

Press release

More children's lives can be saved

Amsterdam, Tuesday, March 9, 2010

An estimated 345 children across Europe will die from an injury during the three day Ministerial Conference on Environment and Health in Parma, Italy and this will happen despite the fact that we know what works to prevent many of these injuries.¹

Child injury has the largest environmental burden for children compared to outdoor/indoor contaminants, water, sanitation and hygienic issues or lead contaminants.²

Unintentional injuries are also the leading cause of inequality in childhood death, for both girls and boys. There is a nine-fold difference in deaths from unintentional injury in children whose parents are unemployed when compared to those with parents in the highest income occupations. Further, data show that the greatest inequalities occur for children compared to any other age group, re-emphasising their vulnerability to socioeconomic factors and environments that they can not control.³ This vulnerability underlines the need for society to act to ensure that their right to safety is upheld.

“The childhood injury epidemic has been ongoing for decades and despite major progress in understanding what works to prevent injury, investments to address the issue are lagging when compared to other diseases”, says Joanne Vincenten, Director of the European Child Safety Alliance. “Government support for child injury prevention would be a quick win in the battle to reduce child health burden, as well as inequalities, allowing for more resources to be put towards other emerging issues.”

Despite the magnitude and burden injury causes, many Member States have not yet adopted and/or fully implemented and enforced those measures that have been proven to reduce childhood injury.

The Child Safety Report Cards, measuring adoption and implementation of more than 100 evidence-based good practices for child safety", that were released in the European Parliament in 2009 by the European Child Safety Alliance clearly indicate that more can be done. For example, only 8 out of 24 countries reported a law requiring children to remain in the back seat of a motor vehicle until they 12 years of age (or 150 cm in height); only Ireland requires use of personal floatation devices while on the water regardless of water vehicle size and only 7 out of 24 countries require barrier fencing on public swimming pools.⁴

Yet, encouragingly all countries that took part in report card assessments in both 2007 and 2009 showed improvement in their performance scores, with the greatest improvements in Austria and Czech Republic. In addition, 26 countries are now participating in a European Commission supported initiative led by the European Child Safety Alliance to prepare national Child Safety Action Plans (CSAP).⁵

As part of the Child Safety Action Plan, many countries are making commitments to child injury prevention:

In the Czech Republic, where their CSAP has been endorsed by the national government, injury data and monitoring systems are being enhanced as the first phase of the plan is implemented.

In Spain a series of actions targeting drowning and water safety are being implemented, including the adoption by the Ministry of Health of water safety guidelines for recreation service providers.⁶

In Sweden, wide ranging child injury prevention measures and a correspondingly low injury rate have been model for child safety for decades. Upcoming prevention efforts will focus on refining the multi-sectoral approach within a joint authority child safety platform. Further efforts and activities will be launched from this joint authority setting based on three identified areas of certain importance: 1) develop statistical data 2) drowning prevention for 0-6 years old and 3) alcohol related injuries and accidents. One example of several activities that will be launched from this setting is

the establishing of a "child safety handbook" for professionals on a local level - such as preschool teachers and nurses at child health centres - among others working in the field of child education, health and safety. It has been noted that addressing childhood injury not only leads to reductions in injury, but can also have multiple crossover benefits such as increasing physical activity and reducing emissions. Finland recently adopted a combined approach to reduce injuries emphasising safe and stimulating environments for children and young people. This means for example, that in addition to developing flexible and safe public transportation and road traffic environments for children and young people to cycle and walk in, prevention efforts also include implementing the use of bicycle helmets and involving children and young people in planning of environments at the local level. Such combined approaches are being undertaken and investigated in other Member States and being promoted by the European Child Safety Alliance as a collaborative way forward.

Children have the right to a loving, caring and safe environment in which to live, learn, grown and play.⁷ To date the commitment to address childhood injury in Member States in Europe has not been commensurate with the size of the problem. Ministries and Member States are urged to adopt and implement those good practices that have been proven to work to reduce injury as a leading cause of childhood fatalities in their countries.

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NOTES TO JOURNALISTS

¹ Sethi D, Towner E, Vincenten J, Segui-Gomez M, Racioppi F.. European Report on Child Injury Prevention. Copenhagen. WHO Regional Office for Europe, 2008.

The Fifth Ministerial Conference on Environment and Health, organized by WHO/Europe and hosted by Italy, is the next milestone in the European environment and health process, now in its twentieth year. Focused on protecting children's health in a changing environment, the Conference will drive Europe's agenda on emerging environmental health challenges for the years to come. Injuries occur in the environment and regional priority goal II of the Children's Environment and Health Action Plan for Europe (CEHAPE) declaration focuses on improving efforts for injury reduction. <http://www.euro.who.int/parma2010>.

² Valent F, Tamburlini G. The Environmental Burden of Disease and Injury Among Children and Adolescents in Europe. Rome, WHO Regional Office for Europe, 2004.

³ Sethi, D, Towner E, Vincenten J, Segui-Gomez M, Racioppi F. European Report on Child Injury Prevention. Copenhagen. WHO Regional Office for Europe, 2008.

⁴ M. Mackay, J. Vincenten. Child Safety Report Card 2009: Europe Summary for 24 Countries Amsterdam: European Child Safety Alliance, EuroSafe 2009.

⁵ The CHILD SAFETY ACTION PLAN (CSAP) project is a large-scale initiative that has run from 2004-2010 whose aim is to develop child safety action plans in countries in Europe. It aims to raise awareness and commitment to address a leading cause of death for children in Members States with the use of evidence based good practice.

Twenty-six countries are currently participating in CSAP: Austria, Belgium, Cyprus*, Czech Republic, Estonia, Finland*, France, Germany, Greece, Hungary, Iceland*, Ireland*, Israel*, Italy, Latvia*, Lithuania*,Luxembourg*, Malta*, Netherlands, Northern Ireland, Portugal, Scotland, Slovenia*, Spain, Sweden and Wales*. In addition seven countries have chosen to follow the process as observers: Croatia, Denmark, England,Former Yugoslav Republic of Macedonia, Norway, Poland and Switzerland.

Child safety action plans <http://www.childsafetyeurope.org>

⁶ Water Safety Guidelines – “ Protecting Children and Youths in Water Recreation – safety guidelines for Service Providers. <http://www.childsafetyeurope.org>.

⁷ European Child Safety Alliance Business Plan 2010 - 2015 <http://www.childsafetyeurope.org>.