

EUROPEAN CHILD SAFETY ALLIANCE 2010-2015 STRATEGIC BUSINESS PLAN



INTRODUCTION

Children have the right to a loving, caring and safe environment in which to live, learn, grow and play.

This is every parent's first responsibility and also a major concern of caregivers, schools, governments, businesses and society as a whole. It is our common concern. Yet, injury is the leading cause of death and disability for children in every Member State in Europe, with the greatest burden on children from the most disadvantaged groups and in the countries undergoing the greatest socioeconomic change. Injury has the largest environmental disease burden for children compared to outdoor/indoor contaminants, water, sanitation and hygiene issues or lead. The United Nations Convention on the Rights of the Child states that every child from birth till 18 years has the right to the highest attainable level of health and the right to a safe environment. Therefore, we have a duty to ensure children's rights to safety.

For every child that dies, hundreds more are hospitalised and several thousand present to an emergency and accident department. Many injured children suffer permanent disabilities and mental challenges that create an enormous burden in social and economic terms both on families and society. The leading causes of death and accidents to European children occur in the areas of unintentional injuries - road traffic crashes, drowning, falls, burns and scalds, poisonings, suffocation, and choking, as well as intentional injuries - violence and suicide. Boys are more likely to die of an injury than girls and also have higher non-fatal injury rates in most injury areas. Injury is also highly associated with age and risk of injuries rises as children become more mobile and begin to explore their world.

All children are at risk of injury and some factors which put them at risk include: poverty, stage of physical and social environment, stage of development, availability of policies and legislation to protect children and minority status. Evidence indicates that the poorest in society are at greater risk for certain injuries. This includes not only children in low and middle income countries, but also poor children in high income countries. There is a seven fold difference between countries with the highest and lowest injury death rates, and up to nine-fold differences in the variations within countries, demonstrating the great inequalities to children's health that need to be addressed. A study in England and Wales for example showed the risk of children dying from fire was 16 times greater for the lowest occupational group compared to the highest.

Yet injury is a major health problem that is preventable. There are proven effective strategies that prevent injury or reduce death and disability. The most effective of these tend to be strategies that adopt a combined approach, where enforcement and/or environmental change are backed up by an effective programme of education and training. This has occurred with child resistant packaging to reduce poisonings, lowered temperatures on water heaters to reduce scalds, window guards to reduce falls, smoke alarms to allow timely exits to reduce carbon dioxide inhalation and injuries from burns, traffic calming to reduce pedestrian injuries, child passenger restraints to reduce motor vehicle related injuries and bicycle helmets to reduce head injuries. Many countries in Europe have not yet capitalised on this knowledge and as a result have not ensured children's right to safety.

It is through this strategic business plan, 2010 to 2015 that the EUROPEAN CHILD SAFETY ALLIANCE of the European Association for Injury Prevention and Safety Promotion – EuroSafe, identifies its mandate, general operations and work focus to make life safer for children.

VISION

Making life safer for children.

Through the efforts of the European Child Safety Alliance, we will advocate to achieve safer daily living for children throughout Europe. This includes advancing child injury prevention by, assisting all Europeans to be informed consumers in order to ensure the right, safe choices for children are made, as well as advocating for consistency of standards, policies, and legislation throughout Europe. We will also advocate that additional attention is given to children and families in disadvantaged situations to provide equitable safe daily living.

Ideally all families should have a safe environment to live in, including a selection of child safety products that are accessible, affordable and easy to use. We would like to have children throughout Europe that are fit for life, well supported by adults, thereby enabling safe and healthy behaviours.

If all individuals making decisions and choices for children used strategies of proven effectiveness and made the entitlements and interests of children their first priority in decision making, we would improve the lives of children throughout Europe and enhance their rights to a loving, caring and safe environment in which to live, learn, grow and play.

MISSION

To enhance the quality of children's lives through the power of rights, reason and solidarity.

Rights – putting children first

Reason – using evidence and good practice

Solidarity – many countries and professions speaking with one voice

RATIONALE

Why a European Child Safety Alliance?

We have already identified that injury is the greatest killer of children throughout Europe, and that something can be done to control and reduce injuries if proven prevention strategies are well implemented. There are a number of national programmes dedicated to child injury prevention throughout Europe that are making steady progress to enhance children's safety, yet injury is not restricted to geographic borders. Everyday Europe is becoming more of a global community, and this has an effect on injury hazards, injuries themselves and the efforts to reduce them at the European level. Even though the burden of injuries has a different profile in each Member State and is influenced by various social, economic, political and cultural factors, united efforts and compassion around a common goal to reduce childhood injury throughout Europe have enhanced impact for all in the European Region and contributed to world-wide advancement for injury prevention and safety promotion. Therefore to have a European Alliance to collectively address injury, it must acknowledge and respect the differences among European countries and have the flexibility to be easily adjusted on a national level, but operate Europe wide.

A coordinated approach to child injury prevention in Europe addresses the following needs:

- The need for a coordinated plan of action among Member States to reduce child injury accidents, as this would create synergy and the needed critical mass to move the issue forward.
- The responsibility for equitable levels of safety for all European children that complies with the United Nations Charter of the Rights for Children.
- The need for consistency of healthy public policies across Member States, as this would assist in reducing childhood injuries throughout Europe.
- The need to share what works to reduce injuries across Member States and enable transfer of good practice between settings and countries.

- The need to develop comparable standardised national data collection systems that provide timely, comprehensive and comparable injury data across Member States, in order to effectively monitor the health issue nationally and at the European level.
- The need for the same level of safety standards for child related products and services to be made available between and within countries. Consumers currently make purchases expecting the same level of safety in all countries, but this is not the case. All Europeans have a right to an equitable and base level of safety.

SCOPE

The Alliance will concentrate on strategies that will assist in the reduction of unintentional and intentional injury related deaths and disability amongst children 0 to 17 years of age in the Europe.

For the period 2010 to 2015, the focus will be on unintentional injuries and deaths for children with an emphasis on actions to begin to reduce inequities between Member States including initiating and enhancing capacity especially in Central and Eastern Europe. We will concentrate on promoting the wider application of safety practices that are proven to be effective.

The scope of work will include the areas of:

- Education and promotion initiatives and campaigns
- Accident and risk factor analysis
- Product safety and technology
- Standardisation and enforcement advocacy
- Capacity building through strategic development of national action plans

Target Audience.

The European Child Safety Alliance's primary audiences are European and national decision makers, leaders, and practitioners who can influence healthy public policy, standards, and product/environment designs to reduce deaths and injuries of children 0 to 17 years of age.

In partnership with the national child safety agencies in each Member State, promotion of information on good practices will also be communicated to parents, caregivers, decision makers, and national media to increase awareness and knowledge of current childhood injury issues.

STRUCTURE

The way we work.

Alliance work is done in partnership with stakeholders from various disciplines involved in and related to child injury prevention and safety promotion with efforts made to ensure a coordinated and consistent approach across Europe.

The European Child Safety Alliance operates using evidence-based research on proven ways to prevent injuries and good practice information where available to determine its priority issues and strategies. Our strategies are flexible, so national stakeholders and partners in the Member States can adapt them in order to reach a diverse audience. Advocated strategies incorporate multifaceted approaches to enhance the level of success in reducing injuries including:

Engineering (e.g. product and environmental modification)

- **Enforcement** (e.g. legislation, standards and policy)
- **Education** (e.g. home safety workshop, car seat clinics)

The most successful prevention strategies use a combination of education with enforcement and/or engineering strategies to make the greatest impact for injury reduction in the form of safety promotion. Evaluation of prevention strategies is promoted and supported to enable the transfer of good practices.

The Alliance serves as the European catalyst through which national and international networks and activities are facilitated to:

- **translate and communicate** research evidence and evaluations on child injury prevention into clear information and key messages for consistent use across Europe.
- **advocate** synergistically at both a European and national level about the importance of child injury prevention and safety promotion, especially to the decision makers and politicians;
- **mediate** the different interests in society regarding injury prevention and safety promotion, with coordinated actions by all concerned: governments, health, and other social and economic sectors, non-governmental and voluntary organisations, local authorities, business, and the media;
- **create supportive environments** with diverse stakeholders which promotes and supports physically and mentally fit children including the prevention of injury;
- **strengthening national level actions** and build capacity through empowering injury prevention stakeholders and citizens to take an active role in safety promotion using evidence based measures.

The European Child Safety Alliance is a programme of EuroSafe – The European Association for Injury Prevention and Safety Promotion (the former European Consumer Safety Association-ECOSA). Direction for the programme is provided by the Alliance Steering Group, composed of representatives of more than 30 participating Member States and affiliated international child injury prevention organisations (see members listing at end of the document). The Alliance forms a platform for cooperation and partnership for European level child injury prevention.

The programme is hosted by and operated out of the Consumer Safety Institute in the Netherlands, and is led and managed by the European Child Safety Alliance Director with support of the staff team. The Alliance was formed in 2000 and launched in 2001 with initial funding provided in partnership with the European Commission, the Consumer Safety Institute in the Netherlands and Johnson & Johnson Europe as our founding business partner. Financial support continues from these entities with additional support through extended partnerships with other granting agencies and organisations.

CRITERIA FOR PRIORITY SETTING

In developing goals and activities for the European Child Safety Alliance, a number of factors are considered to establish the priorities for the programme, including the following:

- the identified needs of the Member States as to injury prevention/safety promotion issues and their willingness to coordinate with the European Child Safety Alliance;
- the severity and frequency of injuries in Europe;
- the parental and societal attitudes and beliefs in Member States and Europe;
- existence of good practices combining the best available research evidence with practical aspects of transfer from one setting to another;
- opportunities for support and resources through partnership.

PARTNERSHIPS

Strategic partnerships and joint ventures have been developed with governments, international organisations, academic institutions, and business to advance what works in child injury prevention and increase uptake of proven prevention strategies.

In addition to our child safety country members, collaborative work is also undertaken with:

- Council of Europe
- Eurocare
- European Academy of Paediatrics (EAP)
- European Commission
- European Association for the Co-ordination of Consumers Representation in Standardisation (ANEC)

- European Environment Agency (EEA)
- European Parliamentary Committees
- European Public Health Alliance (EPHA)
- European Safe Communities Network
- European Transport Safety Council (ETSC)
- Health Environment Alliance (HEAL)
- National Ministries of Health, Transportation and Education
- Organisation for Economic Cooperation and Development (OECD)
- World Health Communication Associates (WHCA)
- World Health Organization (WHO)
- World Health Organization Collaborating Centers
- United Nations Children's Fund (UNICEF)

A complete listing of international and national non-governmental organisations and business partners can be viewed on the Alliance website www.childsafetyeurope.org

GOALS of the European Child Safety Alliance

The Alliance will focus on the following six goals for this Strategic Business Plan for 2010 to 2015.

1. To influence key decision makers and leaders at the European and national level to commit to address the magnitude of child injury and its prevention in an integrated and comprehensive approach with all relevant sectors.
2. To support the development and monitoring of child injury action plans at the European and national level.
3. To advocate for the adoption, implementation and enforcement of child injury evidence-based good practices at the European and national level.
4. To increase and strengthen the capacity of professionals in health and all relevant sectors to child injury prevention by enhancing awareness, knowledge and skills to address childhood injury.
5. To influence the quality and quantity of data, research and evaluation undertaken related to child injury and its prevention.
6. To maintain and enhance the European Child Safety Alliance to be an effective and efficient operation.

ACTIVITIES 2010 TO 2015

The Alliance will focus on the following activities related to the six identified goals for this Strategic Business Plan for 2010 to 2015.

Goal 1

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

Priority	Tasks
***	Prepare a background paper and support resources that emphasise the cross cutting nature of child injury to health, environment, education, justice, transport, rescue services, consumer protection, and housing that links to issues such as obesity, quality of life, inequities, alcohol, violence, climate change, consumer protection, mental health, wellbeing and children's rights and communicate this to key decision makers.
***	Review and examine policy positions and commitments of International Organisations and European Union institutions that support child injury prevention in order to strengthen Alliance advocacy statements and actions.
**	Build and foster relationships with European and national ministries, ombudsmen and other key related agencies, with relevance to child injury to raise awareness and encourage targeted investments towards its prevention.
**	Prepare responses to European consultation processes related to child injury prevention and publish responses externally.
**	Develop a process for regular monitoring of EU level policy having an impact on child injury and prevention.
** / *	Coordinate communications regarding the cross cutting nature of child injury prevention and maximise advocacy opportunities within the European Union Presidency rotation, working programmes of relevant European Commission Directorates, Council of Europe agendas, Cabinet portfolios, Intergroup sessions, CEHAPE Ministerial meetings, World Health Assembly resolution, etc.

Goal 2

To continue to support the development, implementation and monitoring of child safety action plans at the European and national level.

Priority	Tasks
***	Assess and communicate the successes and challenges including political impacts of the child safety action planning process with country partners and decision makers at the European and national level.
**	Investigate the report card assessment concept for other child injury indicators including cross sectional approaches and within country assessments.
** / *	Mentor and monitor progress of the current CSAP processes at the national and European level (with additional emphasis in Central and Eastern European countries).

Priority scoring: High *** / Medium ** / Low *

Goal 3

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

Priority	Tasks
***	Maintain the existing inventory of child safety evidence measures and update the current ECSA Good Practice Guide including review of literature, and encourage its uptake and use.
**	Seek out more country level case examples and real life stories illustrating successful and unsuccessful implementation of evidence-based good practices in European settings.
**	Investigate and obtain more information on how to transfer good practices into municipalities, communities and various settings with a particular focus on Central and Eastern European Member States, including adoption, implementation and enforcement lessons.
**	Assess whether the existence of European Union level policies have impacted adoption, implementation and enforcement of national level policies related to child safety good practices including issues of equity.
**	Work with country partners and related organisations to campaign/promote evidence-based measures at the European and national level (i.e. recommending adoption of lower tap-water temperatures, use of TMVs, staying rearward facing longer in child car seats and standards related to childcare products and toys; not recommending use of baby walkers) to enhance professionals stakeholder ability to increase the public's awareness and knowledge of childhood injury prevention measures that work.
**	Update and enhance existing resources such as fact sheets, background papers, position papers website, etc., with new evidence measures as they are identified to serve as an advocacy tool kit for child injury prevention.

Goal 4

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

Priority	Tasks
***	Enhance the European Child Safety Alliance network and its active involvement at the EU and national level.
***	Promote professional training for injury prevention as part of academic curricula in health, education, urban planning, architecture, enforcement, rescue services, youth and social workers, engineering, landscaping and law to increase awareness of evidence based good practices and their appropriate use in the various work settings.
**	Enhance the knowledge and skills of Alliance Members, partners and related professionals (with additional emphasis in Central and Eastern European countries) sharing on an ongoing basis: good practices and their application, position statements, backgrounders, fact sheets, reports, website work, product warnings and recalls, seminars and workshops.
** / *	Explore opportunities to broaden the knowledge and skill set of child injury practitioners and researchers by engaging with more cross-cutting expertise and expert groups.
** / *	Prepare a 10 th anniversary event of the Alliance to reflect on past work and engage partners in the next phase of child safety action in Europe.

Priority scoring: High *** / Medium ** / Low *

Goal 5

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

Priority	Tasks
***	Prepare a position paper regarding the importance of EU data, existing data systems assessment and needed improvements including: the need to address the cross cutting nature of child injury, enhancing national data systems, obligatory data submission, minimum data set, data age groupings for children, enhancing IDB as a data source for child injury prevention, timeliness and standard measures for exposure.
***	Investigate and advocate for development of a burden of disease report for children in Europe that includes injury, with the intent to provide impact statements that can be used to advocate for burden-based investments in injury.
**	Advocate for research into the cost of good practice implementation and prepare resulting impact statements.
**	Identify evidence gaps and applied research needs for child injury in Europe including vulnerable populations and issues related to inequities.
**	Investigate partnerships to undertake time series analyses of countries with and without certain legislations/regulations in place to facilitate development of impact statements.
** / *	Develop a standard set of household survey questions that could be used throughout Europe (e.g. as part of HSBC surveys, Eurobarometer) so comparable data is achieved and cultural differences and similarities investigated.

Goal 6

To maintain and enhance the European Child Safety Alliance as an effective and efficient operation.

Priority	Tasks
***	Increase core operations and activity funds for the European Child Safety Alliance through partnerships with government, organisations, corporations and private agencies for the years 2010 to 2015.
***	Prepare and implement a financial strategy to build sustainability of the Alliance.
***	Enhance strategic alliances and partnerships with key health and children related international organisations, various European Commission directorates and national ministries to advance the mission of the Alliance.
***	Maintain continuity of staff and the funding required to direct and manage the Alliance and its activities.
***	Prepare and implement a communications strategy to maximise the exposure of the Alliance products, services and achievements with extended dissemination channels.
***	Implement, and evaluate the strategic business plan 2010 to 2015 for the European Child Safety Alliance.
**	Maintain and enhance the representation of the Alliance to include the European Union candidate countries and their active involvement.

Priority scoring: High *** / Medium ** / Low *

European Child Safety Alliance Country Partners

Austria

Gudula Brandmayr
[Grosse schützen Kleine/ Safe Kids Austria](mailto:gudula.brandmayr@klinikum-graz.at)
gudula.brandmayr@klinikum-graz.at

Rupert Kisser
[Kuratorium für Verkehrssicherheit](mailto:rupert.kisser@kfv.at)
rupert.kisser@kfv.at

Belgium

Saskia Pintens
[CRIOC-OIVO](mailto:saskia.pintens@oivo.be)
saskia.pintens@oivo.be

Erwin van Kerschaver
[Kind en Gezin \(Child and Family\)](mailto:erwin.van.kerschaver@kindengezin.be)
erwin.van.kerschaver@kindengezin.be

Cyprus

Olga Kalakouta
[Ministry of Health](mailto:ykalak@spidernet.com.cy)
ykalak@spidernet.com.cy

Czech Republic

Veronika Benešová
[Charles University](mailto:veronika.benesova@lfmotol.cuni.cz)
veronika.benesova@lfmotol.cuni.cz

Denmark

Hanne Møller
[National Institute of Public Health](mailto:ham@si-folkesundhed.dk)
ham@si-folkesundhed.dk

Estonia

Helle Aruniit
[Consumer Protection Board of Estonia](mailto:helle.aruniit@consumer.ee)
helle.aruniit@consumer.ee

Finland

Jaana Markkula
[National Institute for Health and Welfare](mailto:jaana.markkula@thl.fi)
jaana.markkula@thl.fi

France

Florence Weill
[Direction générale de la concurrence, de la consommation et de la répression des fraudes \(DFCCRF\)](mailto:Florence.WEILL@dgccrf.finances.gouv.fr)
Florence.WEILL@dgccrf.finances.gouv.fr

Germany

Stefanie Märzheuser
[Bundesarbeitsgemeinschaft Mehr Sicherheit für Kinder e.V. \(Safe Kids Germany\)](mailto:stefanie.maerzheuser@charite.de)
stefanie.maerzheuser@charite.de

Great Britain

Janice Cave
[Royal Society for the Prevention of Accidents \(RoSPA\)](mailto:Jcave@rospa.com)
Jcave@rospa.com

Greece

Eleni Petridou
[Center for Research and Prevention of Injuries among the young \(CEREPRI\)](mailto:epetrid@med.uoa.gr)
epetrid@med.uoa.gr

Hungary

Gabriella Páll
[National Institute of Child Health](mailto:gabipall@ogyei.hu)
gabipall@ogyei.hu

Iceland

Herdís Storgaard
[The Icelandic Safety House](mailto:herdis.storgaard@sjova.is)
herdis.storgaard@sjova.is

Ireland

Mary Roche
[Population Health: Children & Young Peoples Team, HSE](mailto:maryveronica.roche@mailb.hse.ie)
maryveronica.roche@mailb.hse.ie

Israel

Liri Endy-Findling
[Beterem – The National Center for Children's Safety & Health, Safe Kids Israel](mailto:liri@beterem.org)
liri@beterem.org

Italy

Giuseppina Lecce
[Ministry of Labour, Health and Social Policies](mailto:m.lecce@sanita.it)
m.lecce@sanita.it

Latvia

Jana Feldmane
[Ministry of Health](mailto:jana.feldmane@vm.gov.lv)
jana.feldmane@vm.gov.lv

Lithuania

Aida Laukaitienė
[State Environmental Health Centre](mailto:aida.laukaitiene@gmail.com)
aida.laukaitiene@gmail.com

Luxembourg

Yolande Wagener
[Ministry of Health](mailto:yolande.wagener@ms.etat.lu)
yolande.wagener@ms.etat.lu

Malta

Pierre Gatt
[Health and Safety Unit, Department of Planning and Development, Ministry of Education, Culture, Youth and Sport](mailto:Pierre.M.Gatt@gov.mt)
Pierre.M.Gatt@gov.mt

Netherlands

Ine Buuron
[Consumer Safety Institute](mailto:i.buuron@veiligheid.nl)
i.buuron@veiligheid.nl

Northern Ireland

Ita McErlan
[Royal Society for the Prevention of Accidents \(RoSPA\)](mailto:imcerlean@rospa.com)
imcerlean@rospa.com

Norway

Johan Lund
[University of Oslo / Norwegian Safety Forum](mailto:johan.lund@medisin.uio.no)
johan.lund@medisin.uio.no

Poland

Marta Malinowska-Cieslik
[Jagiellonian University, Institute of Public Health Environmental Health Department](mailto:mxciesli@cyf-kr.edu.pl)
mxciesli@cyf-kr.edu.pl

Portugal

Sandra Nascimento
[APSI \(Portuguese Association for Child Safety Promotion\)](mailto:snascimento@apsi.org.pt)
snascimento@apsi.org.pt

Portugal

Ana Cristina Bastos
[Office for the High Commissioner for Health](mailto:cristinabastos@acs.min-saude.pt)
cristinabastos@acs.min-saude.pt

Scotland

Elizabeth Lumsden
[Royal Society for the Prevention of Accidents \(RoSPA\)](mailto:elumsden@rospa.com)
elumsden@rospa.com

Slovakia

Marian Vidiscak
[Slovak Medical University](mailto:Marian.vidiscak@szu.sk)
Marian.vidiscak@szu.sk

Slovenia

Mateja Rok-Simon
[Institute of Public Health of the Republic of Slovenia](mailto:Mateja.Rok@ivz-rs.si)
Mateja.Rok@ivz-rs.si

Spain

Jorge Parise
[Sociedad Española de Cirugía Infantil](mailto:j.i.parise@hotmail.com)
j.i.parise@hotmail.com

Lizarbe Alonso Vicenta

[Ministerio Sanidad y Consumo](mailto:vizarbe@msc.es)
vizarbe@msc.es

Sweden

Asa Olsson
[Swedish Civil Contingencies Agency \(MSB\)](mailto:Asa.Olsson@msbmyndigheten.se)
Asa.Olsson@msbmyndigheten.se

Switzerland

Esther Walter
[Swiss Council for Accident Prevention \(BFU\)](mailto:e.walter@bfu.ch)
e.walter@bfu.ch

Wales

Karen McFarlane
[Children in Wales](mailto:karen.mcfarlane@childreninwales.org.uk)
karen.mcfarlane@childreninwales.org.uk

International Organisations

Belgium

Tania Vandenbergh
[ANEC – The European consumer voice in standardisation](mailto:tva@anec.eu)
tva@anec.eu

Virginie Delwart

[Johnson & Johnson – Europe, Middle East and Africa](mailto:vdelwart@its.inj.com)
vdelwart@its.inj.com

Great Britain

Michael Hayes
[International Society for Child and Adolescent Injury Prevention \(ISCAIP\)](mailto:mhayes@capt.org.uk)
mhayes@capt.org.uk

Ireland

Alf Nicholson
[European Academy of Paediatricians \(AEP\)](mailto:alf.nicholson@nehb.ie)
alf.nicholson@nehb.ie

Secretariat

European Child Safety Alliance

PO Box 75169 / Rijswijkstraat 2
1070 AD Amsterdam / 1059 GK Amsterdam
The Netherlands
secretariat@childsafetyeurope.org
www.childsafetyeurope.org
T: +31 20 5114513
F: +31 20 5114510