

FAQ

Frequently Asked Questions to support the launch of the 2012 Child Safety Report Cards

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On the initiative...

1. What is a child safety report card?

The child safety report cards are reports that summarise a country's level of safety provided to their youngest and most vulnerable citizens through national policy and are part of the EU funded project TACTICS (Tools to Address Childhood Trauma, Injury and Children's Safety). They were developed to support countries going through the development and implementation of Child Safety Action Plans, both in terms of informing their situational analyses as part of an overall assessment prior to starting strategic planning and as a means of benchmarking progress. They are based on an examination of evidence-based good practice policies to support child and adolescent safety in each country (up to July 2011). This included policies in nine unintentional injury areas (passenger/driver safety, motor scooter/moped safety, pedestrian safety, cycling safety, water safety/drowning prevention, fall prevention, burn prevention, poisoning prevention, choking/strangulation prevention) and leadership, infrastructure and capacity strategies to support child injury prevention efforts.

The assessments conducted to produce the report cards cover both written and practical policy. They focus on those policies where there is good evidence that adoption, implementation and enforcement at the national level has a positive impact on child safety. Country partners contacted the relevant government department to assess whether each of the policies existed, had been partially or wholly implemented and was being partially or wholly enforced. As such the assessment provides an indication of current levels of policy but should not be considered absolutely definitive as it was subject to the availability of information. Further, the assessments examined what countries have done to address child and adolescent safety, but did not extend to an assessment of how well those policy actions are working.

Of note in addition to the original list of 94 policies examined in 2007, there were eight policies added in 2009 and 13 added in 2012. The policies added in 2012 were:

- a national policy that increases access to child passenger restraint systems for disadvantaged families
- a national law addressing drinking and driving of licensed vehicles by young drivers

- a national policy requiring qualified risk assessment of all designated public water recreational areas
- an investment programme (either national or regional with national coverage) to renew infrastructure (e.g., public swimming pools) to provide equitable access for swimming lessons for school age children
- a national policy that increases access to childcare equipment such as stair safety gates, for disadvantaged families
- a national ombudsman with specific responsibility for children
- a national law protecting the employment rights of young workers under legal age, particularly with respect to health and safety
- a nationally coordinated early childhood development programme
- country will participate in the 2014 Health Behavior of School age Children Survey including the injury prevention module
- a national programme of child death reviews/death review committees
- a national policy making injury prevention education a mandatory part of school education with a standardised curricula
- a national policy making first aid education a mandatory part of school education with a standardised curricula
- a national policy making life skills education a mandatory part of school education with a standardised curricula

Data on deaths due to the various injury causes are included as a reference point to assist in interpreting the policy scores. However it is important to note that the data on deaths are older than the policy data and that many other factors including exposure to hazards or protective measures and socio-demographics and other determinants need to be considered when attempting to understand the relationship between injury rates and policy scores. As such this assessment represents an important starting point in attempts to benchmark differences in safety between countries in Europe. The uncertainties merely stress that the information can still be improved with better data and increased understanding of the determinants of injury at the population level.

2. Why don't all countries participating in TACTICS have a report card?

Two countries, Cyprus and Estonia, were unable to complete the assessments within the timeframe required for report card production. These countries are being encouraged to complete the forms at their earliest convenience and report cards and profiles will be made available at a later date once information is received by the Alliance.

3. Who are the 31 countries participating?

The 31 countries include 24 Member States plus England, Scotland and Wales as constituent countries of the United Kingdom, Croatia, Norway, Iceland and Israel.

For four countries the 2012 Report Card is their first: Bulgaria, Croatia, Romania and Slovakia.
For 14 countries the 2012 Report Card is their second: Denmark, England, Finland, Iceland, Ireland, Israel, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, Slovenia, Wales.

For 13 countries the 2012 Report Card is their third: Austria, Belgium, Czech Republic, France, Germany, Greece, Hungary, Italy, Netherlands, Portugal, Scotland, Spain, Sweden

More information on country partners and other partners on the project can be found on the European Child Safety Alliance at www.childsafetyeurope.org

4. Will the report cards expand to other European Countries?

The three sets of Child Safety Report Cards (2007, 2009 and 2012) mean there is at least a baseline measure for all 27 Member States of the EU plus Croatia, Iceland, Israel and Norway. The Alliance is currently in early discussions with UNICEF regarding undertaking report card assessments with their Central Independent States in partnership with the UNICEF CEECIS Office in the future.

5. What was the purpose of the review that produced the Child Safety Report Cards and Profiles

The 2012 Child Safety Report Cards and Profiles are part of the TACTICS project activities to benchmark and monitor child injury and related action. Child safety report cards were devised to allow:

- a comparative assessment of the burden of unintentional child injury
- a comparative assessment of the adoption, implementation and enforcement of national level policy measures that are known to work
- a within country review of strengths, weaknesses and gaps; thereby providing guidance on where to focus action
- a benchmarking exercise both within countries over time and across countries, which can serve to inspire and motivate further progress
- an important mechanism to identify, share, utilise and adapt the experience gained from across Europe
- a first insight into the links between effective policies and health outcomes.

The Report Cards assess the extent of safety measures provided to children and adolescents by examining and grading the adoption, implementation and enforcement of national level evidence-based policies addressing unintentional injury. A 31 country summary report card provides a multi-country overview to facilitate European-level planning and support national level efforts, including a new section on inequalities and child injury.

Child Safety Report Cards were awarded the European Health Award from the European Health Forum Gastein in 2011.

On the methods...

6. Why is the Netherlands the reference group for the potential life savings calculations?

For the purposes of the Child Safety Report Card initiative 'potential life savings' was defined as the difference in number of injury deaths when applying rates of death from the EU Member State with lowest mortality rate to each of the other participating countries.

When examining the data available in the WHO Mortality database the majority of countries had data for 2009 or 2010. The EU Member State with the lowest crude rate of child and adolescent injury mortality rate for those two years was the Netherlands in 2010 and they were therefore selected to be the reference group for the calculation (Luxembourg and Malta were excluded from the pool of potential countries as the very small numbers in their countries produce very unstable rates). As a result of using 2010, the potential life savings reported for countries where 2009 or older data were available may overestimate the number of potential lives saved.

Although Sweden had a lower rate of unintentional injury in 2010 than the Netherlands, past report cards had used all injury mortality so a decision was made to be consistent with past methods. Finally, while England also has a very low rate, the rate for the United Kingdom as the EU Member State is not lower than the Netherlands

The number of potential lives saved for a country was calculated by taking the difference in the age specific crude death rate between the Netherlands and each of the other participating countries and multiplying that difference by the age specific population in the country of interest to get expected number of deaths if lowest rate used and the difference between expected and actual.

7. Why are some of the data older than what is currently available in individual countries?

The data presented in the Child Safety Report Cards, Profiles and the summary document are the most recent year(s) of data available at the time data were accessed from the various data sources, in most but not all cases this was 2009 or 2010 for mortality and morbidity data. For the policies, this involved setting a cut-off date of July 2011.

As TACTICS is an international project we chose to use an international data sources, the WHO European Detailed Mortality database for mortality data for two reasons. First, it is a recognised international database and data are submitted with understanding they will be used for international comparisons and second, it would have been prohibitive in terms of time and resources to obtain individual country level data from each participating country. Data for the WHO European Mortality and Detailed Mortality databases are provided by the countries themselves usually on an annual basis. However, because death statistics can sometimes take a few years to finalise there are often discrepancies between most up to date data at the country level and what has been submitted to WHO. For example if there are any inquires into a death it can delay a final cause of death from being attributed in the data. Therefore, mortality data available in individual countries may be more recent and there may be slight differences in the rates for the years examined in this report.

We recognise that the fact that 'older' data are used is not ideal as it can create confusion when speaking with the media and that is why the Alliance has been continuing to encourage countries to ensure they provide data to WHO annually so that the data available are more up to date.

8. Why are the data for 0-19 years?

Although the scope of the TACTICS project is children and adolescents using the definition of the UN Convention on the Rights of the Child, Article 1 - “a child means every human being below the age of 18 years.” (UN 1989), the mortality and morbidity data presented in the Profiles and European Summary are for children and adolescents 0-19 years. This is because at this point in time few databases provide age categories that conform to the UN definition, but instead provide standard age categories conforming with routinely collected statistical data (<1, 1-4, 5-9, 10-14, 15-19).

9. Who collected the information?

Measures for the Profiles were initially selected as part of the Child Safety Action Plan project from 2004 to 2010 in conjunction with an expert advisory group made up of members from HEAL, UNICEF Innocenti Research Centre, WHO Regional Office for Europe and experts on indicators and childhood injury prevention from the Universities of Keele and the West of England, respectively. Additional indicators were explored in 2012 as part of the TACTICS project in conjunction with a scientific committee made up of members from Swansea University, Maastricht University, the Nordic School of Public Health and WHO Regional Office for Europe.

Mortality, morbidity and socio-demographic determinants data were obtained from existing databases managed by UNICEF, WHO, Eurostat, the United Nations Development Programme, Public Health Wales and the Office for National Statistics in England during 2012 and mortality and morbidity indicators were calculated by the Collaboration for Accident Prevention and Injury Control (CAPIC) at Swansea University in Wales.

Data on safety device availability and affordability were collected by country partners in the 31 participating countries in 2011/2012 using an English language computer-based survey tools developed for the initiative and indicators were calculated by the European Child Safety Alliance.

Data for the policy indicators were obtained during 2011-2012 from CSAP project partners who completed English language computer-based survey tools. Following discussions with experts and country partners in October 2011, 13 new policies were added to the tools originally developed during the Child Safety Action Plan Project in conjunction with the expert advisory group made up of members from the Health and Environment Alliance (HEAL), UNICEF, WHO – European Office, an expert in child and adolescent indicators and an expert in current best evidence on prevention of childhood injuries. The primary data collection for the policy measures required the country project partner to contact the appropriate government department to ascertain correct information regarding current policies. Following coding draft report cards and profiles were sent to each country partner for verification, which in many cases included having the appropriate government department vet the answers.

10. Why are all the policies treated equally in the scoring?

All individual policies were treated equally as all contributing something to the reduction of child and adolescent injuries. Weighting of individual policies assessed and sub-area scores was not done as weighting would require data on exposure to specific injury hazards and/or studies comparing the effectiveness of the various policies within a given area, neither of which are available consistently across injury areas or countries involved in the TACTICS initiative.

11. Are all policies equally relevant in all countries?

The short answer to this question is no and this is one of the limitations of these report card assessments. In monitoring across countries we are applying a set of standardised indicators against a heterogeneous group of countries. Some items may not apply well because of the size of a country; others do not because of how government is organised or because of differences in climate (e.g., shorter colder summers mean outdoor water recreation is less in northern European countries). As such, we acknowledge that the report cards are a crude measure. However, not applying the items consistently to all countries, or leaving some out for some countries because they are not seen as relevant, means the assessments are no longer standardised and therefore defeats the purpose.

The report cards serve to highlight gaps at the national level, which countries can then evaluate and decide if action will be taken. As an advocacy tool at the national and European level they have been very successful at raising awareness of the injury issue so we hope the benefits continue to outweigh the limitations.

12. What was done for the trend analyses?

The trend analyses examined changes in scores for those countries that have participated in more than one report card. The two trends examined were changes in score based on 1) the original 94 indicators from 2007 for the 16 countries who participated in both 2007 and 2012 and 2) the 104 indicators from 2009 (94 original plus 8 added in 2009) for the 24 countries that participated in both 2009 and 2012. After checking that the differences in scores were normally distributed, a paired student t test was used to assess whether the changes in score were statistically significant and the difference, p-value and 95% confidence interval around the difference were reported.

On the evidence-based policies reviewed...

13. What is evidence-based good practice?

The European Child Safety Alliance developed a definition of evidence-based good practice in 2004 when one could not be found within the literature. Evidence-based good practice was defined as:

- 1) A prevention strategy that has been evaluated and found to be effective (either through a systematic review or at least one rigorous evaluation) OR

- 2) A prevention strategy where rigorous evaluation is difficult but expert opinion supports the practice and data suggest it is an effective strategy (e.g., use of personal floatation devices (PFD) to prevent drowning) OR
- 3) A prevention strategy where rigorous evaluation is difficult but expert opinion supports the practice and there is a clear link between the strategy and reduced risk but a less clear link between the strategy and reduced injuries (e.g., secure storage of poisonings) AND
- 4) The strategy in question has been implemented in a real world setting so that the practicality of the intervention has also been examined (preferably in a European setting).

The policy items included in the Child Safety Report Cards meet this definition, although there are a number of areas where expert opinion provides the basis for inclusion as opposed to rigorous evaluation.

14. Does the report card cover all effective injury prevention strategies?

The assessments upon which the Child Safety Report Cards are based cover unintentional injury prevention strategies where application is typically focussed at the national level. Policy strategies know to be effective, but more likely to be taken up at regional or local levels were not included, e.g., traffic calming measures to reduce risk of pedestrian or cycling injuries. This is because attempts to measure environmental design modifications such as community bicycle lanes, school crossings, community or home zones and safer routes to school programmes are problematic in terms of quantification and were unavailable for all countries.

In addition, for the support areas of leadership, infrastructure and capacity, the list of measures examined was based on previous work in the area and it is acknowledged that those included do not create an exhaustive list, but rather provide a reasonable assessment of issues involved in the concepts of leadership, infrastructure and capacity.

15. Isn't there already a European Union directive on some of these policies?

For several of the policy items included in the review there are European Union level directives covering the issues. However, it is still the responsibility of Member States to actively adopt and integrate these policies into their national policy frameworks. Thus it makes sense to explore these at the national level to determine if this has been done.

16. Why are flame retardants being promoted for use in children's clothing and other household products when they may cause environmental health risks?

The widespread increase in the production and consumption and modern manufacturing of children's clothing, electronic goods, toys, fabrics and furniture involves intense use of petrochemical plastics and other synthetic materials, which have greatly increased the flammability of these products. Some materials are inherently flammable, for example styrene insulation or polyurethane foam. To counter the flammability, chemical treatments are used to meet fire safety standards. However, many serious and scientifically based concerns have been

raised about the dangers to health and the environment caused by many of these flame retardant chemicals.

Ideally products should be designed and manufactured in ways and with materials so that they are inherently flame retardant, for example by using organic (bio) materials, or tighter cloth weave density. Examples of companies moving to safer alternatives can be found in the clothing, furniture and electronics sectors. Various clothing companies such as Mango, Camper, Puma, Nike, Adidas, H&M, Li-Ning and C&A have all committed to eliminate the use of all hazardous chemicals from their supply chain and products by 2020. Ikea has placed a ban on all organic brominated flame retardants in furniture (effective from 2000), and is also phasing them out of mattresses and carpets in some countries.

The common rule to ensure product design and manufacture that is safer environmentally and for public health is that they must not cause harm. If products are not inherently flame resistant, then only safe chemicals should be used as flame retardants. Safe chemicals are those that do not cause cancer; change DNA (mutagenic); interfere with the reproductive or neurological systems, particularly during development; or disrupt the hormonal, thyroid or metabolic systems of organisms, including humans.

For further information on flame retardants and environmental health issues see <http://www.childsafetyeurope.org/publications/alliance-fact-and-tip-sheets.html>

On the launch...

17. Which countries are holding simultaneous press releases on June 12th

As of June 5th the following countries have indicated they will hold a simultaneous launch and/or post a press release on June 12th: Austria, Bulgaria, Belgium, Czech Republic, Croatia, Denmark, England, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Lithuania, Malta, Netherlands, Norway, Poland, Portugal, Romania, Scotland, Slovakia, Spain, and Wales.

The European launch will also take place on June 12, 2012 in Strasbourg in the European Parliament, where MEP Malcolm Harbour, Chair of the Internal Market and Consumers Protection Committee and European Commissioner for Health and Consumers Policy, John Dalli will launch the Child Safety Report Cards for 31 countries and the Child Safety Report Card 2012: Europe Summary for 31 countries in conjunction with the European Child Safety Alliance.

18. Where and when will copies of the documents be available?

All of the documents associated with the launch will be available on the European Child Safety Alliance website at www.childsafetyeurope.org as of midnight CET on June 11, 2012. In addition, several countries have translated or are in the process of translating their report cards and profiles and these will be made available on the website as they are completed.

19. Where can I go to find out more about the TACTICS project?

More information on the Child Safety Report Card launch and the TACTICS initiative is available on the European Child Safety Alliance website at www.childsafetyeurope.org