

Background document on “Child Safety Report Cards”

Publications will be available at the press conference and at www.childsafetyeurope.org from approximately 12.00 on Tuesday, 20 November 2007.

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Report card findings

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1. Background to the project

A series of publications has been prepared by the European Child Safety Alliance, EuroSafe, that provide a comprehensive child safety review. The publications are as follows:

“Child Safety Report Cards” summarise a country’s performance in 2006 with respect to the level of safety provided to children and adolescents through national level policy. The assessments are based on an examination of current country policies to support child and adolescent safety, including specific unintentional injury areas (e.g. road, home and leisure environments), leadership committed to take action and the amount of human and financial capacity to address the injury issue.

“Child Safety Country Profiles” have been prepared for each of the 18 countries. They provide information on child and adolescent injury deaths and socio-demographic determinants to allow a starting point for interpreting the results of the country’s Child Safety Report Card 2007. They also provide a starting point for measuring progress and setting targets for reducing child and adolescent injury-related death and disability.

“Child Safety Report Card –Europe Summary for 18 countries” provides a summary with respect to the level of safety provided to children and adolescents through national level policy in the 18 participating countries to July 2006 along with recommendations for action to increase safety of children and adolescents in Europe.

These publications are part of the Child Safety Action Plan initiative, the aim of which is “to make Europe safer for children and youth by stimulating and facilitating the development of government endorsed national action plans to prevent injuries and enhance child and youth safety in participating countries.” The Report Cards and Profiles are part of the assessment phase that each participating country went through as a first step in developing their national action plan. The main purpose of the policy review is not an international comparison but rather the opportunity to assess how well a country is doing in terms of the adoption, implementation and enforcement of policy that supports child safety. This process helps identify gaps in current policy that can be addressed as part of action planning.

The first phase of the initiative ran from July 2004-March 2007 (summary report available at www.childsafetyeurope.org). It is led by the European Child Safety Alliance of EuroSafe in partnership with the European Commission, the Health & Environment Alliance (HEAL), UNICEF Innocenti Centre, the Universities of Keele and the West of England, the World Health Organization (WHO) Regional Office for Europe and partner organisations in 18 countries.

The countries included in the project are Austria, Belgium, Czech Republic, Denmark, Estonia, France, Germany, Greece, Hungary, Italy, Netherlands, Northern Ireland, Norway, Poland, Portugal, Scotland, Spain and Sweden.

Scotland and Northern Ireland are considered as individual “countries” because each of the constituent countries of the United Kingdom (England, Scotland, Northern Ireland and Wales) has a different government structure that would have to endorse a Child Safety Action Plan.

2. How many lives could be saved?

More than 6,700 child and adolescent deaths could be avoided each year if every Member State achieved the level of the safest country in the European Union.

Individual “Child Safety Report Cards” for 18 countries (15 EU countries plus Norway, Scotland and Northern Ireland) provide figures on how many deaths could have been prevented in 2001 if each country achieved levels in Sweden, the EU country with the lowest child and adolescent death rate in that year. The chart below also shows the death rate from accidents by country.

Countries with higher child deaths rates can make the biggest percentage reductions in child deaths from accidents. For example, Greece, which has a child death rate that is four times higher than Sweden, could prevent 75% of all child deaths – saving the lives of 509 children each year.

Avoidable child and adolescent injury deaths in 2001 (reference country Sweden)

	Total number injury deaths	Number avoidable injury deaths if same rate as Sweden	% of injury deaths avoidable if country had Sweden's rate	Unintentional death rate (0-19 years)
Austria	339	204	60%	12.41
Belgium	626	467	75%	25.63
Czech Republic	325	153	47%	12.32
Denmark	138	40	29%	9.26
Estonia	115	90	78%	26.12
France	2122	1015	48%	18.23
Germany	1866	587	31%	11.85
Greece	683	509	75%	28.29
Hungary	279	106	40%	10.14
Italy	2030	1213	60%	17.95
Netherlands	289	0	0%	6.56
Northern Ireland	53	16	30%	14.3
Norway	122	35	29%	8.06
Poland	1640	855	52%	15.76
Portugal	731	560	77%	22.16
Scotland	150	62	41%	10.95
Spain	1012	388	33%	14.19
Sweden	158	(reference group)	(reference group)	5.77

Source: WHO Mortality Database; all figures relate to the 0-19 year age group for 2001 or the most recent year of data available when the research was conducted.

Child injury death rates

Standardised child death rates from accidental (unintentional) injury in the 0-19 year age group vary widely within the 18 countries studied.

Sweden, Netherlands and Norway had the lowest rates of child injury death while Belgium, Estonia and Greece had the highest rates.

The rate in Sweden was the lowest at 5.77 per 100,000 children and adolescents; the highest was in Greece at 28.29 per 100,000, which represents a four-fold difference.

Belgium has a rate more than three times higher than the Netherlands. (NB Belgian data is not as recent as for some other countries in the WHO mortality data base). In Hungary, the rate of child deaths from accidental injury is 50% lower than in Poland.

Magnitude of the problem

According to WHO, injuries are the leading cause of death children and adolescents in the 0-19 year age group in the European Union. This is despite injury reductions and safety improvements over the last 20-30 years.

The Child Safety Report Card Summary for 18 countries shows that of the over 50,000 children under 20 years who die each year in the European Union (25 countries), 21% are due to unintentional injury.

Deaths from injury are only the tip of the iceberg. For example, analysis from the Netherlands shows that for every death, there are 150 hospital admissions, 2,700 visits to Accident & Emergency department and 4,900 visits to General Practitioners. (This ratio is based on figures in 2004. The rate varies from country to country due to treatment patterns and accessibility of medical care.)

Note on the figures: The UN Convention on the Rights of the Child addresses children's needs and rights from birth to 18 years. However, at present WHO data exists for the age groups covers the 0-14 years and 15-19 years age groups.

Main causes of injury death

The main cause of child and adolescent injury death is motor vehicle accidents (see table below).

What is important to remember in examining these percentages is that while motor vehicle accidents is the major cause of death, other types of injuries occurring in the home and in/on water are the cause of many more injuries requiring hospitalisation or a visit to the accident & emergency department.

Thus the priorities for action on child safety are based not only on injury deaths, but also on areas where there is considerable burden of injury to be addressed.

Causes of injury death for children 0-19 years for the EU 25 for 2003

Motor vehicle accidents	49.1%
Suicide	13.3%
Accident drowning and submersion	7.5%
Homicide	3.6%
Falls	3.3%
Other transport accidents	2.6%
Poisoning	2.3%
Accidents caused by fire and flames	2.1%
Machinery and cutting and piercing instruments	0.4%
Firearm missile	0.1%
Other causes	15.7%
Total:	100%

Source: WHO Mortality Database

Scope for prevention

“We know what works but governments are not investing the resources commensurate with the problem”, says Joanne Vincenten, Director, European Child Safety Alliance.

Each year over 10,000 children and adolescents under 20 years die as a result of an accident. A total of 6,755 child and adolescent deaths could have been saved if all 25 countries in the EU had the same rate of injury death for children and adolescents as Sweden. This figure represented 44% of the injury deaths in the 0-19 years age group in 2001. This is almost one child lost to injury every hour of every day in the EU.

Source: WHO Mortality Database, 2005

3. How did countries rate against each other?

The project scored and graded the 18 countries on child safety performance at the national level. (See table below)

The ratings in the Child Safety Report Cards were based on the extent to which evidence-based policy interventions in 12 policy areas have been introduced, implemented and enforced. The policy areas cover topics such as “passenger safety” or “fall prevention” and also the extent to which leadership within the country is committed to action, existing infrastructure and capacity, and the financial resources allocated. The overall performance grade was calculated by summing the 0-5 points (noted in individual country report cards as stars) in each of the 12 areas to give a total out of a total possible 60 points.

No country was graded “excellent” (49-60 points) but nor was any country graded “unacceptable” (0-12 points). Five countries received an overall grade of “good” performance (Denmark, France, The Netherlands, Northern Ireland and Sweden). Three countries scored “poor” (Greece, Portugal and Spain). The rest were graded “fair”.

How countries scored on child safety performance

Austria	27 (Fair)
Belgium	29.5 (Fair)
Czech Republic	31 (Fair)
Denmark	39.5 (Good)
Estonia	27 (Fair)
France	37 (Good)
Germany	35.5 (Fair)
Greece	21 (Poor)
Hungary	32 (Fair)
Italy	27 (Fair)
Netherlands	40 (Good)
Northern Ireland	40 (Good)
Norway	35.5 (Fair)
Poland	32 (Fair)
Portugal	20 (Poor)
Scotland	31.5 (Fair)
Spain	22.5 (Poor)
Sweden	40 (Good)

Scores: excellent (49-60 points), good (37-48 points), fair (25-36 points), poor (13-24 points), unacceptable (0-12 points)

Consistency between scores and rates

In general, the performance grades for child safety scored by different countries correspond to national child injury death rates. Countries with higher scores tended to have the lowest death rates from injury while countries with lower grades tended to have higher child injury death rates.

However, other factors influence the relationship between injury rates and policy scores, including exposure to hazards and economic, social, demographic and regulatory factors and thus the specific scores in the 12 policy areas do not correspond as well to injury rates in those areas.

For example, Denmark and the Netherlands both had relatively high scores on cycling safety but death rates from cycling were also high. This finding is likely to reflect the high level of exposure as cycling is both more common and more frequent than in some of the other countries.

Germany had a relatively low rate of drowning but also a relatively low safety score. This discrepancy may be partly due to the fact that water safety and drowning prevention are addressed at the regional level in Germany. The scoring is based on national level policy rather than municipal or local laws, which may also have contributed to a lack of consistency between the score and child death rate.

4. The interventions that work

The scores and overall grades were based on how well countries were doing in terms of more than 90 effective measures in 12 policy areas.

The following summary provides examples of evidence-based measures related to the 12 policy areas.

Road traffic accidents: Many countries scored best on road traffic safety, the biggest cause of accidental death in childhood. It is also probably the area in which intervention measures are best known and most investment has been made.

Passenger safety

Children and adolescents are spending an increasing amount of their time in motor vehicles as family car ownership in Europe increases, but passenger safety in the 18 countries varies widely.

Examples of proven “good practice” include proper use of child seats in cars. Research shows that, when used properly, child passenger restraints reduce injury by a factor of 90-95% for rear-facing systems and 60% with forward facing systems. The review found that only Greece required children to remain seated rear facing until the age of four years – and the law is only partially implemented. Five countries reported a law requiring children to be seated in the back of the vehicle until the age of 13 years (Czech Republic, Greece, Poland, Portugal and Spain) and Portugal’s law is only partially enforced.

Motor scooter and moped safety

Setting age limits for motor scooter and mopeds helps reduce accidents as do minimum qualifications and wearing a helmet. Belgium and Germany do not require minimum qualifications but the other 18 countries do. All countries included in the review had specific speed limits. However, Italy reported that these laws are not well enforced.

Pedestrian safety

Reduced speed limits in residential areas, including around schools and playgrounds is a practice proven to be effective in increasing child pedestrian safety. All countries except the Netherlands and Portugal have a national law requiring reduced speed in residential areas, although municipal law exists in the Netherlands. The Czech Republic and Italy both reported that these national laws were only partly implemented or enforced.

Research in the UK has shown that the introduction of 20 mph (under 35 kilometres per hour) speed

limit zones resulted in 70% reductions in fatal child pedestrian accidents.

The design of the front of cars can be modified to reduce injuries incurred by pedestrians and cyclists in the case of an accident. Estimates suggest that up to 2,100 deaths and 18,000 serious pedestrian and cyclist casualties of all ages could be prevented annually in the EU15 if design modifications were made.

Cycling safety

When a cycle helmet is worn, correctly fitted, the risk of head and brain injury can be reduced by between 63-88%. Despite the evidence supporting the effectiveness of legislation in bicycle helmet use, few countries have adopted this good practice. Even in the Netherlands and Denmark where cycling is popular and the numbers of cyclists killed is correspondingly high, this policy measure has not yet been introduced. Only Sweden and the Czech Republic reported a national law requiring the use of a bicycle helmet by all cyclists and only Sweden reported that the measure fully enforced.

Accidents at home and in/on the water: Accident related to home safety, such as water safety, falls, burns and scalds, choking/strangulation did not generally receive as high scores as those for road traffic accidents. The review concluded that they need increased attention.

Water safety/drowning prevention

Drowning is the second biggest cause of accidental death after traffic accidents in Europe yet not one of the countries in the review requires that children and adolescents use of life jackets (personal flotation devices) while sailing, water skiing or otherwise on the water. Estonia, which had the highest rate of drowning among the countries in the review, requires the use of life jackets but only in open watercraft smaller than 24 metres in length. In most of the countries, existing legislation requires that life jackets are present on boats but does not require that they be worn.

As the number of private swimming pools increases in Europe, barrier fencing has become a key measure to reduce the risks of drowning. So far, only France and Sweden have a law that requires barrier fencing for private pools though public pools are more widely required to have barrier fencing. Norway has a law that requires open water on private property to be secured to prevent childhood drowning but swimming pools are not specified.

Fenced private swimming pools reduce the likelihood of a drowning by 95%, with 4-sided fencing being better than 3-sided fencing attached to the house.

The youngest children are most vulnerable to drowning and more than 70% are boys. A small child can drown within seconds in as little as 2 cm of water. Home visiting programmes that include information for parents on a range of child safety topics have proven effective in increasing caregiver knowledge and reducing child injury deaths.

Fall prevention

Although not the biggest cause of child injury deaths, falls represent the number one reason for child and adolescent visits to hospital accident and emergency units. The falls that are most likely to cause hospitalisation are from one level to another.

Guards and locks on windows in buildings with more than one storey can prevent dangerous falls. Putting bars on windows can decrease the risk of fatal falls by 35%. While several countries (Greece, Norway, Poland, Scotland and Sweden) have such a national law, only Greece, Scotland and Sweden report that the legislation is also enforced.

Safety standards are needed on playground equipment. Every country in the review except Spain and Estonia reported national safety standards for playground equipment but five others indicated that the standard was only partly implemented or enforced (Italy, Northern Ireland, Norway, Portugal and Scotland).

Poisoning prevention

Very young children are at greatest risk of poisoning because of a natural curiosity and tendency to put anything in their mouths. Educational strategies and child resistant packaging are the measures that have been shown to reduce injury deaths. A large proportion of countries have introduced educational strategies but only five – Germany, Northern Ireland, Scotland, Spain and Sweden - have well enforced laws requiring such packaging of medicines and household cleaning products. Four countries, Austria, Greece, Italy and Norway, have no law for either.

Burn prevention

Scalds, burns and household fires are life-altering events, often requiring extended hospital stays and resulting in permanent disfigurement. Several simple and practical measures exist that can reduce fire-related deaths, burns and scalds in children.

One example is legislation requiring that smoke detectors function in all public and private dwellings. Although enforcement of smoke alarm programmes represents a challenge, Norway has begun the task and Estonia is planning for all public places to be equipped with smoke alarms starting this year. The European Child Safety Alliance says studies have shown that for every Euro spent on smoke alarms 69 Euros are saved in medical costs for fire victims.

To prevent scalds, household taps should be set to allow water to flow at a maximum of 50 degrees centigrade. France is currently the only country in the review with a national law, which is fully implemented and enforced, requiring a safe pre-set temperature for all water heaters or a building standard setting a maximum temperature for tap water in domestic settings. Four other countries have laws on temperature control (Scotland, Norway, Denmark and Sweden) but they are either not for the correct temperature or not fully enforced.

Choking/strangulation prevention

Although a relatively less frequent cause of injury death, choking and strangulation are more likely to be fatal. A key measure in reducing risks is national law that enables restriction or the banning of unsafe products. Banning unsafe products like latex balloons, inedible in foods, drawstrings on children's clothing, through national laws is a more effective prevention strategy than promoting increased parental supervision. Portugal and Spain do not have such a law but all the other countries

do. Belgium, Estonia, France, Portugal and Scotland have banned inedible materials in food products, and the Czech Republic has a law regulating the sale and design of cords on window blinds.

Strategy areas: Leadership, infrastructure and capacity are essential to supporting child and adolescent safety and promotion efforts at the national level.

Leadership

When a national government department has been given a clear mandate and responsibility for the coordination of activities across sectors, one of the key measures to supporting effective efforts to reduce child and adolescent injury has been met. The review found that while 15 countries had identified injury prevention as a national priority, only seven countries had a government department or ministry that was responsible for national coordination and only nine countries had government departments with dedicated budgets for national programmes related to child and adolescent safety.

Infrastructure

Information systems, including data collection and reporting to support action, are another key measure to effective prevention of child and adolescent accidental injury. Eleven countries had organisations mandated to coordinate injury data and reports. Only three countries (Czech Republic, Denmark and Germany) were considered to have the necessary data to conduct a full burden of child and adolescent injury study, including country specific data on the duration of disability following an accident.

Capacity

Communication activities, such as a regular national conference, organised and formalised information dissemination process, education and training activities, all contribute to increasing capacity to address child and adolescent injuries within a country. Many countries were relatively strong in this area. Sixteen countries have national capacity building initiatives and 15 countries have organisations responsible for distributing information on good practice and encouraging its adoption.

5. Why are the measures not being adopted?

Health promotion research has shown that if all that is known about effective prevention strategies was applied by Member States today up to 90% of injuries and injury deaths could be prevented.

Why is this not happening?

The results of the review showed that none of the 18 countries in the project have implemented all the policy interventions that are known to work in reducing accidents and saving lives.

Part of the problem is that current commitments and investment of resources at national and international levels are simply not commensurate with the size of the problem.

Other factors may include:

Lack of public recognition of the issue: European consumers and parents say they are concerned about safety but few become actively involved in campaigning or other action. This results in minimum pressure on governments to change.

Problems of accessibility and affordability: The review showed that child safety equipment was not always very easily available and could be costly for some families. For example, in Portugal, a parent working in a factory needs to work more than 25 hours in order to pay for a rear-facing car seat, which will be suitable for the child during a period of only a few years.

Industry resistance: Industry was asked to change the design of cigarette lighters to reduce the risk of fires, but it took years to reach agreement on the adoption of child resistant cigarette lighters. Young children playing with cigarette lighters have sometimes caused house fires, the biggest cause of death from burns.

Injury experts are still waiting for the car industry to adopt safer designs. Knowledge of how to adapt the design of car fronts to minimise trauma when accidents occur has been known for a long time. Estimates suggest these changes could help prevent up to 2,100 deaths and 18,000 serious pedestrian and cyclist casualties of all ages annually in the EU15.

International regulation is mainly voluntary: The European Commission has identified child and adolescent safety as a priority for the European Union in the recently adopted Communication and a Proposal for a Council Recommendation on injuries.* These instruments are both voluntary.

Commission Communication on “Actions for a Safer Europe” was adopted in June 2006 and the Council Recommendation on the prevention of injuries and the promotion of safety was adopted in June 2007. http://ec.europa.eu/health/ph_determinants/environment/IPP/ipp_en.htm

The World Health Organization has done much to promote child injury. At a meeting in Budapest in 2004, EU ministers made commitments on child injury in the Children’s Environment and Health Action Plan in Europe (CEHAPE). However, this is also a voluntary document with no legally binding targets and timetables.

6. Project achievements and next steps

The “Child Safety Report Card Summary for 18 countries” (plus the individual report cards and country profiles) formed the assessment phase of a wider project by the European Child Safety Alliance that aims to develop Child Safety Action Plans in each country.

The Report Cards and Country Profiles provide an important baseline and benchmarks for countries to measure progress and provide a road map of how to achieve it based on evidence-based policy interventions.

Most of the countries involved in the initiative have established national inter-sectoral groups to facilitate future planning. In many cases, these groups will form the basis of a national child safety network that will have access to European level support for sharing experience on good practice, research, publications and media activities. This structure is likely to be particularly useful for some countries in Central and Eastern Europe where fewer of these measures have been adopted.

Nine countries are far enough in the planning process to have identified critical issues and selected priorities for action, and most of the governments are engaged in the process of developing national plans for child safety. In the Czech Republic, the national plan has been endorsed with a ministry commitment to following through on implementation. Similar steps are anticipated soon in Austria, Hungary, Italy, Poland and Scotland.

The wider Child Safety Action Plan initiative has prompted some unexpected developments. For example, new legislation to support child injury and prevention efforts was passed in the Czech Republic. In Hungary, a multi-ministerial steering group has been established, and in Norway, a National Child Safety Board has been set up. The four countries in Central and Eastern Europe involved in the Visegrad Agreement (Czech Republic, Hungary, Poland and Slovakia) have organised a formal work understanding related to the development and implementation of the child safety action plans.

What next?: The European Commission has agreed to support the extension of the project to 12 more countries. Child Safety Report Cards for these countries will be issued in 2009.

Countries joining second phase (2008-2010) include EU countries plus Turkey. They are Bulgaria, Finland, Iceland, Ireland, Latvia, Lithuania, Luxembourg, Malta, Romania, Slovakia, Slovenia, and Turkey. England and Wales will be observers and Croatia and Macedonia will be invited to observe.

Activities in three of the new countries - Romania, Bulgaria and Turkey – will be coordinated by UNICEF, who will use the model to serve as an approach to child and adolescent injury prevention in the UNICEF Central Independent States (CIS).

The European Child Safety Alliance also plans to continue working with the original 18 countries as they complete their plans and initiate action. ECSA hopes to repeat the Report Cards every five years to measure continuing progress.

7. Sources of information

Launch documents will be available on ECSA website [at www.childsafetyeurope.org](http://www.childsafetyeurope.org) from approximately 12.00 on Tuesday 20 November 2007.

- “Child Safety Report Card Summary for 18 countries” provides an overview of the individual country reports for EU policy makers.
- “Child Safety Report Cards” provide the individual countries with a scored assessment based on the standardised indicators of proven “good practice” in child safety, and an analysis of performance gaps and action required.
- “Child Safety Country Profiles” for each of the 18 countries provide child and adolescent injury deaths, available information on morbidity and socio-demographic determinants to provide a starting point for interpreting the results of the country’s Child Safety Report Card 2007. It also provides a starting point for measuring progress and setting targets for reducing child and adolescent injury-related death and disability.

Other useful European Child Safety Alliance documents available on the website:

- Child Safety Good Practice Guide, 2006
- Child Safety Good Practice Guide Executive Summary, 2007
- Priorities for Child Safety in the European Union, Agenda for Action, 2004

The European Child Safety Alliance is a Programme of EuroSafe and is hosted and supported by the Consumer Safety Institute in The Netherlands.

The mission of the Alliance is to advance child injury prevention throughout Europe by enhancing the quality of children's lives through the power of reason, solidarity and compassion.



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