

CHILD SAFETY REPORT CARD 2012



# LUXEMBOURG

**INJURY** is a leading cause of death in children and adolescents aged 0-19 years in Luxembourg. In 2008, nine children and adolescents in this age group died as a result of injury. If the rate of injury death in Luxembourg could be reduced to the level of the Netherlands, one of the safest countries in Europe, it is estimated that **3 or 34% of these lives could have been saved**.

This Child Safety Report Card was prepared under the TACTICS project (Tools to Address Childhood Trauma, Injury and Children's Safety) in 2012 as a means of measuring progress toward, and setting targets for, reducing unintentional injury-related death and disability amongst European children and adolescents.

The Report Card summarises Luxembourg's performance with respect to the level of safety provided to the youngest and most vulnerable citizens of the country through national level policy to address unintentional injury. It is based on an examination of current policies in Luxembourg to support child and adolescent safety to July 2011, including specific injury areas (e.g. road, home and leisure environments) and actions in the areas of leadership, infrastructure and capacity to support injury prevention efforts. A detailed account of the methods used for this assessment is provided in appendix one on page 16.

# INJURY AREA SCORES (out of a possible five stars)

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How safety conscious is Luxembourg towards children and adolescents?

OVERALL CHILD SAFETY GRADE FOR LUXEMBOURG







# Performance gaps and action required

LUXEMBOURG has done a reasonable job of addressing safety issues for children and adolescents on the road for moped/motor scooter and pedestrian safety, however more can be done to address motor vehicle passenger and cyclist safety and other areas of non-traffic related injuries to children and adolescents, such as drowning, falls, burns/scalds and poisonings, have not received as much attention. It is clear from the child safety scores that more can be done in policy introduction, implementation and enforcement to improve the prevention of pedestrian and cycling safety, drowning, falls, poisonings, burns and scalds and choking/strangulation related injuries and enhance current child and adolescent moped and passenger safety. There is a need to support and fund evidence-based good practice measures to prevent injury in a combined approach of education, engineering and enforcement of standards and regulations and this report card highlights areas in Luxembourg's current policy where changes could be made.

LUXEMBOURG has some existing capacity to address child and adolescent safety, however stronger leadership from government and support for infrastructure are required. In particular government leadership is needed to ensure endorsement and implementation of a national strategy with specific targets for child and adolescent safety that takes into account priority areas and performance gaps, provides financial resources to support national coordination specific to child and adolescent safety and maintains and enhances existing infrastructure and capacity. There is also a specific need to support ongoing capacity building of technical experts and networking to ensure the exchange of information on good practice and transferability issues regarding child and adolescent injury prevention programmes.

Luxembourg's national government can do much to support a culture of good practice by not only integrating evidence-based good practice strategies into national public health programmes but by also ensuring that child safety is addressed in all policies. And although action at the national level is essential to achieving a safer Luxembourg, a key step to that success is building an effective means of ensuring that evidence based injury prevention strategies are adopted and implemented along the continuum from the national to regional and local levels. This requires an understanding of how regional and local initiatives are developed and implemented and the development of capacity building strategies for stakeholders working at those levels. Further, as prevention efforts move from national to regional and local levels a multi-sectoral approach (e.g., working with health, transport, environment, education) becomes more important. The fact that Luxembourg is a small country should facilitate such efforts. In addition, in these times of reduced resources it is key to look for solutions that provide co-benefits to other issues in addition to injury prevention. For example, strengthening road safety infrastructure to increase the safety of child pedestrians and cyclists can encourage increased physical activity, which in turn can help address child obesity. Strategic investment in child and adolescent injury prevention will ensure a coordinated and evidence based approach to protecting Luxembourg's most precious resource – their children and adolescents.

# Inequities - providing safety for all

Unintentional injuries are the leading cause of inequality in childhood deaths, for both males and females. Data show that across all age groups, the greatest inequalities are found for children, re-emphasising their vulnerability to socioeconomic factors. Studies examining the injury mechanisms contributing to this social pattern indicate that one of the major risk factors is increased exposure to unsafe home, play and road environments for children and adolescents living in deprived areas.

Passive prevention strategies such as enforced laws and regulations that make unsafe environments safer help address inequities by applying a legal requirement across the population. However, in situations where laws and regulations do not apply retroactively this can lead to inequities. For example, a requirement for smoke detectors that only applies to new or refurbished buildings may actually increase inequities in that the most vulnerable families are the least likely to live in buildings impacted by the requirement. For more active strategies, which often involve the on going promotion of safe behaviours, specific thought needs to be given to whether there is the need for specific actions to be targeted the more vulnerable audiences (i.e., children, migrants, low income families, repetitive generations of family poverty) and how policies might need to be adapted for the setting in which they are to be applied (i.e., urban, rural, domestic, public).

Countries who are further ahead in addressing inequities in child injuries are those who have studied the issue to better understand the risks and then adopt actions that address the specific risks. This can take the form of national law, regulation or policy intended to increase the safety of all children or specific programmes or policies targeted at the most vulnerable (e.g., policies or programmes that reduce the cost of safety equipment). At the time of the current assessment, Luxembourg does not appear to have begun to directly address the issue of inequities as they relate to child injuries. A good first step in addressing inequities as they relate to child injuries would be to ensure that any national injury prevention strategy developed addresses the issue, including specifically examining the needs of vulnerable children, such as those living in poverty. Enhancing pedestrian safety by introducing a law that places the burden of proof on the vehicle driver in crashes involving a child and adolescent pedestrian and continuing to support efforts to modify European vehicle design standards to reduce risk of injury to children and adolescents (e.g., pedestrian friendly bumper heights)

Enhancing passenger/driver safety by modifying existing child passenger safety laws to require children to remain rear facing in car seats until age four years and seated in the back seat of a motor vehicle until age 13 years

 Increasing cycling safety by introducing and enforcing an all ages helmet law

Increasing drowning prevention efforts by introducing laws requiring fencing around all private and public pools and requiring the use of personal floatation devices/life jackets while on the water (not just presence of protective equipment but actual use for children while on the water)

Increasing burn prevention by introducing national regulations requiring smoke detectors in all private dwellings and adopting and enforcing national regulations requiring the use of flame retardant fabrics in children's nightwear Increasing fall prevention by continuing work to enhance the law requiring environmental changes to prevent children from falling out of windows and from balconies in buildings by expanding it to cover all buildings with more than one storey/ level (not just public buildings) and introducing a law requiring housing construction changes to prevent children from falling off of balconies and stairs in buildings

Enhancing poisoning prevention by introducing a national law requiring child resistant packaging of medications to compliment existing laws requiring child resistant packaging of household cleaners/ chemicals and by establishing a poison control centre or formalising existing professional relationships with centres in neighbouring Member States

Enhancing choking/strangulation prevention by legislating increased safety through product ban (e.g., latex balloons) or redesign (e.g., blind cords)

Increasing public awareness of child and adolescent injury risks in the home and effective prevention solutions, particularly for the preschool age group

# Measuring progress —

breakdown of report card indicators

The national level policies for the specific unintentional injury areas included in the report card are based on current best evidence for good practice and discussions with members of the European Child Safety Alliance and experts in Europe. These measures are seen as mini markers of progress to support child and adolescent safety promotion and injury prevention efforts at the national level. For more details on the methodology and definitions used see pages 16-19 of this report card. If all the national level policies assessed below were implemented and enforced in Luxembourg further reductions in child and adolescent injuries would be achieved.

#### EACH POLICY WAS ASSESSED ON THE FOLLOWING SCALE:



# **Pedestrian safety**

National law requiring reduced speed in residential areas (e.g., areas near schools and playgrounds)	$\odot$
National law that assumes driver responsibility in a crash involving a child pedestrian (e.g., places the burden of proof on the driver)	8
National policy providing specific supports for vehicle redesign to reduce risk of pedestrian injury	$\odot$
National ministry/ government department with mandated responsibility for child and adolescent pedestrian safety	$\bigcirc$
Government approved national injury prevention strategy with specific targets and timelines related to child and adolescent pedestrian safety	$\odot$
National media campaign at least once in past five years targeting child and adolescent pedestrian safety	$\overline{\mathbf{O}}$

Score (out of possible five stars)  $[(\bigcirc x 5) + (\bigcirc x 0) + (\bigotimes x | )] / |2 x 5 =$ 

5

# **Passenger/driver safety**

National law requiring use of appropriate child and adolescent passenger restraint	$\odot$
National law requiring children to remain seated in rear facing car seats until age 4 years	8
National law requiring children and adolescents to remain seated in the back seat of a motor vehicle until age 13 years	8
National policy that increases access to child passenger restraint systems (CPRS) by disadvantaged families (e.g., CPRS included as essential child-care articles or taxed at lower rate, subsidies offered through programmes targeting disadvantaged families)	8
National law requiring graduated licensing for new drivers (e.g., law requiring multi-stage program with graduated privileges to allow new licensed drivers on-road driving experience under conditions of reduced risk)	$\odot$
National law banning children from riding/driving farm tractors	$\overline{\mathbf{O}}$
National law banning children from riding/driving all terrain vehicles (e.g., ATVs, three-wheelers, four-wheelers)	$\odot$
National ministry/government department with mandated responsibility for child and adolescent passenger/driver safety	$\overline{\mathbf{O}}$
Government approved national strategy with specific targets and timelines related to child and adolescent passenger/driver safety	6
National programme of child home visits that includes education on child passenger/driver safety	8
National media campaign at least once in past five years targeting child and adolescent passenger safety	$\odot$
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**Score** (out of possible five stars)

Defive stars) [( $(\odot \times 6)$  + ( $\odot \times 0$ ) + ( $\bigotimes \times 5$ )] / 22 × 5 =



# Moped/motor scooter safety

National law limiting legal age to drive a moped/motor scooter (e.g., small engine motorcycle)	$\odot$
National law requiring a minimum qualification for riding a moped/motor scooter (e.g., formal exam prior to receiving riding permit)	$\overline{\mathbf{O}}$
National law limiting age or number of child and adolescent passengers on mopeds/motor scooters	$\odot$
National law limiting speeds for mopeds/motor scooters	$\overline{\mathbf{O}}$
National law requiring compulsory use of a helmet by moped/motor scooter riders and passengers	$\bigcirc$
National law addressing drinking and driving of licensed vehicles by young drivers (e.g., specified allowable blood alcohol level when driving a scooter)	$\overline{\mathbf{O}}$
National ministry/government department with mandated responsibility for child and adolescent moped/motor scooter safety	$\odot$
Government approved national injury prevention strategy with specific targets and timelines related to child and adolescent moped/motor scooter safety	8
National media campaign at least once in past five years targeting child and adolescent moped/motor scooter safety	6
Score (out of possible five stars) $\left[\left(\bigcirc \times 7\right) + \left(\bigcirc \times 0\right) + \left(\bigotimes \times 2\right)\right] / 18 \times 5 = 4$	$\bigstar$

# Cycling safety

National law requiring use of bicycle helmet while cycling	6
National ministry/government department with mandated responsibility for child and adolescent cycling safety	$\odot$
Government approved national strategy with specific targets and timelines related to child and adolescent cycling safety	$\odot$
National media campaign at least once in past five years targeting child and adolescent cycling safety	8
Score (out of possible five stars) $\left[\left(\bigcirc \times 2\right) + \left(\bigcirc \times 0\right) + \left(\bigotimes \times 2\right)\right] / 8 \times 5 = $	

# Water safety/drowning prevention

National law requiring barrier fencing for public pools	8
National law requiring barrier fencing for private pools (e.g., domestic pools; those associated with a residence or dwelling)	8
National law requiring national recertification for lifeguards on a regular basis	$\odot$
National law stating minimum number of lifeguards required on beaches or other areas specifically specified for water leisure activities	$\overline{\mathbf{O}}$
National law stating minimum number of lifeguards required at public pools	$\odot$
National standard for public swimming pools that mandates water depth markings, step edges marked with contrasting colours, onsite safety equipment, suction outlet covers and chemical standards	$\overline{\mathbf{c}}$
National standard for water safety signs and symbols (e.g., no diving signs, red flag indicating 'do not enter water', etc.)	() () ()
National policy requiring qualified risk assessment of all designated public water recreational areas (e.g., assessment conducted by qualified inspector)	8
National policy governing water safety for leisure/recreational programming at the community level (e.g., minimum levels of supervision, training or safety equipment, etc.)	6
National policy making water safety education, including swimming lessons, a compulsory part of the school curriculum	$\overline{\mathbf{c}}$
Investment programme (either national or regional with national coverage) to renew infrastructure to provide equitable access to public swimming pools for swimming lessons for school age children	8
National law requiring mandatory use of personal floatation device/lifejacket while on the water (e.g., while boating, sailing, etc.)	<u></u>
National ministry/government department with mandated responsibility for child and adolescent water safety	6
Government approved national injury prevention strategy with specific targets and timelines related to child and adolescent water safety	8
National programme of child home visits that includes education on child water safety	6
National media campaign at least once in past five years targeting child and adolescent water safety	8

**Score** (out of possible five stars)



#### Fall prevention

National policy requiring playground equipment and landing surfaces to meet safety standards

National law banning the marketing and sale of baby walkers

National law requiring environmental changes to prevent children from falling out of windows in all buildings with more than one storey/level (e.g., window guards or locks)

National regulation for all private and public buildings requiring safe design for guardrails to prevent falls from balconies and stairs

National policy that increases access to childcare equipment, such as stair gates, for disadvantaged families (e.g., national equipment give-away/loaner programme or policy making such childcare equipment essential childcare articles taxed at a lower rate)"

National ministry/government department with mandated responsibility for child and adolescent fall prevention

Government approved national injury prevention strategy with specific targets and timelines related to child and adolescent fall prevention

National programme of child home visits that includes education on child fall prevention

National media campaign at least once in past five years targeting child and adolescent fall prevention

**Score** (out of possible five stars)

[( 😳 x | ) + ( 😐 x 2) + ( 😫 x 6) ] / |8 x 5 =

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#### **Poisoning prevention**



# **Burn/scald prevention**

National law requiring scald preventing maximum temperature (e.g., not higher than 50°C) for tap water in domestic settings	6
Building codes requiring working smoke detectors in all private dwellings	6
Building codes requiring working smoke detectors in all public dwellings (e.g., hospitals, schools and daycares)	$\bigcirc$
National policy requiring sale of reduced ignition propensity (RIP) cigarettes (e.g., "fire-safe" cigarettes designed to reduce risk of igniting upholstered furniture, mattresses and bedding)	$\overline{\mathbf{c}}$
National regulation requiring child resistant design for cigarette lighters	$\bigcirc$
National law requiring use of flame retardant fabrics in children's nightwear	6
National law controlling the sale of fireworks	$\bigcirc$
National ministry/government department with mandated responsibility for child and adolescent burn/scald prevention	8
Government approved national injury prevention strategy with specific targets and timelines related to child and adolescent burn/scald prevention	6
National programme of child home visits that includes education on child burn/ scald prevention	8
National media campaign at least once in past five years targeting child and adolescent burn/scald prevention	6
Score (out of possible five stars) $[(32 \times 4) + (32 \times 0) + (32 \times 7)]/22 \times 5 = 2$	$ \rightarrow $

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# Choking/strangulation prevention

National law that enables restriction or banning of unsafe products	$(\odot)$
National law requiring informative warning labels on products (e.g., toys) to prevent choking, suffocation or strangulation	$\overline{\mathbf{c}}$
National law that bans the production and sale of latex balloons	8
National law that prohibits the use of inedible materials in food products	$\overline{\mathbf{c}}$
National law that regulates design and sale of blind cords	8
National standard that regulates safe crib design	8
National law that prohibits the use of drawstrings in children's clothing	$\odot$
National ministry/government department with mandated responsibility for child and adolescent choking/strangulation prevention	8
Government approved national injury prevention strategy with specific targets and timelines related to child and adolescent choking/strangulation prevention	8
National programme of child home visits that includes education on child choking/strangulation prevention	8
National media campaign at least once in past five years targeting child and adolescent choking/strangulation prevention	8
Score (out of possible five stars) $[(\bigcirc x 4) + (\bigcirc x 0) + (\bigotimes x 7)]/22 \times 5 =$	$\checkmark$

# Child safety leadership

Country has a leading government department/ministry that is responsible for national coordination of child and adolescent safety activities	6
A specific individual has been identified as the contact or focal point for each of the departments/ministries involved in child and adolescent safety (e.g., health, traffic, education, etc.)	<b>:</b>
Injury prevention been identified as a national priority by the government (e.g., it is listed as a priority issue within a government document or health plan)	$\odot$
Country has a government led national injury prevention strategy with specific targets relating to child and adolescent safety	
Country has a national ombudsman with specific responsibility for children	$\odot$
Country has a national law protecting the employment rights of young workers under legal age particularly as they relate to health and safety	$\overline{\mathbf{O}}$
Country has a nationally coordinated early childhood development programme	$\odot$
Country has a national alcohol policy	(
Government department(s) have a dedicated budget for the development/support of national prevention programmes related to child and adolescent safety	6
Government department(s) have a dedicated budget for the development/support of research related to child and adolescent safety	6
Government department(s) have a dedicated budget for the development/support of capacity building related to child and adolescent safety	6
Government department(s) have a dedicated budget for the development/support of a national steering group/task force to address national child and adolescent safety	8
Government department(s) have a dedicated budget for the development/support of a network/organisation to coordinate national child and adolescent safety activities	6
Country has an organisation that is responsible for national coordination of child and adolescent safety activities	8
Score (out of possible five stars) $[(\bigcirc \times 4) + (\bigcirc \times 3) + (\bigcirc \times 7)]/28 \times 5 = \checkmark$	$ \rightarrow $

# **Child safety infrastructure**

Country has an organisation (e.g., government department, NGO or other agency) whose mandate specifically includes coordinating injury data and producing reports to support action	$\odot$
Annual or biannual report that includes minimum information on all child and ado- lescent injury deaths is regularly produced	$\overline{\mathbf{O}}$
Studies have been conducted to explore and link the risk of child and adolescent injury death with the social and economic circumstances of the family, rural/urban residence or any other factors (e.g., teenage parenthood or drug and alcohol use)	8
Country has published a burden of injury report that includes data on children and adolescents	8
Country has necessary data to perform an analysis of the burden of child and adolescent injury (e.g., mortality data, estimates of duration of disability, etc.)	6
Data for child and adolescent (0-17 years) accidents and injuries are reasonably available at the national level (e.g., mortality and morbidity data)	(
Country will participate in the next Health Behaviour of School Age Children Survey (2014) and will include the injury prevention module	$\odot$
Country has a national programme of child death reviews/death review committee	6
Country has a national mechanism that allows early identification of and rapid response to emerging safety hazards	6
Score (out of possible five stars)	<b>A</b>

e stars) Score (out of possible fiv

[( $\bigcirc$  x 3)+( $\bigcirc$  x 1)+( $\bigotimes$  x 5)]/l8x5 =



# Child safety capacity building

Country has one or more organisations (e.g., government department, NGO or other agency) whose mandate includes distributing information on evidence-based practice and/or facilitating or encouraging uptake of good practice in the area of injury prevention or safety promotion	$\odot$
Country has a network/structure or healthcare system that can facilitate accident prevention education for expectant parents and/or parents of children 0-4 years old and is currently using it for that purpose	<u></u>
Country has national capacity building initiatives for those working in the area of injury prevention that are either specific to injury prevention or include injury prevention content	$\odot$
Country has a network for child and adolescent injury prevention practitioners and researchers	8
Country hosts (or has hosted in past 5 years) a national conference or regional meeting on child and adolescent injury prevention or a national conference where child and adolescent injury is part of a larger agenda	8
Country has a national policy making injury prevention education a mandatory part of elementary or school education curricula, including a standardised injury prevention education curriculum	
Country has a national policy making first aid education a mandatory part of elementary or secondary school education curricula, including a standardised first aid education curriculum	8
Country has a national policy making life skills education a mandatory part of elementary or secondary school education curricula, including a standardised life skills education curriculum	$\overline{\mathbf{c}}$
<b>Score</b> (out of possible five stars) [( $\bigcirc \times 3$ ) + ( $\bigcirc \times 2$ ) + ( $\bigotimes \times 3$ )] / 16 x 5 =	

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# Appendix One Methods to prepare Child Safety Report Cards

The Child Safety Report Card concept was originally developed as part of the Child Safety Action Plan Project, a European initiative led by the European Child Safety Alliance from 2004-2010. Measures for the injury preventing policies examined were initially developed in 2006 from current evidence of effective policies with a focus at the national level.\* Policy strategies known to be effective, but more likely to be established at regional or local levels (e.g., traffic calming measures to reduce risk of pedestrian or cycling injuries), were not included. Indicators addressing leadership, infrastructure and capacity were taken from measures proposed by other indicator initiatives or described in the literature. Additional policy strategies were added for the 2009 Child Safety Report Cards and again in the current set in 2012. In particular questions addressing additional policies to reduce inequities and build capacity were added for 2012. A comparison of scores on the original questions in 2007, 2009 and 2012 for those countries who participated in two or more of the assessments can be found in the Child Safety Report Card 2012 - Europe Summary for 31 countries available at www.childsafetyeurope.org

Data for the indicators included in the 2012 report cards were obtained during 2011-2012 from TACTICS project partners using English language computerbased survey tools developed in conjunction with an expert advisory group. The primary data collection required the Luxembourg project partner (Ministry of Health) to contact the appropriate government departments to ascertain correct information regarding current policies; policy information is accurate to July 2011.

The rating out of five stars for each of the sub-areas was calculated by multiplying the composite score for each sub-area by five and rounding off to the nearest half star; where the composite score equalled the sum of allotted points ( $\bigcirc = 2$ ,  $\bigcirc = 1$ ,  $\bigotimes = 0$ ) for all questions in the sub-area with no weighting of items, divided by total possible points. The overall safety grade was based on a summation of the sub-area scores ( $\bigotimes = 49-60$  stars,  $\bigcirc = 37-48.5$  stars,  $\bigcirc = 25-36.5$  stars,  $\bigotimes = 13-24.5$  stars,  $\bigcirc = 0-12.5$  stars). Weighting of individual items and sub-area scores was not done as this 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 project.

<sup>\*</sup> MacKay M,Vincenten J, Brussoni M, Towner L. Child Safety Good Practice Guide: Good investments in unintentional child injury prevention and safety promotion. Amsterdam: European Child Safety Alliance, Eurosafe; 2006.

Definitions for select items included in the Child Safety Report Cards

#### Avoidable deaths

- avoidable deaths were calculated using the Netherlands 2010 injury rate of 5.05 deaths per 100,000 population aged 0-19 years and the most recent year of data available for each country. As a result avoidable deaths may be slightly overestimated for countries where only older data are available.

#### Capacity building

 the development, fostering and support of resources and relationships at individual, organisational, interorganisational and systems levels.
Includes activities designed to increase the ability and skills of individuals, groups, and organisations to plan, undertake, and manage initiatives.

# Government approved strategy with specific targets and timelines

– an official written document endorsed by government and/or parliament, which includes a set of statements and decisions defining responsibilities, principles, goals, priorities and main directions for attaining the goals. This can be either a stand alone document addressing injury or a broader document where injury or the specific injury area is covered as one of several priority areas.

#### Government policy

 a high-level overall plan that refers to the government's approach or strategy to a particular area of activity.

#### Health Behavior in School-aged Children Survey

– a cross-national research study conducted in collaboration with the WHO Regional Office for Europe, which aims to gain new insight into, and increase our understanding of young people's health and well-being, health behaviours and their social context.

#### Implemented and enforced

 a law, policy or standard that is in practice and fulfilled by actual measures and effectively carried out with imposed fines and penalties if applicable.

#### Law

 a rule of conduct or action prescribed as legally binding and enforced by an executive authority or regulatory agency of a government.

#### Life skills education

 a large group of psycho-social and interpersonal skills which can help people make informed decisions, communicate effectively, and develop coping and self-management skills that may help them lead a healthy and productive life.

### Nationally coordinated early childhood development programme

 a programme with national coverage whose purpose is to facilitate achievement of the many skills and milestones that children are expected to reach by the time they reach the age of five (e.g., Safe Start, Sure Start).

# National media campaign at least once in the past five years

 a campaign of national scope involving television, radio and/or broad distribution of print media (posters, brochures, etc.).

# National ministry/government department with a mandated responsibility

- at least one ministry/government department with documented responsibility for action on the child and adolescent safety topic (e.g., documented in a speech from the throne, ministry plan, health targets, website posting, constitution, cross-ministerial agreement).

### National ombudsman with specific responsibility for children

 an appointed public official responsible for promoting the rights and welfare of children and investigating complaints made by children or on behalf of children against public bodies, schools and hospitals.

# National programme of child home visits that includes education

 a network/structure or healthcare system that can provide prevention education for expectant parents and/ or parents of children 0-4 years old.
For example, health workers in the UK visit parents and can provide information about injury prevention (in addition to other health issues) and midwives in Austria receive education on injury prevention in newborns to pass on to new parents.

### National programme of child death reviews/death review committee

 a multi-disciplinary team who use data from multiple sources to investigate unnatural deaths in children, examine patterns and make specific prevention-related recommendations.

# Organisation that is responsible for national coordination of child and adolescent safety activities

- an organisation/institute/centre/ agency including a non-governmental agency that has a specific mandate for child and adolescent safety or a broader mandate that includes child and adolescent safety.

# Partly implemented or enforced

 a law, policy or standard in process of being implemented or implemented but not enforced, or implemented and enforced irregularly.

#### Standard

 a voluntary technical agreement elaborated by a standards body and stakeholders like industry and consumers on a consensus basis that provide technical rules and guidelines for manufacturers and define how a product or service will function. Co-funding and partnership with



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The Child Safety Report Cards 2012 are produced as part of the Tools to Address Childhood Trauma, Injury and Children's Safety (TACTICS) project, a large scale multi-year initiative that is working to provide better information, practical tools and resources to support the adoption and implementation of evidence-based good practices for the prevention of injury to children and youth in Europe. The initiative is led by the European Child Safety Alliance of EuroSafe, with co-funding and partnership from the European Commission, the Nordic School of Public Health, Maastricht University, Swansea University, Dublin City University, the European Public Health Alliance, and partners in over 30 countries including the Ministry of Health in Luxembourg.

One of the objectives of the project was to review and expand the set of Child Safety Action Plan indicators to continue to monitor and benchmark progress in reducing child and adolescent injury as countries moved from planning to implementation. The Child Safety Report Cards 2012, Child Safety Profiles 2012 and Child Safety Report Card 2012 – Europe Summary for 31 countries are the result of this activity.

For more information on the TACTICS project, the Child Safety Report Cards 2012 for the other participating countries and the European summary go to the European Child Safety Alliance website at: www.childsafetyeurope.org



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