise the specific actions to operationalize the 7 priorities areas of the Portuguese Child Safety Action Plan (defined in the previous phases of CSAP). There were 12 different persons/organizations (average) in each working group (one for each priority area) that have meet 5 times in most of the cases. In the end of 2011 APSI delivered the final document to High Commissioner of Health (HCH). Unfortunately following that the office of the HCH was terminated and the document and work transferred to the General Director of Health.

In June 2012 and as part of its 20th anniversary celebrations and the launch of the 2012 Report Card and Country Profile, APSI called for the adoption of the CSAP and the General Director of Health publically promised to work towards that goal. This resulted in a public consultation on the CSAP and the General Director of Health nominated an internal working group to analyze the results of the consultation. The outcome of discussions were that it would be necessary to make some changes to the draft CSAP developed under CSAP I and that another
working group would be formed to accomplish that. That step is still in progress while the TACTICS project is ending.

**Scotland**

Biannual meetings are being held with Health Directorate of Scottish Government to discuss the CSAP and the progress being made. Since 2010 the Community Safety Unit (CSU) of the Scottish Government has also been engaged. The CSU were impressed with RoSPA’s involvement in CSAP and gave additional funding for a pilot project to raise awareness of blind cord dangers to young children and to offer practical solutions (this campaign was shortlisted as ‘campaign of the year’ in the national charity awards in 2012). Following positive evaluation of the project the CSU supplied additional funding to allow the project to be expanded to several more geographical areas.

Due to Scotland’s low score in water safety in the Report Card, both of the above mentioned Government departments came together in April 2012 to joint fund a part-time post – Community Safety Development Officer – to take forward water safety for all ages and general home safety, including child safety. In February 2013, this post engaged with the Children and Families Directorate of the Scottish Government and received funding to pilot a home safety equipment supply and fitting scheme across a third of Scotland’s local authority administrative areas (the project is currently being evaluated and is due for completion September 2014). Further engagement in a more formal arrangement with the new single fire and rescue service for Scotland has also taken place because of the above home safety equipment fitting scheme. Likewise, a new agreement has been made with Scotland’s Care and Repair services (who traditionally only assisted with making homes safer for older people) who are fitting the child safety equipment to family homes.

Alongside all of the above, NHS Greater Glasgow and Clyde’s Unintentional Injuries Steering Group (of which RoSPA is a member) adopted a new strategy based on Scotland’s Child Safety Strategy. This has led to increased joint working with them and RoSPA on child safety. This Group identifies local issues and works in partnership to find practical programmes to reduce injuries suffered by children locally. Through this process it was identified that children were attended hospital with serious injuries from swallowing liquitabs and an appropriate awareness raising campaign was initiated which included offering practical solutions (cupboard catches) and education via health visitors (public health nurses). Discussions are on-going at a national level regarding the training of health visitors (on child injury prevention) following this work.

The new Community Safety Officer has begun, in March 2014, in partnership with the Children’s Parliament, research with children and young people to
establish where they currently receive their safety messages and if there are more appropriate places where this information should be provided/accessed.

Child Safety Conferences were held in June 2012 and October 2013. Over 100 delegates attended each with the vast majority being people not previously engaged with who had a remit for child safety. Now established as annual event.

A barrier to progress has been the decision in December 2012 to cease the publication of Scottish hospital admission statistics relating to injuries that happened in the home. This has meant new projects and activities in child home safety cannot measure success by demonstrating a reduction in the number of child injuries. Efforts have been made to have the practice re-established but to date have not been successful.

As well as the new contacts in Scottish Government and other organisations mentioned above there has been an increased focus in child safety in Scotland with practitioners favouring to work with, and seek advice from, RoSPA staff on child safety issues (as opposed to the other age groups that RoSPA focuses on). TACTICS project activities have been useful in informing a number of the activities outlined above. Moving forward it would be useful to have work at the European level on:

- Work on how to better engage with government.
- On-going sharing of experiences and good practices from other countries and how to learn about implementation and transfer from European examples.
- Assistance with lobbying National Health Service in Scotland to re-instate (and improve) the collation and publication of data on hospital admissions due to child injuries.

**Slovenia**

After the government endorsement of the Children’s Environment and Health Strategy for Slovenia (which included actions related to Priority Goal 2: Addressing obesity and injuries as part of CEHAPE) in 2011, the government changed, which resulted in a delay in the process of developing a multi-sectoral action plan for child injury. In May 2013 a multi-sectoral working group led by the Ministry of Health finally confirmed the objectives of the selected goals. In March 2014 the Ministry of Health started the coordination of multi-sectoral meetings in order to prepare an action plan for the period 2014-2020 with specific activities, roles, responsibilities and resources for the ministries and institutions involved. When the action plan is complete and agreed upon by the multi-sectoral partners, a proposal will be made to the government to endorse it. In the meantime some of the actions and programmes planned in the action plan are already being developed and implemented.
The biggest challenge was the integration of the CSAP proposal into one of the existing strategies or action plans for children in order to facilitate its endorsement by the government. This required time, effort and patience. The biggest facilitator to the eventual success in this step was when the Parma Declaration was endorsed by government, as CSAP was then able to be included as part of Goal 2 of the new Children’s Environment and Health Strategy for Slovenia. This greatly increased the odds that the action plan will be endorsed. In the process of CSAP proposal preparation we have gained a lot of new contacts in ministries other than MOH.

Resources developed as part of CSAP and TACICS projects (Child Safety Report Cards, Profiles, the Summary of results for all participating countries and Child Safety Good Practice Guide) were very effective in facilitating communication with partners and other experts to increase their awareness of injury prevention and safety promotion.

Participation in the CSAP process gave us a lot of new knowledge about action planning. Capacity building workshops at the meetings, sharing the experiences with other participating countries, the very useful material about every step in action planning process and e-mail support were of immense importance for the preparation of our Proposal for a Child Safety Action Plan. The knowledge we have gained over CSAP II and TACTICS projects will be also very useful in the future preparations of similar documents.

The country report cards and profiles provide evidence based situational analysis in a very interesting and attractive way which was in great assistance when we were engaging our government in action planning process and when we were communicating the issue of child safety to other stakeholders and to public. International comparability was also of great value. Country report card and CSAP project tools helped us to identify our strengths, weaknesses and critical issues/priorities in relation to child safety in our country, and to develop goals and S.M.A.R.T. objectives. They will also be very useful when monitoring our progress, as they provide a baseline for future benchmarking and evaluation.

Moving forward it would be a great help if international institutions would encourage the countries to recognize injuries as a priority area in public health. We believe that priorities of WHO and EC have an important influence on our Government and on decisions they make. The European Child Safety Alliance already contributes a lot by advocating the importance of injuries. It would also be helpful if our Ministry of health would receive some information on international need and support to CSAP development in EU countries from institutions such as WHO, DG Sanco or EuroSafe. It would be great if European Child Safety Alliance would continue to monitor our progress and could expand the analysis to include monitoring of socio-economic inequalities.
Spain
Spain has made progress in a number of areas during the time of the TACTICS project, particularly water safety where a major gap has been identified. In addition, they have continued to participate in the assessments for Child Safety Report Cards and the new Child Intentional Injury Prevention Policy Profiles. The Spanish Association of Paediatrics has become more involved with dissemination and advocacy activities and this has resulted in translation of a number of documents into Spanish to facilitate communication and have been active in raising the issues with the Spanish Association of Primary Care Paediatrics (AEPap) and the national ombudsman and ombudspersons for the autonomous regions of Catalonia, Galicia and Andalucia.

Sweden
The initial action plan was implemented during CSAP II and ended in 2011. At that time the National Child Safety Council (11 authorities), decided to focus the upcoming years on safety in and around preschool-/school. However there are still on-going activities related to two out of the three priority areas identified in the previous action plan: drowning (0-6 y) and the development of statistical data. The new focus for the next action plan - safety in and around school - was endorsed in November 2011 and activities have been on-going to identify critical issues, objectives and activities. A third Child Safety Conference is being planned for October 2015, during which the second action plan will be presented. The three child safety conferences held since the original CSAP project was initiated have been greatly appreciated by professionals working with children and-/or child safety at the local and regional level. Challenges identified during implementation of the initial action plan were achieving engagement around the three priority areas within the former action plan. Resources, funding, limited (if any) time and sometimes a lack of willingness for cross-sectional work all hindered efforts. The result has been that in the new plan the intent is to coordinate with participating authorities’ own efforts rather than pushing an ‘independent’ joint council effort. The biggest facilitators have been the solid mandate from the Directors Generals steering group and a deeper and broader knowledge base among members in the National Child Safety Council developed as part of CSAP I and II. These two things together have resulted in increased openness to the idea of possible cross-sectoral activities.

TACTICS project activities have been useful to the on-going processes in Sweden as on general level as they have continued to raise (some) awareness on the issue at large, but also through the introduction of new tools, such as the organigraph in the mapping exercise, although they have yet to be used in connection to the implementation of the new action plan.
**Wales**

The biggest challenges to progress in Wales have been changes in Government, changing priorities of the Welsh Government and the financial/economic situation. The Wales Burden of Injury Report was completed in 2012 and has helped to raise the profile of injuries. At the end of 2013, this report was updated as additional information was gained. The identification of critical issues and priorities is currently in progress and will remain an on-going process. The model in Wales is complex, in that work is occurring in each of the 22 autonomous local areas, as well as with each of the seven health boards. The Welsh Government’s main strategy (Flying Start) sets out the goal that each of the 22 areas in Wales should reduce A&E attendance. However, in practice each area has autonomy over which injuries to address and thus this varies from area to area. As a result each of the 22 areas and seven health boards (22 + 7) implement unintentional injury prevention in different ways (and not always effectively).

Under the auspices of the CSAP work too date good practices are being explored and selected, and currently national partners are evaluating projects identified as promising or good practices that underway in Wales.

As the unintentional injury issues have been included in a number of plans, in addition to Flying Start, efforts are being made to communicate to the 22 + 7 what the effective (and therefore better investments) are. The publication of the Child Safety Report Card has helped to open some doors that were firmly locked before. Upon viewing the Report Card, Welsh Government departments that did not believe they had a role to play previously were suddenly more interested. However, while the Report Cards have been useful in opening doors, the biggest facilitators have been people. Finding a champion or an enthusiast in an organisation, even Government, has been key to driving child injury prevention forward. The lesson learned in Wales is that once a champion is found the opportunity they present should be acted on right away - efforts should be made to nurture them, give them tools and then have them act rapidly before changes occur. In addition to the Report Cards, which are viewed as vital to progress to date, the ‘learning’ from other countries has been valuable information that the Welsh Government has wanted. Being able to state that “countries A,B,C are doing XX” has been such an important part and has helped to influence people and therefore policies in Wales.

Moving forward another report card would be useful, however, the biggest weapon appears to be comparisons with other countries and with detail. For example, the Welsh Government would be interested to know how other countries are funded, by which department, what their CSAPs are addressing specifically and how they are evaluating them. Wales now has the information to be able to prioritise, but they believe they are falling short with the information in terms of implementation, costs, practice etc.
**Progress in new CSAP countries**

This section provides information on the CSAP development activities in the three new countries. At the end of the section Table 2 provides information on select parameters of CSAP development for these three countries plus Israel, a self-funded participant in TACTICS that made significant progress within the timeline of TACTICS.

**Croatia**

A proposal for a national program for the prevention of unintentional injuries in children was developed during the period that Croatia was an observer of the CSAP II project. At the time TACTICS began, the proposal was still “waiting” for further steps in the process. The original draft was produced by a Working group made up of experts, representatives of various ministries and other professional organizations under the leadership and coordination of the Ministry of Health. The members included representatives of the Ministry of Health; Ministry of Interior; Ministry of Maritime Affairs, Transport and Infrastructure; Ministry of Science, Education and Sports; Children’s Hospital Zagreb; Association of Victims of Road traffic Accidents; Croatian National Institute of Public Health and the School of Public Health - University of Zagreb, School of Medicine. The proposal has been reviewed and updated several times with the last and largest modifications made in spring 2012 under the auspices of the TACTICS project.

The impetus for the original draft was derived from another document - the National Plan of Action for the Rights and Interests of Children 2006-2012. This plan includes a total of 124 measures aimed at improving the quality of life of children in the Republic of Croatia. All measures to improve the quality of life of children directly or indirectly affect health improvement and reduction in mortality. In the field “Health”, there is a specific measure “to develop a national injury prevention program for children with clearly defined tasks of the local community, the health service and education system”, and this really facilitated the original draft and has helped keep the issue ‘on the table’. Other facilitators included:

- that the Ministry of Health was the coordinator of the process,
- establishing the Working group made up of experts - representatives of ministries and other organizations
- calls from international organisations and initiatives for a national action plan (e.g., TACTICS, WHO initiatives, etc.)
- the seed funds through the TACTICS project which allowed the national coordinator to dedicate time to do a revision of the draft of the National program, make contacts and meetings with the representatives of the Ministry of Health and other experts.
A situational analysis of injuries among children in Croatia is an integral part of the draft program. Routinely collected health morbidity and mortality statistics, as well as data from the Register of persons with disabilities were used. Based on information on the leading causes of injury mortality and morbidity in children a program based on four areas of action was developed:

- Improving the monitoring and legislation,
- Education,
- Creating a safe environment for children,
- Information and collaboration.

Some goals have specific actions specified and some not. It is anticipated that specific activities will be specified more clearly once the program is endorsed, however each area of action consists of targets/objectives, activities to achieve this goal(s), the specific implementation period, the responsible organizations, interconnectivity, financing, and indicators for monitoring and control.

The issues moving forward have been related to:

1. How to ensure funds for the implementation (at the time of the economic crisis).

2. The fact that injuries are not high on the list of public health priorities in Croatia (in terms of additional investments).

3. How best to define the tasks of local government/community in the sense of which bodies at the local level should be responsible for carrying out specific activities specified within the program and how to ensure they are engaged to ensure responsibilities are met. This step is a “required criteria” for national programs.

To date the proposal is still stuck at a proposal stage until such time as these issues can be addressed.

Although the draft of the Program was made before joining to the TACTICS project, the national coordinator for TACTICS made extensive modifications of the proposed Program in 2012. The experience and knowledge acquired as a result of participating in the TACTICS project were extremely helpful and gave further initiative to try and move the process in Croatia forward. Participation in the TACTICS project and TACTICS project deliverables were used on numerous occasions (and will be again in the future) as they are excellent advocacy tools for emphasising the importance of child injury prevention. Other benefits have been improved cooperation with representatives of the Ministry of Health and other experts (including new contacts) and increased awareness of the issue across government and with key stakeholders. This better cooperation and increasing awareness of the issue (child injuries as a great public health
problem) has resulted in joint collaboration in other project/program in the field of child injury prevention during the timeline of the TACTICS project.

**Romania**

Efforts in Romania started off with meetings with, and presentations to, representatives of the National Institute of Public Health as a first step in engaging government. This is because the National Institute of Public Health is directly subordinate to the Ministry of Health and is the legal authority who can propose the development of Governmental Decision (HG) to the secretary of state which can mandate the development and implementation of a plan/strategy/policy. Two contacts were made within this institution and information was provided as needed, however the whole planning process was dependent on their action as they are the ones who have to take the information and commitment forward, thus engagement of government was the stumbling block for the development of a CSAP for Romania.

The biggest challenge in this regard was a change at the national level regarding the leadership in the injury field. During the time efforts were being made to encourage development of a National Child Safety Action Plan, the national authority that has the mandated leadership in child safety – the National Authority for Children’s Rights and Adoption: Autorităţii Naţionale pentru Protecţia Drepturilor Copilului şi Adoptie (ANPDCA) – was dissolved. Without their support and backing, no progress could be made with the National Institute of Public Health in terms of an official call for a national action plan. The National Authority for Children’s Rights and Adoption has been re-established, but the new form is still awaiting official reinstatement from the Secretary of State and the establishment of a new National Council of Directors. As a consequence all activity related to injury at the national policy level was put on hold.

During the period of uncertainty between dissolution and unofficial reinstatement of the national authority and thus no official leadership at the national level for child safety, there was a voluntary Commission established that mainly focused on violence prevention and domestic violence. Efforts were made to work with this group, but this added another challenge of trying to encourage them to include child safety and unintentional injuries to children as part of their more narrow agenda.

Another interesting challenge in engaging government and national stakeholders was a lack of information on child safety in Romanian. All of the information that can be used as evidence and provided to give a rationale for action needed to be in Romania and this required that existing the information be translated - time consuming and cost-ineffective work. However, the effort in the end was also a facilitator, as some of the only information available in Romanian for use by
national partners and other stakeholders advocating for action were the Child Safety Report Card and Country Profile, translated by the TACTICS project partner.

Given the challenges faced, champions became important, and the biggest facilitators were people. These contacts found within the Specialized Unit of Work for Children and the Authority of Child Protection, Ministry of Labor, Family, and Social Protection and the two main contact persons and the support of the Director of National Centre for Evaluation and Health Promotion (Dr. Alexandra Cucu), part of the National Institute of Public Health.

Moving forward, the Romanian Child Safety Action Plan will be linked to the activities that will be undertaken by a sub-committee for the development of a unitary framework for monitoring and evaluating child safety, after the National Council of Directors is re-established and the National Authority for Children's Rights and Adoption receives its official reinstatement. However at this time there is no official timeframe for this activity.

Resources made available through the CSAP mentoring process and TACTICS activities (e.g., Child Safety Report Card) were used to raise awareness at national level, increase visibility of research evidence that can be used to document future policy actions, develop partnerships between research and educational institution (university) and national authority. The team leading efforts to establish a CSAP found them useful in guiding and planning activities, but due to the specificity of processes within the national authorities and the changes of leadership, they were mainly used to raise awareness and inform stakeholders.

There have been several positive outcomes despite the limited progress made. First has been an increase in contact and collaboration with national level authorities. Given the inability to move forward at the national level, discussions have determined that local level CSAPs would be more feasible for now and efforts are being made to apply a bottom-up approach, using local/regional level authorities to examine local/regional situation and propose changes at national level to support them. Therefore actions have been taken to develop a Working Group on Child Safety with the support of the Authority for Social and Medical Protection, within the Cluj-Napoca City Hall, targeting as first activity: development of a local CSAP for 2014-2020. The Working Group on Child Safety is being established at the institutional level and will include research, education, public authorities and NGOs. Information collected or provided under the auspices of the TACTICS project is being used as evidence to propose and support future actions.

On the negative side, the project partner, a University department, found it challenging to try and effect change on national level policy. In the absence of a functioning mechanism to initiate planning their role was limited to informing and raising awareness of the existing evidence and tools to support development
of CSAP and preventive strategies in the field of child safety, independent or part of a larger initiative and by providing the documentation needed for policy initiation and development.

**Slovakia**

The process of engagement of the Slovak government to the activities regarding reduction of child injuries started after the WHO Ministerial Conference in Parma, 2010 and official endorsement of the Parma Declaration by the Slovak government. One of the main target areas for the Child Environment and Health Action Plan (CEHAP) in Slovakia is to reduce child injuries under the auspices of Regional Priority Goal II (RPGII) of the European CEHAP process. The Ministry of Health of the Slovak Republic elaborated on this commitment in document in December 2011, which contains amongst other things includes measures for implementation of the CEHAPE RPG II in Slovak Republic. This document was approved by Slovak government (Government Order No.10/2012).

Cooperation between different partners to work toward preparing the action plan took place at two levels - at the level of experts from different areas and at the national level involving responsible government bodies/ministries. Cooperation at the expert level has been especially visible in data collection and providing information on child injury from different external causes and types of injuries and in completion of the assessments that formed the basis for the Child Safety Report Card and Child Intentional Injury Prevention Policy Profile under the TACTICS project.

A comprehensive analysis of state accident and safety of children and youth in Slovakia was undertaken in 2013 based on statistical data gained from different sectoral databases and particular information systems (public health, education, police, ministry of interior, ministry of social affairs and family) and from additional sources like the Child Safety Report Card and statistical profile for Slovakia developed under TACTICS project. This document was submitted to the Slovak government as informative material and the Public Health Authority of the Slovak Republic is still waiting for an official response and endorsement of this material.

It is anticipated that the CSAP will focus on three broad areas - leadership, infrastructure and capacity, with specific actions related to priority issues coming out of the situational analysis. The rough timeline for completion of the CSAP and government endorsement is the end of 2015.

As seen with many other countries, the biggest challenges in moving forward with a CSAP in the Slovak Republic are lack of awareness of the child safety issue (which the document produced will hopefully begin to address), gaining government support, particularly cross-sectoral support for implementation of a plan once specific actions are identified.
Resources made available through the CSAP mentoring process and TACTICS activities (e.g., Child Safety Report Card) were seen as useful and were used to raise awareness at national level, particularly making the case for the need to address the situation of children injuries. They also served as one of the data sources for the *Analysis of state accident and safety of children and youth in Slovakia*. The seed funds available through the TACTICS project were also seen as useful and were used to allow a representative to attend the workshops and meetings, to cover part of the costs for the external experts who communicated with different stakeholders and collected data about children injuries and for printing of the Slovak Child Safety Report Card and country Profile.

Positive outcomes from the CSAP development process include new partners, increased awareness of the issue amongst relevant professionals, identification of the gaps in collaboration within/between state bodies, and the positive impact on the Slovak efforts of the unified methodology for evaluation of the situation in the countries - the comparability of data based on the same criteria (e.g., Report Cards).

Moving forward, continued support for the Ministry of Health/ National government regarding next steps in the Slovak CSAP development process, including monitoring progress and continued sharing of examples of good practice were noted as being valuable.
Table 2 Selected parameters of CSAP development occurring for New CSAP countries and those making significant progress within the timeline of the TACTICS Project

<table>
<thead>
<tr>
<th>Country</th>
<th>Fit of CSAP within national policy</th>
<th>Timeframe</th>
<th>Specific targets included</th>
<th>Age group targeted</th>
<th>Vulnerable groups specifically targeted</th>
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</thead>
<tbody>
<tr>
<td>Croatia</td>
<td>Stand alone child injury ‘program’</td>
<td>5 year plan</td>
<td>Yes</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>Israel</td>
<td>Stand alone child injury strategy</td>
<td>5 year plan</td>
<td>Yes</td>
<td>0-17 years</td>
<td>Yes</td>
</tr>
<tr>
<td>Romania</td>
<td>Likely a stand alone child injury strategy</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>Slovakia</td>
<td>Part of NEHAP</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>

Summary of challenges encountered during CSAP development and or implementation

The challenges identified across the participating Member States, including the new CSAP countries, have continued to be fairly consistent and include:

- engaging government (particularly the related sectors beyond health)
- change in elected government (or responsible entity)
- getting the right people involved in the planning process and attaining government commitment
- obtaining infrastructure and resources to support planning but more often the eventual implementation of the plan developed
- obtaining data to support planning and eventual implementation and monitoring
- moving beyond plan development (even if government involved) to the point of government endorsement
The issues critical to moving forward were also fairly consistent and include the need to:

- increase awareness of the child injury issue
- increase leadership commitment (and preferably investment) to levels commensurate with the burden of child injury
- identifying and strengthening 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
- exchange and promote evidence-based good practice
- engage researchers and promote targeted research to fill knowledge gaps directly associated with action planning.

It was also noted that it was helpful to have the “strategic power” and support behind efforts (European wide action, activity) for arguing for the need for action. However the idea of a bottom up approach was also explored more often under TACTICS with respect to a way to open doors in the ministries. Given the challenges that a number of partners have expressed with respect to implementation, there is more work needed to understand the balance between the various levels (local, regional, national) with respect to policy, implementation and monitoring.
Usefulness of the Child Safety Report Cards and Child Intentional Injury Profiles in helping keep the child injury issue visible

Child Safety Report Cards

Child Safety Report Cards and the associated statistical profiles were developed during the CSAP I project and were designed to 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.

The Child Safety Report Cards and statistical profiles inform 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 inform monitoring and evaluation by providing a baseline against which progress can be measured either over time with a country or compared to other participating countries. Country report cards and profiles are based on two assessments conducted by project partners: one assessing leadership, infrastructure and capacity and the other national policy actions in nine injury areas relevant to children and adolescents.

The third set of Child Safety Report Cards and statistical profiles and a European summary were produced and released in June 2012 under the auspices of the TACTICS project. Several additional indicators were added to the assessments to address additional policies seen as missing in from the 2009 assessments. In particular policies to reduce inequalities were added as this was a particular focus for the project. In addition a statistical comparison of overall performance scores was conducted for 2007-2012 for the 16 countries that participated in both those assessments and for 2009-2012 for the 24 countries that participated in both those assessments.

As with the first two sets released in 2007 and 2009, the 2012 report cards and profiles were well received nationally and at the European level and continued to play an important role in increasing and or maintaining awareness of the child injury issue and facilitated engagement of government and discussions with national stakeholders regarding the need for adoption, implementation and monitoring of evidenced good practices. As with CSAP II, the country partners initiating CSAP planning under TACTICS benefited from receiving their report card results earlier in their CSAP development process than those in CSAP I and all three commented that this was very beneficial.
The average score in 2012 was 35 out of a possible 60 points. All three new CSAP countries received scores under the average: Croatia – 29.5, Romania – 26 and Slovakia – 27.

**Usefulness of the Child Safety Report Cards in helping monitor progress over time**

As 2012 represented a third point of measurement for countries that participated in both 2007 and 2009, and a second point of measurement for those that participated in 2009.

**Changes 2007-2012**

Thirteen countries participated in all three sets of report cards (2007, 2009 and 2012) and three others participated in 2007 and 2012 allowing a comparison of scores based on the original 94 indicators in 16 countries.

- All countries increased their scores in at least one sub-area (range 1-11).
- All sub-area averages showed an increase of at least 0.5 stars over the 16 countries except for moped/motor scooter, passenger, pedestrian and water safety. However the variation for each sub-area across the different years was too small to undertake trend analyses of the individual areas.
- The sub-area with the most countries reporting an improved score was falls (12/16) and this was for the most part the result of establishing an action plan, educational programme or a media campaign. Other areas with a greater number of countries reporting an increased score were burns/scalds (11/16) and pedestrian safety (10/16), child safety leadership (10/16) and child safety capacity (10/16).
- Eleven out of the 16 countries appear to have made progress in the five years between assessments, with the greatest improvements in score found in Spain and the Czech Republic.
- In 2007 the 16 countries represented a ratio of good:fair:poor performance of 3:11:2 and in 2012 this has improved to 7:9:1, demonstrating a marked improvement.
- The average overall safety performance score increased from 31.5 in 2007 to 36 in 2012. The average increase of 5.03 was statistically significant (p=0.02; 95% confidence interval 0.93, 9.13).

**Changes 2009-2012**

Twenty-four countries participated in both the 2009 and 2012 allowing a comparison of scores based on 102 indicators - the original 94 plus the eight indicators added in 2009 (see table on next page).
• All countries increased their scores in at least one sub-area (range 0-9 sub-areas) except France.
• There were only three sub-areas where the average score increased (cycling, burns/scalds and choking/strangulation).
• The sub-area with the most countries reporting an improved score was burn/scald prevention (16/24 countries showed an improvement) and this is most likely the result of the introduction of policy at the EU level addressing child resistant lighters and reduced ignition propensity (RIP) cigarettes that benefited from action at the Member State level. Other areas with a greater number of countries reporting an improved score were leadership (15/24), water safety (14/24) and choking strangulation (13/24).
• Eighteen countries reported progress in the two years between assessments, with the greatest improvements in score found in Spain, Ireland, Italy and Latvia. Of the six countries whose scores decreased, the governments of two (Iceland and Greece) have faced financial crises during the period.
• In 2009 these 24 countries represented a ratio of good:fair:poor performance of 9:14:1 and in 2012 this has improved to 16:7:1, demonstrating an increase in adoption, implementation and/or enforcement of evidence-based good practices.
• The average overall safety performance score based on the enhanced set increased from 35 in 2009 to 37 in 2012. The average increase of 2.29 was statistically significant (p=0.06; 90% confidence intervals 0.33, 4.25).

More details are available in the individual report cards and profiles, and the Child Safety Report Card 2012: Europe Summary for 31 Countries are available on the Alliance website at: http://www.childsafetyeurope.org/reportcards/downloads.html
Child Intentional Injury Prevention Policy Profiles

We originally set out to evaluate the adoption, implementation and enforcement of policy actions to address child intentional injury using the same performance grading methodology used for the Child Safety Report Cards, that would allow both country comparisons and benchmarking of country progress over time. However, this approach proved problematic for several reasons:

- There are fewer evidence-based good practices available, thus we were more dependent on expert opinion to identify recommended actions to address child intentional injury.

- Many of the recommended actions are imbedded in national systems, which have evolved over years and even decades, making identification of the adoption and implementation (particularly level of implementation) of specific actions more challenging.

- There appears to be less objective oversight and monitoring of the implementation of national level action for intentional injury compared to unintentional injury.

- Many of the collaborators collecting the information informing this report did not feel responses were as objective as they should be to allow such comparisons.

While these challenges meant we eventually decided we could not use the performance grading methodology, we did still see value in sharing country results, particularly as countries taking less action can be inspired and motivated to take further action when provided examples of what can be achieved. We therefore developed individual child intentional injury prevention policy profiles based on the initial two assessments mentioned in the previous section plus an enhanced assessment specific to intentional injury prevention. A report on National Action to Address Child Intentional Injury was released in 2014 and included summary results and individual profiles for each country.

Findings of this report reveal that while many policies are in place, more needs to be done to ensure they are fully implemented, enforced and are supported by adequate resources to create the desired impact. Examples of inconsistent adoption of evidenced child intentional injury prevention policies across the participating countries include:

- Only 10 countries (33%) have an overarching strategy addressing the three main types of intentional injury covered by this report. Several other countries reported multiple strategies existing, which together covered the issue – however there is no overarching strategy to coordinate efforts.

- Only 19 (63%) have a law prohibiting corporal punishment in all settings. Most of the 11 countries that have not yet prohibited corporal punishment in
all settings have yet to prohibit in the home setting, although several still have to address alternative care and institutional settings.

- Responses indicated that four participating countries (13%) have no specific national ombudsperson for children (Czech Republic, Germany, Portugal and Romania), while two others (Bulgaria and Spain) only partially meet the criteria.

- Responses indicate that just under half of the participating countries have a programme of public health home visits for new parents that includes child maltreatment prevention, with a little over a third of those indicating the programme could only be considered partially implemented, most because there is little oversight.

- Less than half of the participating countries have a national policy requiring schools to have a standing committee involving teachers, students and parents to address violence in the family and school environment, including interpersonal violence and bullying/cyberbullying, and of the 14 countries reporting such a policy only six reported it was fully implemented.

- Only 20 out of 30 countries (67%) have a national policy/guidance for schools on developing a school based suicide prevention programme, although over half of those indicated that the policy was only partially implemented.

- Responses indicate that only England, Hungary, Ireland and Scotland have either a national programme of multi-disciplinary child death reviews or regional programmes across the whole country, which include making specific prevention-related recommendations.

Although the report on *National Action to Address Child Intentional Injury Prevention* was released later in the project, partners including intentional injury in their CSAPs found the data collection process useful both from an informational perspective and for identifying contacts and several partners including Czech Republic and Ireland, indicated that the awareness raised with its launch resulted in attention to child intentional injury and new initiatives, particularly in the area of suicide.

Value and Impact of CSAP Development

Although not all countries have managed to develop a child safety action plan since the Alliance initiated the idea, the value continues to be greater than anticipated. Planning appears to have benefited from the European platform the project offered, and the end of direct funding support to encourage progress has seen a number of processes grind to a stop. However, it is likely that the financial crisis has also had a large impact as governments are cutting back on prevention spending and are unwilling to make new investments.

Although the TACTICS project did provide an on-going monitoring role in terms of both progress and the 2012 Child Safety Report Cards, the was much less of a sense of everyone ‘journeying concurrently towards a goal’, and in addition there were fewer policy hooks providing opportunities for report back and illustrating how the CSAP development could help countries in meeting other international commitments. There also appeared to the perception that injury prevention generally and child injury prevention specifically is of lower priority at the EU and national levels in recent years, even though it remains the leading cause of death for children 5 to 19 years of age.

Despite this the evidence-based action indicator approach has continued to provide a credible project framework, useful tools for planning and monitoring and there is evidence that it is driving adoption and implementation of evidence-based good practices. There are some extremely impressive plans in place and a number have managed to do this in a comprehensive multi-sectoral way. In addition, the CSAP development initiative has been recognised through the DG Sanco funded PHIRE evaluation as one of the most impactful projects funded under the DG Sanco Health Programme and the Child Safety Report Cards also received the European Health Award in 2011 at the European Health Forum Gastein.

The CSAP approach to planning provides a model for other areas of child health to consider for enabling a coordinated, comprehensive and evidence-based approach to planning, however, it appears to work best when more countries actively working towards the similar goal concurrently, when there is focussed government leadership to achieve CSAP development, when there are opportunities to ‘report back’ publically on progress and when small amounts of funding are available to support coordinating and capacity building activities.
Lessons learned

By engaging government and non-government stakeholders from multiple sectors in the planning process the partners participating in CSAP development 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 planning process and trying to bring together key stakeholders together to develop a common vision, collective goals, aligned priorities and agreed upon actions increases the likelihood of achieving the end goal of a reduction in child injury.

Lessons learned in process of developing and implementing national child safety action plans with over 30 countries have included the importance of:

- leadership and commitment including a financial environment where increased and or targeted investment is possible
- the role of non-governmental organisations in applying external pressure to government to ensure progress
- the importance of government engagement if the end goal of an endorsed and funded plan is to be achieved
- having well constructed, standardised and evidence-based tools and resources to support advocacy efforts and planning
- setting of targets and S.M.A.R.T. objectives and identification of indicators to facilitate monitoring and evaluation of progress
- 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.
Recommendations

Europe continues to be the only WHO region world-wide that has taken joint action collectively as countries to address child injury prevention. The lessons learned through the earlier CSAP initiative were applied to three countries that chose to undertake the development process as part of the TACTICS project. Although some progress was made, the issues and challenges identified were very reflective of those put forward during CSAP and by the continuing countries during TACTICS. They also suggest that continued sharing of experience as countries move on from development to implementation will be extremely valuable.

Based on progress made in participating countries to date, we make the following recommendations:

1. That the European Commission continue to provide support for networking and capacity building activities to support exchange and enhancement of experience and knowledge for child safety experts and related disciplines with respect to:
   - evidence-based good practices to prevent childhood injuries,
   - adoption, implementation and monitoring of existing injury prevention practices
   - engaging various government sectors/ministries
   - balancing activities between the national, regional and local levels
   - inequities related to child injury

2. That the European Commission continue to encourage and support the development and implementation of national child safety action plans in Member States including:
   - call for formal national action plans in those Member States where one has yet to be developed
   - support for periodic benchmarking activities to assess progress and help maintain awareness of child safety (e.g., Child Safety Report Cards)
   - support detailed investigations for effective implementation of specific prevention strategies of interest to the majority of Member States

3. That the European Commission and Member States provided committed leadership to support mechanisms that facilitate multi-sectoral work and the health in all policies approach including:
   - Establish senior level multi-sectoral (inter-departmental) committees with responsibility for the development, implementation and monitoring
of CSAP with clear lines of responsibility at all levels of governance (EU, national, regional and local)

- Create structures and processes that result in joint work between relevant sectors/ministries with collaborative planning and shared responsibility for budgeting, target setting and staffing of prevention strategies.

- Support active partnerships with child safety NGO’s to maximise effective adoption, implementation and monitoring of child safety good practices.

- Providing funds for multi-disciplinary applied research projects addressing knowledge gaps related to prevention measures and knowledge transfer related to evidence-based good practices

4. That the European Commission and Member States provide political and financial support to enhance current data systems to allow monitoring of injuries, effectiveness of investments and social determinants including:

- Improving mortality and morbidity data (hospital or emergency data) to include more detailed coding of injuries to include external cause and location of injury

- Data on standardised measures of social determinants and exposure to hazards and preventive measures
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