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

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The need for child safety action planning

Injury is the leading cause of death for children and adolescents in Europe and is responsible for more deaths than all other causes combined. It is the largest environmental burden for children compared to outdoor/indoor contaminants, water, sanitation and hygiene issues, or lead contaminants. Additionally, children and adolescents have an inherent right to safety, which all Member States have committed to uphold. Despite this, the issue of injury is often neglected and investment is rarely equal to the magnitude of the problem.

This is somewhat surprising as although injury is a major health problem, it is one that is notably preventable. There are many prevention strategies today that have proven effective in reducing child and adolescent deaths and hospitalisations due to injury. Unfortunately, although evidenced good practices exist, they are not always widely implemented by governments, industry, or parents/caregivers. This failure to act can be for several reasons:

- there is a natural resistance to change from old or existing behavior
- changing to a new action can compete with other priorities
- if one fails to do adequate research as part of planning, a proven good practice can be missed
- the individual making the decisions may not have all the information in order to choose what is proven to work, and
- lack of time or resources leads people to choose actions that are quick and easy, but may not be evidenced good practice.

Further, a lack of recognition by the public of the great harm injury causes results in minimal pressure to governments or industry to change the situation.

It is also true that 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. As a result of the need for inter-sectoral action, a strategic and coordinated effort is required to address the issue and ensure it receives adequate investment that will lead to meaningful reductions. The best approach is the development of a government endorsed strategic plan with specific action steps outlined, including identification of resources and organisations responsible – in essence a ‘road map’ or action plan. More effective action will result through a strategic planning process that identifies priority areas and actions at both the national and European level. The resulting plans will support a coordinated approach at the national and European levels that addresses the need for the same level of safety for child and adolescent related products and services within and between countries. This approach will encourage and lead to consistency of healthy public policy within and across Member States, uniformity of national and European standards impacting child and adolescent safety, and sharing of what works to reduce injuries thereby enabling transfer of good practice between settings and countries.

The preparation of an action plan for child and adolescent safety also provides Member States’ governments with an opportunity to make a stronger commitment to the injury issue and take on a leadership role in addressing this critical health issue for children and adolescents. Child safety action plans also provide direct deliverables for several European level commitments made by Ministries of Health, including the Children’s Environment and Health Action Plan for Europe (CEHAPE), the WHO – European Region Resolutions addressing injury prevention and child and adolescent health strategies and the European Commission’s Recommendation on Injury Prevention; all of which will be reporting back in the next few years.
The Child Safety Action Plan Project is a large scale initiative whose aim is to develop government endorsed national action plans in countries in Europe that enhance child and adolescent safety by increasing awareness of the injury issue and uptake of proven prevention strategies by government, industry, professionals and organisations in areas that relate to child and adolescent safety, and families themselves.

The collective, yet flexible planning process developed for the initiative involved the development and use of core tools and resources to enable national and European strategic and action planning for child and adolescent safety that would enhance policy and decision making to reduce injuries in this population. The desired end-products of the process were: 1) government endorsed comprehensive and inter-sectoral national safety action plans addressing injury prevention and safety promotion in children and adolescents and 2) increased capacity amongst country partners with respect to engaging government on the injury issue, strategic planning and action planning. While the focus of activities within the Child Safety Action Plan initiative is on unintentional or accidental injury (e.g., falls, drowning), country partners were free to decide whether to include intentional injury (e.g., child abuse, suicide) within the scope of their national child safety action plans.

A national child safety action plan was defined as a policy document that describes the broad framework, long-term direction and priorities for child and adolescent injury prevention and safety promotion in a country and the specific short-term activities, organisational responsibilities and resources required to begin implementation of those priorities. In other words it provides a ‘road map’ for action to be taken by both government and non-government stakeholders.

Who was involved?

The lead partner for the initiative is the European Child Safety Alliance of EuroSafe. The Alliance focuses on strategies aimed at bringing about reductions in injury-related deaths and disability amongst children from 0-17 years of age in Europe. It works with a network of expert partners and stakeholders from various disciplines involved in child injury prevention.

Child safety action plan development is underway in 18 countries, led by Alliance partners in each of the participating countries: Austria, Belgium, Czech Republic, Denmark, Estonia, France, Germany, Greece, Hungary, Italy, Netherlands, Northern Ireland, Norway, Poland, Portugal, Scotland, Spain and Sweden. In addition five countries chose to follow the process as observers: Cyprus, England, Finland, Iceland and Malta.

In addition a seven member Expert Group provided advice and guidance to the initiative. Membership was made up of representatives from the Health and Environment Alliance (HEAL), the UNICEF Innocenti Research Centre, the WHO-Regional Office for Europe and experts in health indicators and evidence-based good practice in child injury prevention from two universities, the University of Keele and the University of the West of England. Funding support for the initiative was provided by the European Commission and partner organisations.
Getting there – the Child Safety Action Plan process

As the Child Safety Action Plan initiative is about national level strategic and action planning, in its very nature it deals with each country’s unique set of needs and issues. However by coordinating national processes the initiative allowed the development of a shared framework and process. The child safety action plan development process occurred in three broad stages, assessment, strategic planning and action planning that encompassed nine steps.

- **Assessment** involved engaging national and government partners in the planning process, gathering data and information and conducting a situational analysis to identify and explore strengths, weaknesses, opportunities and threats.

  A set of child and adolescent indicators was assembled, standardised tools and data collection processes were developed and a baseline of the measures was collected. This process involved collaboration with the Environment and Health Information System (ENHIS) initiative coordinated by WHO Regional Office for Europe on the development of the injury related indicators so that the ENHIS indicators represent a comparable subset of the Child Safety Action Plan indicators and vice versa.

  Country report cards and profiles were developed using the indicator data and served to inform planning by identifying countries’ strengths and weakness in relation to child safety. The report cards and profiles also assisted countries in the identification of critical issues in the bigger picture upon which subsequent strategic planning and action planning would take place. These products also provide a baseline for future benchmarking and evaluation. In addition a 25 country feasibility study was conducted to assess country readiness to conduct burden of injury studies specific to children and adolescents and to explore measures of socioeconomic status currently used in injury research.

- **Strategic planning** involved the development of a longer-term vision for child and adolescent safety (e.g., 10 years), including goals, specific objectives and actions to move toward the vision.

  Strategic planning involved the development of a longer-term vision for child and adolescent safety (e.g., 10 years), including goals, specific objectives and actions to move toward the vision.
Current evidence on what works in child and adolescent injury prevention was collected and reviewed and a good practice guide for unintentional injury prevention for children and adolescents was developed to support selection of evidenced good practice strategies during strategic planning. Planning was supported and facilitated by an extensive mentoring process and tools were developed to build capacity and assist country partners with the planning process.

**Action planning** involved shorter-term detail for the first 1-3 years of the action plan of whom could lead each task and resources identified. The action planning stage is important as it increases the likelihood that the plans will be implemented. The final steps in the process involved working to obtain government endorsement of the finished plan and communicating and positioning the plan with those who need to know to ensure awareness, and most importantly, commitment to its implementation.

The good practice guide was designed to provide guidance on transfer of strategies during action planning and 17 case studies of evidenced good practice in action in Europe. Collective movement through the child safety action plan development process by the 18 participating countries allowed for an assessment of injuries to children and adolescents, setting of benchmarks and/or targets and current policy action to assess and select solutions in a comprehensive way within each country. The development and use of standardised assessment tools examining injury mortality and action indicators resulted in country report cards and profiles that provide both comparable data to enhance planning and standardised measures that enable comparison between countries in Europe. Formative and process evaluation of the various processes and products was built into development, implementation and initial follow-up with partners to allow improvement.

Allowing flexibility in the process acknowledged the different starting places within each country, the diversity and experience of the country partners who included non-government organisations, academic institutes, professional organisations and government departments, and the resources available to the process. It also meant that each country’s plan could be developed within the policy frame that best fit their national situation. For example a Child Safety Action Plan could be developed as a stand-alone policy document or the goals, objectives and actions could be integrated into other processes and plans (e.g., public health plan, child and adolescent health plan, child environment and health plan).
Measuring up!

Because reaching a goal is challenging if you don’t know where you are starting from, a critical step in all planning processes is assessment of the starting point. Effective planning is based on quality data and information and requires an analysis of the current situation including an honest acknowledgement of both the good and the bad. To support country partners in the assessment stage of their child safety action plan development, two products were developed using standard measures – a Child Safety Profile and a Child Safety Report Card.

Child Safety Profiles

To support countries in their situational analysis, comparable data at the European level for injury mortality and morbidity, exposure to injury hazards, demographic and socio-economic measures were explored. These measures provide a picture of the magnitude of the issue and the context within which injuries are occurring to help explain differences in injury rates between countries. Further as countries with higher poverty, lower education and fewer funds dedicated to address the health of the population have greater challenges in reducing child and adolescent injuries it is important to try quantify these determinants going into the planning process. This includes planning for poorer families living in higher income countries. Indicators based on available data were assembled and a Child Safety Profile was developed for each of the 18 participating countries along with comparison data for the EU25 where available.

The profiles provide countries with a standard set of measures of the burden of children and adolescents injuries overall and by issue area, and information on socio-demographic determinants and availability and affordability of child safety equipment. This information serves as a background resource when considering how best to address child injury in each country and allows better decisions to be made during planning, particularly during identifying critical issues, priority setting and resource allocation. It also allows the monitoring of progress and evaluation of action that takes place at both a national and European level.

The 18 participating countries varied greatly in injury burden, socio-demographic determinants and availability and affordability of child safety equipment. Specific measures for individual countries are available in the Child Safety Profiles at www.childsafetyeurope.org and select overall findings are presented here.

- Of the approximately 55000 children under 20 years who die each year in the European Union, over 26%, or a total of 15000 deaths, are due to injuries and over 21% or approximately 13000 deaths are due to unintentional injuries alone. As such they still account for the largest proportion of child and adolescent deaths.

- Over 6700 deaths could have been avoided in 2001 alone if the EU25 had the same death rate as Sweden (the country with the lowest rate of child and adolescent injury death in that year). The proportion of deaths that would be avoidable in the 18 participating countries ranged from 0-78% with an average of 47%.

- These deaths represent an annual loss of over 880 000 years of life if it is assumed that each of the children and adolescents who died as a result of injury would have lived to full life expectancy. This translates into over 11 000 lifetimes of contribution to European society being lost each year. In a time in history when birth rates are low and the population is aging, the loss of this contribution is critical and must be addressed.

- While the distribution of cause of injury varies between countries in the European Union, on the whole road-related injuries remain the leading cause of unintentional injury in children and adolescents, followed by drowning, falls, poisonings, burns and choking/strangulation.
Causes of death vary by age group. As a result, planning efforts need to examine age specific causes as well as overall causes to ensure children and adolescents at greater risk are considered during planning.

Males continue to die as a result of unintentional injuries in greater numbers than females. Again attention needs to be paid to this fact when adopting, implementing and enforcing prevention strategies.

Other indicators such as those examining exposure and current policies to prevent injury are needed to help explain the differences in mortality, but currently there are no comparable data examining injury exposure for Europe.

There is a lack of data and standardised measures of socioeconomic status and other determinants of injury to help understand the relationship between injury and those determinants and differences in injury mortality rates between countries.

In the 25-country feasibility study of child and adolescent injury burden conducted in 2006, only four out of the 25 countries surveyed have the necessary data available to conduct a burden of injury study in children and adolescents (Czech Republic, Denmark, Finland and Germany). Twelve others could conduct a study if disability estimates from the Global Burden of Disease study were used (Austria, Cyprus, Greece, Italy, Malta, Portugal, United Kingdom, Netherlands, Norway, Slovenia, Sweden, and Latvia). Poland, France, Estonia and Lithuania have insufficient data to allow disability related burden calculations and there were 5 countries that did not respond to the survey. Improvements in data systems are required so that countries can accurately assess the magnitude of the injury issue.

### Injury death rates in children and adolescents

#### in 18 Child Safety Action Plan (CSAP) countries and EU25

<table>
<thead>
<tr>
<th>Country</th>
<th>Intentional injury rate per 100,000 population</th>
<th>Unintentional injury rate per 100,000 population</th>
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<tr>
<td>Greece</td>
<td>0.78</td>
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<td>Italy</td>
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<td>17.95</td>
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<td>Greece</td>
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</table>

Source: WHO Mortality Database (as averages for 5 years for 1998-2003 or most recent five years of data).
Child Safety Report Cards

The best decisions are made when accurate useful information relevant to the issue being decided is available. The purpose of preparing Child Safety Report Cards for each country was to assemble a more comprehensive set of indicators to support child and adolescent safety action planning that looked at more than just measures of burden. To have a sense of where planning was starting from countries also needed to know where they were at with adopting, implementing and enforcing what we know works. This meant looking not only at the level of action on evidence-based policies relating to specific injury areas, but also current leadership, infrastructure and capacity to support child and adolescent injury prevention efforts. Having an assessment and grading of the current level of adoption, implementation and enforcement of evidenced good practice policy action to support child and adolescent injury prevention provides a way to identify strengths and weaknesses or gaps.

Countries’ overall level of safety provided to children and adolescents was assessed by examining the level of adoption, implementation and enforcement of evidenced based national policies in:

1) nine areas of safety relevant to children and adolescents
   - passenger safety,
   - motor scooter and moped safety,
   - pedestrian safety and
   - cycling safety
   - water safety/drowning prevention,
   - fall prevention,
   - burn prevention,
   - poisoning prevention,
   - choking/strangulation prevention

2) three areas looking at strategies to support prevention efforts
   - leadership,
   - infrastructure and
   - capacity.

Countries were given a score out of 5 stars, where 5 stars was the best possible score, for each of these 12 areas based on their completed assessments which examined adoption, implementation and enforcement of national policies specific to each area. An overall performance grade was calculated by adding together the number of stars over the 12 areas out of a total of 60. These totals were translated into an overall safety grade (⭐ = 49-60 stars, ⭐⭐ = 37-48 stars, ⭐⭐⭐ = 25-36 stars, ⭐⭐⭐⭐ = 13-24 stars, ⭐⭐⭐⭐⭐ = 0-12 stars).

Grading each countries ‘level of safety’ through the development of a report card and a cross-country comparison measuring national policy indicators provided an advocacy opportunity for government and national partners to engage in a process whose goal was to increase a country’s level of child and adolescent safety. The information also provided an overview of current evidence based national policies to support child and adolescent injury prevention in countries in the European Union/European Economic Area that can also inform advocacy activities at the European level.

Child Safety Scores in 18 countries

The table below provides the overall safety performance grade and 12 issue scores (out of 5 stars) in 18 countries as of July 2006. The scores for the individual issue areas and overall child safety grade differed for the 18 countries participating.

None of the 18 countries received a grade of excellent performance on policies relating to nine of the nine areas of safety relevant to children and adolescents and leadership, infrastructure and capacity. Five countries (Denmark, France, the Netherlands, Northern Ireland, Sweden) received an overall grade of good.

<table>
<thead>
<tr>
<th>Country</th>
<th>Passenger safety</th>
<th>Moped/motor scooter safety</th>
<th>Pedestrian safety</th>
<th>Cycling safety</th>
<th>Water safety/drowning prevention</th>
<th>Fall prevention</th>
<th>Burn &amp; scald prevention</th>
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<td>Austria</td>
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<td><strong>1.5</strong></td>
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= 49-60 stars – excellent performance, = 37-48 stars – good performance, = 25-36 stars – fair performance,
performance and three (Greece, Portugal, Spain) received an overall grade of poor performance. The remainder received an overall grade of fair performance. None of the participating countries have adopted and implemented all the recommended evidence-based policies. Countries with lower grades can look to the experiences and successes of countries with stronger grades to assist in making their countries safer for children and adolescents.

<table>
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<tr>
<th>Poisoning prevention</th>
<th>Choking/strangulation prevention</th>
<th>Leadership</th>
<th>Infrastructure</th>
<th>Capacity</th>
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= 13-24 stars – poor performance, = 0-12 stars – unacceptable performance
The European Child Safety Alliance believes in the value of ‘evidenced good practice’, which to us combines the best available research evidence with the practical expertise of professionals in the ‘real world’. This approach requires that professionals are aware of both best evidence and practical aspects of transferring those policies and programmes from one setting to another. With so much to do to address the safety of European children and so little time and limited resources, there is a need to focus on those strategies that are ‘best bets’ to reducing childhood unintentional injuries.

A Child Safety Good Practice Guide was developed to enable Member States, and in particular child safety action plan partners and their national constituencies, to examine strategy options for unintentional child and adolescent injury, move away from what has ‘always been done’ and move toward good investments – strategies that are known to work or have the greatest probability of success. As such it served as both a planning resource for the child safety action plan development process and a communication tool to raise awareness and communicate those strategies that work.

The Guide builds on previous work by the European Child Safety Alliance and child safety researchers from around the globe and was a step in supporting countries in Europe to move toward evidenced good practice. It was developed as a key resource to inform countries participating in the Child Safety Action Plan initiative of 54 evidenced good practice strategies that could be adopted to address critical issues identified in their situational analysis and considered in selecting priorities from amongst critical issues and outlining specific steps as part of action planning. As such it goes far beyond being an inventory of available strategies by including only those strategies for which there is evidence of effectiveness and for which an evidence-based argument for investment can be made. The Guide also includes 17 case study examples of ‘real world’ success in applying evidence-based strategies in a European setting thereby sharing experience and lessons learnt for those considering uptake, transfer and implementation of these strategies. Finally, looking at what we do know works helps identify situations where there are knowledge gaps and strategies need to be evaluated or evidence needs to be strengthened.

The “Child Safety Good Practice Guide: Good investments in unintentional child injury prevention and safety promotion was officially launched by the European Child Safety Alliance on June 26th, 2006 at the 1st European Conference for Injury Prevention and Safety Promotion in Vienna, Austria and over 2000 electronic and hard copies have been distributed to practitioners, policy makers and researchers across Europe.

Countries have used the Good Practice Guide during their action plan development process and to date three countries (Sweden, Spain and Poland) have independently translated the executive summary for distribution in their countries. Countries have indicated that the information provided was important to educating decision makers and to the selection of interventions to address priority areas. Evidence statements and supporting information from the Child Safety Good Practice Guide have been integrated into EuroSafe’s on-line database on effective measures in injury prevention (EMIP) so that summary information on what works in child and adolescent injury prevention is now searchable on-line. The complete Good Practice Guide and an Executive Summary are downloadable on the European Child Safety Alliance website at: www.childsafetyeurope.org

Focussing on what works!
Building capacity

Capacity building involves providing individuals with the understanding, skills and access to information, knowledge and training necessary for them to perform effectively. One of the more effective ways of building capacity is taking individuals whose capacity you want to build through a process together. This results not only in increased capacity, but also creates an atmosphere of trust and support on which future actions can be built.

To support child safety action plan development a mentoring process involving both specific capacity building activities and the availability of continuing day-to-day support was developed for country partners. This approach supported progress through the child safety action planning process and also allowed monitoring of country progress and challenges as the countries progressed through the process.

Mentoring support was a day-to-day activity resourced by a full time position and included contact by phone, email, Communiqué (electronic newsletter), meetings with secretariat, sharing with other participating countries, and country progress updates at Alliance Steering Group meetings. Three official face-to-face meetings were held – an orientation meeting, a capacity building workshop and an update meeting, but country partners were also provided with other opportunities to share progress and challenges.

The Secretariat also traveled to countries participating in the Child Safety Action Plan initiative to support activities including meeting with ministry representatives and national partners, facilitating planning meetings and presenting on good practice. They also worked to assist country partners with political positioning to support government engagement and move toward endorsement by sending letters of support, making opportunities to speak with Ministry officials at various meetings and calling on support of international partners to assist in government engagement.

The country partners viewed the mentoring process and tools as essential to their role and useful to building capacity of individuals within their own national processes, although this varied by country starting point, speed and ease with which government and national partners were engaged, the country partners’ previous experience in facilitating a large process and resources available. As many of the partners had limited experience with leading a strategic planning process, particularly at the national level, the provision of continued encouragement and support was a critical component to the national processes. Country partners clearly identified that the time spent together to share progress, challenges and solutions was invaluable to their progress.
Building awareness

Building awareness is an important step to gaining understanding and support for an issue. The Child Safety Action Plan initiative as conceived was broad in scope and depended upon the partnerships working and on the engagement of governments and other stakeholders at the national level. It was therefore recognised at the outset that good communications would be essential, both between the partners within the project and with the many relevant parties at the national level and other external parties following the initiative’s progress.

A communication strategy was developed that aimed to create support for the Child Safety Action Plan initiative by making it known to key policy makers, health professionals and European citizens and encouraging their commitment to action to reduce child injury. The objectives of the strategy were to: 1) raise the profile of the initiative, the European Child Safety Alliance and the magnitude of the child and adolescent injury issue in countries throughout Europe and 2) support the initiative and its partners in the achievement of their goals.

A series of initiative specific tools was developed to support the Secretariat, country partners and expert group members in communicating progress and in sharing the initiative with the broader injury prevention stakeholders in Europe and government and national stakeholders in participating countries. Tools included a wordmark, brochures describing the initiative; a newsletter; and a set of PowerPoint slides on the initiative. Expert group members took on an ambassador role for the project, keeping the initiative Secretariat notified of opportunities to promote and help strategically position the project and/or ensure links occurred where there was potential for synergy and duplication.

An on-line **Directory of Child Safety Practitioners, Policy Makers and Researchers** was developed with the assistance of country partners. The directory provides practitioners, policy makers and researchers in Europe with information on their peers in their own and other countries to facilitate information exchange and collaboration. Collection and update of directory information has been made into a routine part of Alliance activities and it is hoped that this will lead to a representative directory of child safety stakeholders in Europe.

Report backs on progress to the Child Environment and Health Action Plan for Europe (CEHAPE) process have occurred through the CEHAPE Taskforce and European Environment and Health Committee meetings and the mid-term Ministerial Report Back for CEHAPE held in Vienna in June 2007. The latter was particularly positive as in addition to the Minister of Health for Austria mentioning the Austrian Child Safety Action Plan in her opening address, many countries mentioned the initiative in their CEHAP progress reports and the Austrian and Portuguese partners presented on behalf of their governments and won a good practice award. As well the Alliance was part of an NGO report back that allowed progress at the European level to be shared.

Overall the communications strategy has been successful. The initiative has been an active partnership in which all partners have been recognised and this has contributed to the effectiveness of the initiative. Challenges including the size of the project, the number of partners involved and managing the many opportunities for synergy have been overcome by careful planning and the initiative is seen as a success by both partners and external observers. Regular and clear communication, openness and transparency of Secretariat actions, encouragement of 2-way communication and a decision making process that requested country partner input were keys to this success.
Where should a country focus its priorities? What role does each sector have in addressing the child and adolescent injury challenge? How well is the country doing, as a member of the European Union and the European region, to ensure the safety of its smallest and most vulnerable citizens?

The development of an action plan can be used to answer these and other questions. The development process and how these questions are answered can provide a country with a “roadmap to the future.” A successful process leads to action and builds a shared vision that is grounded in the reality of what can and cannot be accomplished that should facilitate its eventual implementation. It also addresses underlying leadership, infrastructure, capacity and communication issues to support implementation.

The process of developing a child safety action plan is therefore as important in many ways as the final plan itself. By engaging government and non-government stakeholders from multiple sectors in the planning process country partners are increasing awareness of the child safety issue and building capacity by creating a common understanding of the injury issue. The process is ensuring common goals and alignment of priorities so that all stakeholders are working together in the same direction and is defining leadership and other roles and responsibilities of both government and non-government stakeholders.

After 30 months as part of the Child Safety Action Plan initiative, several of the countries (Austria, Czech, Hungary, Italy, Poland, Scotland) are close to completing the process and having a government endorsed child safety action plan and several others (Belgium, Netherlands, Portugal) are well along in the planning process. In Estonia, France, Sweden and Norway, the timeframe of child safety action plan initiative did not end up coinciding with the government’s timetable and those countries are proceeding on their own timetable for planning for child and adolescent safety with final plans anticipated in 2008 or 2009.

Several countries have struggled to move forward (Denmark, Greece and Spain) and in Germany although government was aware of the process and participated to some degree, they have not engaged and encouraged the now complete German Child Safety Action Plan to go forward as an NGO led plan. Country progress through the 9 steps in the child safety action plan development process are summarised in the table on page 16.

Half of the 18 participating countries have decided on their critical issues and selected priorities for action (Step #5). Most reported that conducting the situational analysis, including data collected on policy indicators and leadership, infrastructure and capacity for the Child Safety Report Cards, was extremely helpful in identifying the critical issues and that goals clearly followed on from this. Although there is some consistency and overlap between countries in priorities for action with injury data and improvements in road safety, school safety, home safety and national coordination all coming out strongly, for others the critical issues reported related less to sub-types of injury and more to the need for leadership, infrastructure and capacity.

Planning action!
Country progress through the 9 steps in Child Safety Action Plan development process to September 2007

Child Safety Action Plan development steps

Country

Austria

Belgium

Czech Republic

Denmark

Estonia

France

Germany

Greece

Hungary

Italy

Netherlands

Northern Ireland*

Norway

Poland

Portugal

Scotland

Spain

Sweden

1 government engagement
2 national partner engagement
3 situational analysis
4 vision statement
5 identification of critical issues
6 goals & objectives
7 action steps
8 government endorsement
9 communication of plan

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

step completed

step in progress
As a result of the Child Safety Action Plan initiative there have been a number of impacts noted. Some of these were anticipated, others not. The anticipated impacts that have been achieved include:

- stronger links between national partners and governments;
- stronger links between national partners within countries;
- increased awareness of the child and adolescent safety issue in participating countries by government and national stakeholders;
- increased knowledge and capacity of country partner organisations and
- enhanced political commitment for child and adolescent injury in counties.

The unanticipated impacts have included:

- the unifying nature of the project both nationally and internationally;
- an actual change in legislation in one country, the Czech Republic, to facilitate the collection of data to support child injury prevention efforts;
- new collaborative structures to support child injury prevention – this has included both temporary structures as part of planning (e.g., establishment of a multi-ministerial steering group in Hungary) and permanent structures developed as part of infrastructure and capacity building (e.g., establishment of a National Child Safety Board in Norway);
- country partnering and formal work agreements between countries on child safety action plan development and implementation (e.g., agreement between Visegrad Group countries – Czech Republic, Hungary Poland and Slovakia);
- stronger working relationships with the Health and Environment Alliance (HEAL), UNICEF, WHO, country partners and experts in the field; and enhanced capacity in the Alliance through expanded capacity of Alliance members;
- development of an effective planning model for emulation by other injury areas or areas of child health.
Lessons Learnt

During the 30-plus months of the process key lessons have been learnt regarding facilitators and barriers to the child safety action planning process.

- Countries that had a real champion, who kept encouraging government to engage and move through the process, appear to have been more successful than countries without such a champion.

- Within the context of this initiative, we found that size of country made a difference. Smaller countries appeared to have an advantage over large countries as governments are typically smaller and it is easier to bring stakeholders together and larger countries can also have more than one language or culture that can also be a barrier to progress.

- The nature and stability of the political system can be a barrier to progressing through the child safety action plan development process (e.g., change of government). Decentralised or regionalised systems create challenges for national planning, despite the fact that there is still a role and need for coordination to ensure good information flow and decrease duplication of effort. In addition a change in government can slow or block progress as a relationship with the new government must be developed and/or commitments made by a previous government can be over-turned.

- Readiness or willingness to change also impacts the planning process in that an attitude that everything is already being done that needs to be done does not encourage progress.

- The level of existing activity on child and adolescent injury prevention at the starting point of planning appears to be both a barrier and a facilitator. Countries that perceived they had adequate activity, even if there were obvious gaps or untapped opportunities for collaboration and synergy, appeared to be less likely or slower to engage than those with less well established track records. However, countries really starting from nowhere also appeared to face a barrier in that there did not appear to be enough presence of the issue to acquire the necessary resources to begin to establish an action plan development process.

- There was no clear pattern with respect to what type of lead organisation was best, however those countries where there was shared leadership between government and an NGO, government and an academic institute or even between two government departments/ministries appeared to have made more progress by the end of the project.

- Engagement of government appears to be the first barrier to be overcome in an effective action planning process. If a Ministry is engaged and takes a leading role, it increases the likelihood that the resulting plan will be endorsed, thus having a Ministry willing to lead the process (as long as there is a clear understanding that government endorsement is an end goal) is a facilitator to the process. There is no evidence from the current initiative that it matters which Ministry takes lead, just that the commitment needs to be followed through on.
The ability for the child safety action plan to fit with existing or evolving policy frameworks within government was also a facilitator. The existence of policy frameworks in which child injury could fit and an argument for integrating child safety into existing frameworks rather than developing the child safety action plan as a stand-alone document seem to have met with success.

Having a small amount of initial seed funding for the process as part of the initiative funding from the European Commission was a facilitator in that it provided the national coordinator’s organisation with additional resource to allow the national coordinator to dedicate time to the child safety action planning process. Although most countries indicated that seed funding in no way covered all the time invested in the process, it was an incentive to engage.

Several country partners indicated that being part of a bigger European process was also a facilitator, particularly when engaging government or national partners. A European initiative gave greater credibility to what they were trying to achieve nationally.

Finally several country partners indicated that having a clear step-wise process with tools such as the Child Safety Report Card, Child Safety Profile and Good Practice Guide and the mentoring process designed to increase capacity were also facilitators to the process. Several indicated that they would not have been where they were without the guidance they had received.
The Child Safety Action Plan initiative involved three objectives with the desired outcomes of government endorsed national child safety action plans and increased capacity at the national level to undertake such activities. The three objectives involved development of 1) child safety profiles and report cards based on a set of indicators, 2) a good practice guide for child safety highlighting evidenced strategies proven to reduce child and adolescent injury and 3) a child safety action plan development and mentoring process to facilitate country partners in national plan development. The products and processes have proven to be useful and will continue to be used or enhanced as information is shared with the remainder of the European Union countries and beyond, and as the 18 countries currently participating complete their plans and move to implement them.

The Child Safety Action Plan model has proven to be successful both internally with partners and externally within participating countries and broader international arenas (e.g., CEHAPE) and all participating countries have made some progress towards developing a national plan. Strengths of the initiative have been a clear vision, strong leadership, well managed organisation including technical aspects of the initiative, strong two-way communication and dedicated hard working partners. The challenges have been the size and scope of the initiative, the number of partners and the disparate starting points for national action planning and obtaining government commitment.

Next steps for the Child Safety Action Plan initiative include:

- Maximising exposure of the many products, including the Child Safety Report Cards.
- Continuing support for the initial 18 countries as they move toward implementation.
- Building on lessons learnt work with the remaining 12 eligible European Union Member States and candidate countries to develop child safety action plans and explore how the Alliance can work further with WHO and UNICEF and other partners to ensure that we take full advantage of the lessons learnt from the first 18 countries to facilitate progress in the larger European region.
- Communicating the recommendations stemming from the initiative broadly to the relevant audiences using appropriate communication mechanisms to maximise exposure of lessons learnt.
- Continued analyses and reporting of data and information gathered in this initiative in several academic papers.

The way forward
Overall recommendations

Member states need to honour the commitments made to the WHO declarations/resolutions and the European Commission Recommendation to promote safe, secure and supportive human settlements for all children in Europe therefore ensuring children’s right to safety. This can be accomplished by:

1) Developing national child safety action plans
A coordinated multi-sectoral approach to child and adolescent injury prevention is needed. A national action plan provides a road map that aligns priorities, capitalises on strengths and targets gaps to fill along with clear roles and responsibilities. Further the process of developing such a plan builds buy-in and sets the foundation for a national network of child injury stakeholders.

2) Investing in child injury prevention
Currently the investments are not commensurate with the magnitude of the problem. Investments are needed in the areas of leadership, infrastructure and capacity along with the necessary resources to implement good practices that will result in injury reductions. With thousands of children’s lives being lost each year to injury the cost of not investing is too high.

3) Dealing with inequalities
Poverty increases injury risk in a number of ways. Special attention and action is required to address inequalities, especially in low-income countries and in families living in poverty in higher income countries.

4) Adopting, implementing and enforcing what works
There are proven effective good practices that we know work, and although action should follow awareness not all countries have taken up these strategies. Government action to promote, support and adopt evidence-based good practices is critical to protecting children and adolescents and to meeting their right to safety.

5) Enhancing capacity to develop, implement and evaluate effective injury prevention strategies
Currently there are few specialists in child safety in most countries and many related professions receive no training on the issue. Country capacity for child safety needs to be higher and this will need to be improved if countries want to reduce child injuries.

The European Commission and international organizations, such as WHO and UNICEF, can encourage and support national government efforts in building leadership, infrastructure and capacity to support child and adolescent safety and encourage and support their efforts to adopt and implement evidence-based good practice. The European Commission can also work to enhance the development and increased enforcement of European level child safety standards and other safety legislation to support evidenced good practice and work to ensure health and safety in all policy particularly for vulnerable groups like children.

Non-government stakeholders can work nationally and internationally to promote proven good practice and advocate their adoption, implementation and enforcement in a strategic and coordinated way by supporting the development and implementation of child safety action plans.
References used in the preparation of this document


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

Finally we would like to acknowledge the funding that made the Child Safety Action Plan initiative possible. Thanks goes to the European Commission Public Health Programme, Eurosafe, HEAL, UNICEF, the Universities of Keele and the West of England, WHO and our Alliance partners in each of the participating countries.
ACTION PLANNING for CHILD SAFETY
A strategic and coordinated approach to reducing the number one cause of death for children in Europe

Injury is the leading cause of death for children and adolescents in Europe and is responsible for more deaths than all other causes combined. Despite the magnitude of the issue and the fact that children and adolescents have an inherent right to safety, the issue of injury is often neglected and investment is rarely equal to the magnitude of the problem. The Child Safety Action Plan Project is a large scale initiative led by the European Child Safety Alliance of EuroSafe that aims to address this gap. By facilitating the development of government endorsed national action plans in countries in Europe the initiative is working to enhance child and adolescent safety by increasing awareness of the injury issue and uptake of proven prevention strategies by government, industry, professionals and organisations in areas that relate to child and adolescent safety, and families themselves. The resulting plans will also support a coordinated approach at the national and European levels that addresses the need for the same level of safety for child and adolescent related products and services within and between countries.

ACTION PLANNING for CHILD SAFETY provides an overview and progress report on this strategic and coordinated approach to reducing child and adolescent injury in Europe. In addition to providing a rationale for the project it describes the action plan development process and the capacity building tools and processes developed to support the child safety action plan development that is underway in 18 countries. Lessons learnt are shared along with recommendations for additional action to support this approach as additional countries begin the process and others move to implementation of their government endorsed plans. It is hoped that this strategic and coordinated approach will encourage and lead to consistency of healthy public policy within and across Members States, uniformity of national and European standards impacting child and adolescent safety and sharing of what works to reduce injuries. This will encourage and enable transfer of evidenced good practice between settings and countries and ultimately make Europe safer for its most vulnerable citizens.