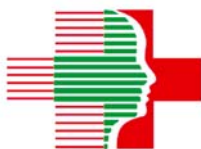


# National Action Plan on Child and Youth Safety

Programme for Preventing Unintentional Injuries of 0-24-year-olds, 2010-2019



“National partnership for the greater safety of children and youth”





Prepared within the framework of the National Infant and Child Health Programme entitled "Children. Our Common Treasure"

The project was coordinated by the National Institute of Child Health and supported by the Ministry of Health

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for Preventing Unintentional Injuries of 0-24-year-olds  
2010-2019



“National partnership for the greater  
safety of children and youth”

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## Preface

Similarly to most European countries, the majority of children and young people over 1 year of age die due to external causes in Hungary as well. Unintentional injuries result higher mortality among children and young people than all other diseases combined. In Hungary, in the 0-24 age group, over 300 people die in accidents every year and some 24.000 are hospitalized for similar reasons. Accidents often result in long-term health care and rehabilitation needs and also lead to permanent health impairment, decrease in the overall quality of life or reduction of work capabilities. The consequences do not only affect the life of the individual concerned, but also influence the future of the family and are a serious burden to society.

Children and young people are exposed to accident risk to different extent. Toddlers (1-4 years of age), adolescents, boys, young people with higher risk-taking attitude or those living in poverty have higher risk for accidents.

High mortality rates and the long-term consequences of serious injuries also drew the attention of the international organizations to injury prevention. According to research results and international experience, it is possible to significantly reduce the number of serious injuries and mitigate their consequences. Therefore, the World Health Organization, the European Union and the Conference of European Environmental and Health Ministers have urged European countries for years to prepare national action plans with a view to preventing injuries among children and young people, on the basis of an assessment of the present situation in their countries.

The National Action Plan on Child and Youth Safety is a result of cooperation between Hungarian experts working in various areas related to the issue. The document aims to promote the prevention of unintentional injuries among those under 24 years of age. It establishes objectives for the next 10 years (2010-2019), defines actions for the first 3 years (2010-2012) and identifies methods through which results can be evaluated. Our mission is to establish **“a national partnership for the greater safety of children and the youth.”** The programme seeks to more effectively prevent unintentional injuries with the most serious outcomes, while not obstructing the healthy physical, mental, social and psychological development of children. Our goal is to reduce the mortality due to injuries among people under 24 years of age by 30% in 10 years. Achieving this target would reduce our unintentional injury mortality rate to the current rates of the European countries with the best results.

The action plan focuses on road traffic safety, safety at home and at child care institutions, safety during play, leisure and sport activities, and on the coordination, monitoring and evaluation of domestic efforts aiming at injury prevention. It is in alignment with the objectives of the National Public Health Programme, the National Infant and Child Health Programme, the National Accident Prevention Strategy, and the 2008-2010 Public Road Transport Safety Action Programme. Its implementation also facilitates the achievement of the objectives of the above programmes.

The established goals can only be achieved through joint efforts of the areas concerned, with the support of decision-makers, through cooperation among experts, with the involvement of the age groups concerned, and through the utilization of the resources and capabilities of non-profit organizations.

Please contribute to our work that aims at preventing tragic and preventable injuries among children and young people.

**Dr. Gabriella Páll**  
Coordinator  
National Institute of Child Health





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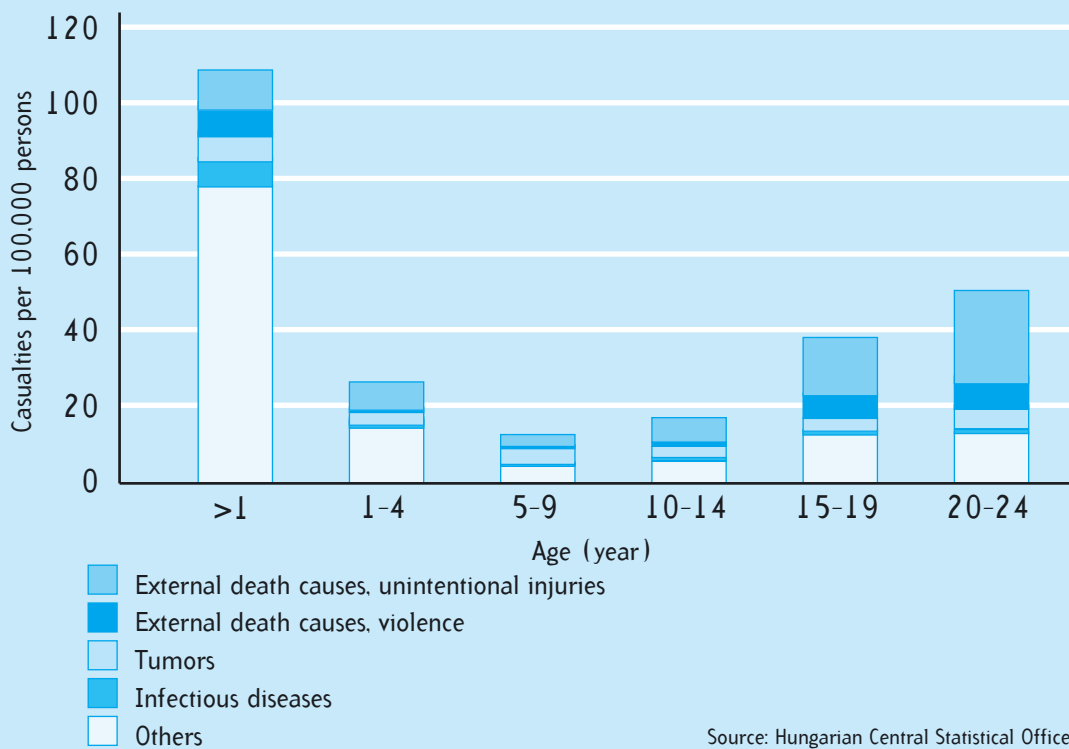
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## 1. Introduction

Like in most European countries, the majority of children and young people over 1 year of age die due to external causes (Figure 1). Unintentional injuries result higher mortality among children and young people over 1 year of age than all other diseases combined [1]. In Hungary, in the 0-24 age group, over 300 people die in accidents every year, and some 24,000 are hospitalized for similar reasons. Injuries often result in long-term health care and rehabilitation needs, and also lead to permanent health impairment, decrease in the overall quality of life and in reduced work capabilities.

Figure 1

**Number of deaths per 100,000 persons in Hungary by age groups, excluding perinatal (birth related) and congenital abnormalities (2005-2007 average)**



According to research results and international experience, it is possible to significantly reduce the number of serious accidents and mitigate their consequences. Especially countries with developed economies have proved that even mortality rates relatively lower than those of other nations can be reduced on a permanent basis. Therefore, they research and analyze causes and correlations, improve data collection, establish efficient prevention measures, make the environment safer, pass regulations, teach and educate the population concerned, improve accident and emergency care services, and design and implement programmes consistently [2]. No improvement can be expected without commitment and coordinated injury prevention efforts. In fact, due to the processes of motorization, urbanization and the spreading of poverty, the worsening of the present situation can be anticipated, if no action is taken [3].

## 2. International initiatives to increase the safety of children and young people

Several international conventions and initiatives have been launched to promote the health, safety and well-being of children and young people. These initiatives do not only prove that international organizations are committed to the health of young people, but also demonstrate that there is an international agreement regarding the most urgent tasks in the area.

### Convention on the Rights of the Child

In 1989, the United Nations passed the Convention on the Rights of the Child, which recognized the right of children to health and safe environment. According to paragraph 19 of the Convention, the parties undertake that "...they shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse..." [4]

### Millennium Development Goals

The United Nations adopted the Millennium Development Goals in September, 2000. Its 4<sup>th</sup> goal is to reduce the number of fatalities among children under 5 years of age to one third of the rate by 2015. In addition to the consequences of premature birth and congenital abnormalities, accidents are also among the major causes of death in this age group. [5]

### The World Fit for Children

In May 2002, the United Nations adopted the document The World Fit for Children which, among others, set the objective to improve injury prevention. The document calls on every member state to reduce the number of child injuries and mitigate their consequences through developing and implementing adequate prevention methods. "Millions of children will continue to die unnecessarily every year, unless there are major shifts in policy and funding at international and country levels. We can wait no longer. Knowledge must be translated into practice." [6]

### Children's Environment and Health Action Plan for Europe

In 2004, the 4<sup>th</sup> Conference of European Environmental and Health Ministers adopted the Children's Environment and Health Action Plan for Europe that includes four objectives, one of which is to prevent child injuries, mitigate their consequences, and to prevent medical consequences resulting from a lack of exercise. The document highlights the importance of making homes, playgrounds, schools and workplaces safer, promotes the rigorous implementation of road traffic safety measures, points out the importance of child-friendly urban planning and development, and promotes the improvement of the safety of pedestrians, bikers and mass transportation. The signatory parties undertook to establish and/or promote the establishment of facilities for social activities, games and sports that are safe and available for children (green areas, parks, playgrounds etc.). [7]

## **Action for a Safer Europe**

The European Parliament and Council adopted the document Action for a Safer Europe in 2006. One of its seven priority goals is to increase the safety of children and adolescents. The document promotes that every member state should develop a national accident prevention programme. It highlights the importance of reducing the number of home accidents among toddlers (falls, scalds, strangulation, poisoning, choking), of improving the safety of playgrounds and products made for children, as well as of effectively using protective equipment in vehicles and helmets on bicycles. [8]

## **Road Safety Action Programme**

The European Parliament adopted its 4<sup>th</sup>, 2010-2020 Road Safety Action Programme in 2009. This document was the first to define the improvement of child safety as a separate objective. Regarding the European population, the document considers it a realistic goal to reduce traffic mortality rate by 40% between 2010 and 2020, while the same number is 60% regarding the 0-14 age group. The programme also places special emphasis on novice drivers. [9]

## **European Strategy for Children and Adolescents Health and Development**

The European Office of the World Health Organization adopted the European Strategy for Children and Adolescents Health and Development in 2005. One of its seven priority objectives is the prevention of injuries and violence. The strategy emphasizes the protection of high-risk groups and the importance of improving road traffic safety. [10]

## **Child Safety Action Plan for Europe**

The aim of the programme coordinated by the European Child Safety Alliance is to support the participating countries in developing their own child safety action plans. It points out that strategic planning, monitoring, the widespread use of evidence-based preventive measures (good practices), and the enhancement of resources and commitment are crucial to efficient injury prevention. [11]

### **3. National initiatives to increase the safety of children and young people**

#### **National Public Health Programme**

The 2003-2012 National Public Health Programme is an inter-ministerial strategic initiative that aims at improving the overall health of the Hungarian population to a level that meets the requirements associated with the social and economic status of the country, and to ensure that all Hungarian citizens enjoy the best health conditions possible. Even though injury prevention is not among the priority objectives, neither in respect of children, nor for the general population the efforts made to achieve several of the objectives facilitate the reduction of the number of accidents as well as their severity. Within the "Healthy youth" sub-section, it promotes the raising of the safety level of schools and nursery schools, the regular transfer of health improvement knowledge, the public health education of healthcare professionals (the latter two may include injury prevention), and healthy leisure activities of young people. The successful prevention of alcohol consumption, which is also among the programme's objectives, may decrease the number of accidents and reduce their severity as well. [12]

#### **"Children, Our Common Treasure" National Infant and Child Health Programme**

The National Infant and Child Health Programme, adopted in 2005, is based on the assumption that the physical and mental capabilities, and the ability to avoid diseases and maintain health of an adult are rooted in the early ages and in the childhood years, as the "losses" developed in this period cannot be made up or restored later. This is definitely true in respect of the consequences of injuries suffered during the infant years or in childhood; therefore the programme defined injury prevention as the first task under the subsection 'Public health issues requiring multi-disciplinary/multisectoral cooperation', emphasizing that it should be aligned with the National Injury Prevention Strategy, which is under development. [13]

#### **National Injury Prevention Strategy**

The National Injury Prevention Strategy has been commissioned by the Ministry of Health, and is being developed in parallel with the National Action Plan on Child and Youth Safety. Its adoption is expected to take place in 2009. The strategy points out the increased risk, which children and young people are exposed to; and considers prevention a priority objective. Its goals are in line with the Action Plan on Child and Youth Safety. [14]

#### **2008-2010 Public Road Transport Safety Action Programme**

The Public Road Transport Safety Action Programme contains several measures that directly or indirectly aim at improving the safety of children and young people during travel. This age group is directly affected by the modernization of the traffic education programmes implemented in schools and kindergartens, the integration of traffic safety programmes in school curricula, the cooperation with the media in relation to safety issues, and the improvement of driver training programmes. The measures planned in relation to the infrastructure, regulations, inspection and the support of injury-preventing efforts may also have a positive influence on the road traffic safety of children and young people. [15]

## 4. Classification, influencing factors, frequency and impacts of injuries

The WHO defines injuries as “the physical damage that results when a human body is suddenly subjected to energy (mechanical, thermal, electrical, chemical, radiation) in amounts that exceed the threshold of physiological tolerance- or else the result of a lack of one or more vital elements, such as oxygen”.

Unintentional injuries are understood as an events that are not assumed to have been caused by the victim or any other person. The borderline between intentional and unintentional injuries, especially in the case of children, is often obscure: as negligence may easily result in unintentional injury and injuries may hide the signs of home violence.

### Classification

Injuries are classified here in accordance with the International Classification of Diseases and Related Health Problems (ICD-10).

From the aspect of accident types, traffic accidents include the following categories: passengers, drivers, pedal cyclists and pedestrians injured in road traffic accident. We also make distinction between drowning/submersion (hereinafter: drowning), poisoning, strangulation/choking (hereinafter: strangulation), fall/drop/fall out (hereinafter: falls) and burns/scalds (hereinafter: burns).

In terms of prevention, the location where an injury takes place and the activity during which the injury happens are also important factors. In this respect, we distinguish between accidents taking place at home, at child care institutions, in public areas, at workplaces, or during play, leisure, sports or work.

### Influencing factors

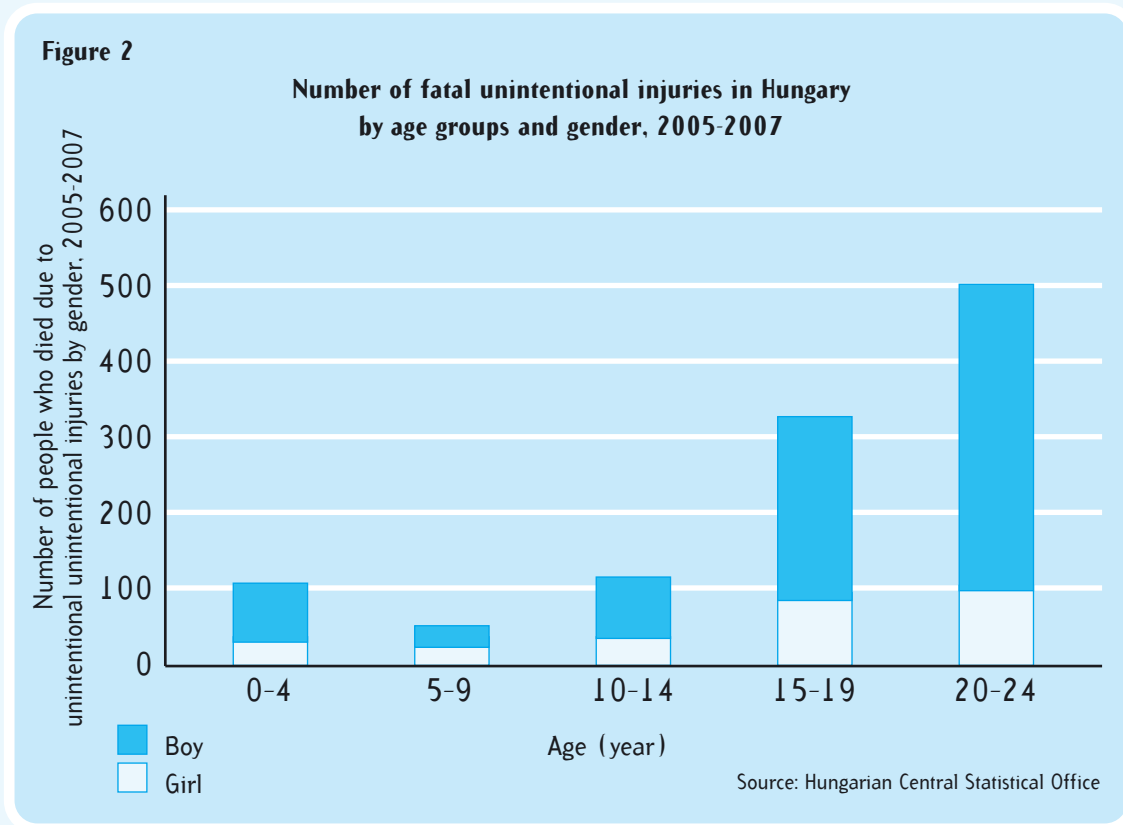
- AGE

The Action Plan on Child and Youth Safety aims to promote more efficient prevention of unintentional injuries in the 0-24 age group. In line with the age group classification used in the available resources, we will generally present data for groups covering 5 years. Where possible, we will examine data on children under 1 year of age (infants) separately, due to their special characteristics resulting from their age and high risk to accidents. In the context of the present document, the term children refers to the 0-14 age group, adolescents refers to the 15-19 age group, while the young adults are understood as people between 20 and 24 years of age. Adolescents and young adults together are referred to as young people or youth.

Due to anatomical, biological, social and psychological differences, as well as their different lifestyle and typical activities, different age groups are exposed to injury risk to different extents. Injury risk is the highest among toddlers (1-4 years) and young people. In the case of toddlers, injury risk starts to rise when they are already capable of moving without help and begin to discover the environment that is often arranged for adults. Toddlers are not able to identify all possible risk factors, due to their anatomy and biology, which represent more serious danger for them than for adults (e.g. due to the structure of their skin, hot water causes more serious damages in shorter time and at lower temperature than in the case of adults). Social and behavioural factors significantly influence the injury risk of young people (rule-breaking behaviour, increased risk-taking attitude, risk behaviours).

• GENDER

Injury risk of boys is higher than that of girls in all age groups. The gender difference becomes stronger as children become older. In respect of fatal accidents, the ratio is 1:2 in the toddler years, which grows to 1:4 by young adulthood (Figure 2). In respect of hospital admissions, the ratio is 1:1.5 - 1:2 in all age groups, with boys having worse results.



• SOCIO-ECONOMIC STATUS

Poverty, low education level and low social status usually increase the risk of injury. Children and young people with lower social and economic status grow up more often in crowded households and communities, where safety is not a priority. They less often travel by safe means of transportation, protective equipment and means are less available for them, are more often left without parental supervision, and have less access to accident and emergency care services. The occurrence of certain risk behaviours (e.g. alcohol consumption) is higher among young people with low socio-economic status, which alone increases injury risk. Young people joining the labour market without qualification and work experience often find jobs in the grey or the black economy, where work safety regulations might be ignored and also hard to inspect for authorities.

At the same time, accident types associated with good financial situation (horse riding, skiing, motor biking etc.) are more frequent among young people living in higher socio-economic status, as these children have easier access to such activities. [16]

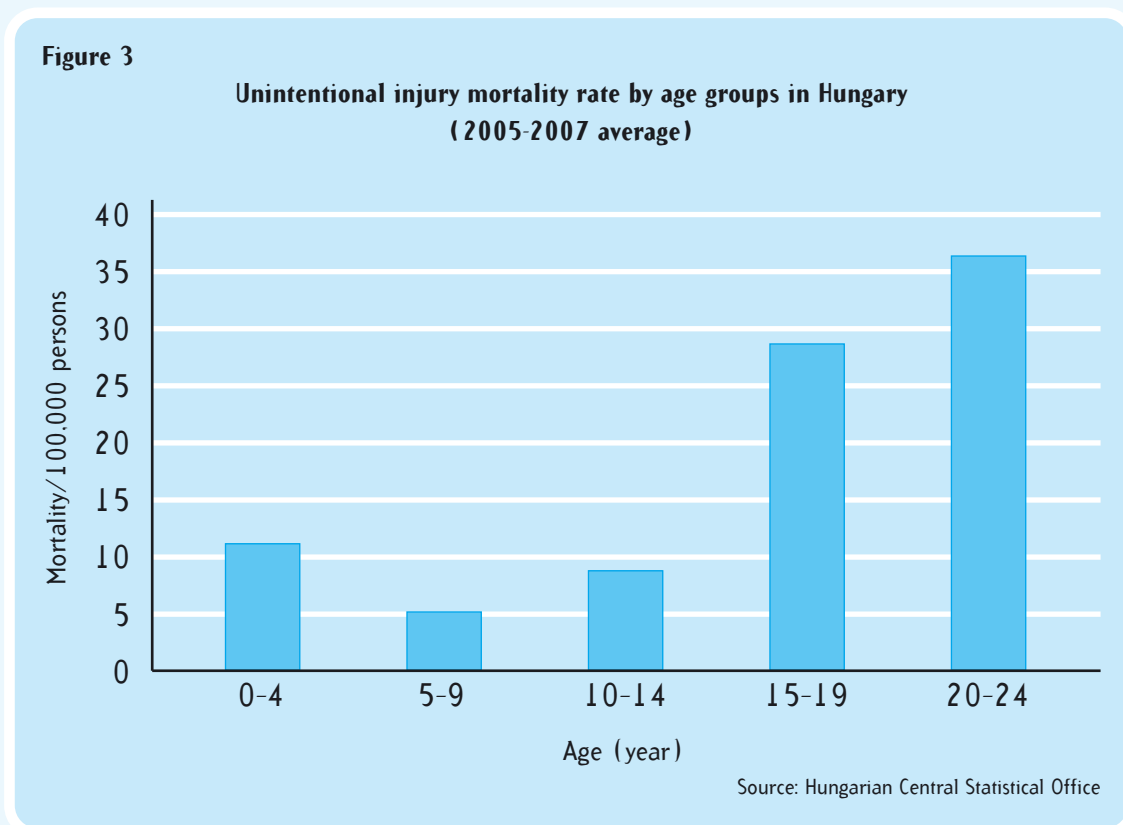
• PEOPLE LIVING WITH DISABILITIES

The injury risk of children and young people living with mental or sensory disabilities (especially the blind and those with sight impairment) and those with physical disabilities is above the average of the healthy population. [18]

**Frequency**

- **MORTALITY**

In Hungary, out of 100,000 children 5-37 die annually due to unintentional injuries in each age group. The mortality rate is the lowest among young schoolchildren, while it is the highest among young adults, adolescents and toddlers. (Figure 3)



Within unintentional injuries, road traffic accidents cause most of the casualties in each age group. Regarding the 0-24 age group, drowning ranks second and poisoning ranks third, followed by strangulation/choking. Falls rank fifth, and are followed by burns. (Table 1)



**Table 1** Death causes ranked by age groups; the figures represent the average annual number of those who died between 2005 and 2007

Age (year)	0-4	5-9	10-14	15-19	20-24	0-24		
Road traffic accidents	11	13	21	74	127	246	No. 1	
Drowning	5	2	7	11	8	33	No. 2	
Poisoning	2	0	2	4	12	20	No. 3	
Strangulation, choking	9	1	3	2	1	16	No. 4	
Falls	0	1	1	2	4	8	No. 5	
Burns	2	0	1	0	0	3	No. 6	

Source: Hungarian Central Statistical Office

• HOSPITAL ADMISSION

In respect of hospital admission, falls ranks first in all age groups, which are followed by road traffic accidents, with the exception of infants and toddlers (Table 2). In almost every age group, poisoning ranks the third, which is followed by burns and strangulation/choking. Although hospital treatment after near-drowning incidents is relatively rare, this condition often requires intense care and may result in long-term impairment.

**Table 2** Injuries ranking based on the average annual number of hospital admissions by age groups, 2005-2007

Age (year)	0-4	5-9	10-14	15-19	20-24	0-24		
Falls	3855	3920	4878	3727	3024	19404	No. 1	
Traffic accidents	326	887	1587	2040	2377	7217	No. 2	
Poisoning	1508	279	271	282	94	2436	No. 3	
Burns	582	146	121	91	89	1029	No. 4	
Strangulation, choking	258	51	25	12	8	354	No. 5	
Near-drowning	16	2	3	3	1	25	No. 6	

Source: Hungarian National Health Insurance Fund

According to data of the Hungarian Labour Inspectorate, in the 0-24 age group 2,993 workplace accidents occurred in 2008, out of which 6 were fatal. European statistics indicate that the occurrence of workplace accidents is 50% higher in the 18-24 age group than in any other age group of employees.

- **AVOIDABLE DEATHS**

The number of avoidable deaths by age group was calculated on the basis of the average mortality rate of countries with low child mortality rate. The result indicates the number of children and young people whose lives could be saved, should we achieve the current mortality rate of developed countries within 10 years. In respect of road traffic accidents, the reference data was the 2005-2007 average of Sweden, the Netherlands and Austria, while for other injuries the comparison was made with the 2005-2007 average of the Netherlands. The results show that some 30% of road traffic accidents and close to 25% of other unintentional injuries could be prevented. Based on this we set the objective that by 2019 the unintentional injury mortality rate in the 0-24 age group should be reduced by 30%. In particular, the occurrence of road traffic accidents should be decreased to an even larger extent.

### **Impacts**

National Health Insurance Fund data shows that the hospital treatment of children in the 0-17 age group cost HUF 2.615 billion in 2004. The highest expenses per case are associated with the treatment of burns; however, bone fracture treatments represent a higher total amount, due to their higher occurrence. [17]

Besides direct health care expenses, injuries also cause significant economic and social costs in an indirect way. Accidents are the most common causes of non-congenital disabilities among children [18]. A number of international examples demonstrate that the application of equipment and techniques of injury prevention, such as smoke detectors, bike helmets, child safety seats installed in passenger cars, operation of poisoning centres, or providing injury prevention training to paediatricians, do not only reduce the number and severity of accidents, but are cost-effective as well [19].

## **5. Means of Injury Prevention**

There are evidence-based methods to promote injury prevention. These methods can be classified into the following categories [2]:

1. Legal regulations and enforcement - one of the most effective means
2. Designing, manufacturing and distributing safe products
3. The establishment of safe environment
4. Visiting families, especially those bringing up young children
5. Education, skills development
6. Complex injury prevention programmes relying on the community

Most recently, several international programmes have been launched in order to identify and collect "good or best practices" that are proved to be effective. Even though the adaptation of these practices to the local conditions is not always easy, and does not necessarily result the same effect, it can still help a great deal in designing the required measures [20-22].

## 6. Critical Issues

The unintentional injury mortality rate among children and young people has only slightly decreased in the past years. We have identified the issues that should be developed with a view to speeding up the improving trend.

- ROAD TRAFFIC SAFETY

Hungary has devoted considerable resources for the improvement of the situation in this area. However, until last year, we made only modest progress regarding the road traffic safety of children and young people[23]. As a result of the regulations adopted in 2008 (objective owner's responsibility, zero alcohol tolerance) and their rigorous enforcement, the number of injury deaths fell significantly last year. Nevertheless, it is clear that complex prevention aiming to protect children and young people must be continued and improved in order to sustain the results and make further progress.

- HOME SAFETY

Nearly all non-traffic accidents involving toddlers, who are particularly exposed to accident risk, take place in the home or in its vicinity. In Hungary, in 2006, 37.2% of female and 23.9% of male adolescents who suffered injuries that required medical care were injured at home. [24]

- SAFETY OF CHILD CARE INSTITUTIONS

According to the records of the Ministry of Education and Culture, around 6.000 accidents occur in public education facilities every year. Most preschoolers suffer accidents in the garden, while schoolchildren most frequently suffer injuries in physical education classes, sports trainings and during breaks. Dormitories, children's camps and health care facilities providing services to children are also among the potential accident locations. [25]

- PLAY-, LEISURE- AND SPORTS SAFETY

Playing and sports activities are crucial for the healthy development of children and young people. Although we only have limited amount of data on the occurrence of accidents during play, leisure and sports activities; figures of countries at a similar level of development show that these incidents represent a considerable percentage among injuries that require medical treatment. In Great Britain, the estimated number of injuries occurring during sports was 117.588 in 2002; while about 67.958 children were injured at cultural centres and at amusement parks in the same year. [26]

- COORDINATION, EVALUATION AND MONITORING

Successful injury prevention is unimaginable without multisectoral cooperation. Cooperation has already been started among experts, but its ongoing coordination must be ensured, if we want to achieve results. At the same time, both in Hungary and abroad there are only few examples for the monitoring and evaluation of injury prevention among children and young people. This is why special attention should be paid to the development of a sustainable framework for coordination, evaluation and monitoring.

## 1. Five Overall Objectives

### Objective 1: Road Traffic Safety

#### Objective 1: Road Traffic Safety

To significantly decrease the number of serious and fatal road traffic injuries within the 0-24 age group through coordinated efforts in all areas of road traffic safety (human, vehicle, public road and environment, emergency services), with special regard to education and accident prevention training programmes for children, young drivers, parents transporting children, professional drivers, road engineers, road operators and traffic organisers.

### Objective 2: Home Safety

To significantly decrease the number of serious and fatal injuries resulting from home accidents within the 0-24 age group through the improvement of home environment safety, and ability for safe behaviour and skills of children, young people, parents, home visitor nurses, paediatricians, GPs, teachers and child care officers.

To significantly decrease the number of serious and fatal injuries resulting from educational and health care accidents within the 0-24 age group through a safe environment and ability for safe behaviour and skills of children, young people, parents, teachers, school officers, nurses and medical staff.



The National Action Plan on Child and Youth Safety was prepared in the framework of the "Children, Our Common Treasure" National Infant and Child Health Programme; the project was commissioned by the Ministry of Health and was coordinated by the National

**Objective 3:  
Child Care Institutions**

To reduce the number of serious injuries resulting from accidents at child care facilities among the 0-24 age group by establishing and improving safe practices and skills of children, parents, care-givers, school health workers, teachers, helpers, and maintainers.

**Objective 4:  
Play, Leisure and Sports Safety**

To significantly decrease the number of serious and fatal injuries resulting from accidents occurring during play, leisure and sports activities within the 0-24 age group through the improvement of the conditions of leisure activities and ability for safe behaviour and skills of children, young people, parents, teachers, and maintainers of concerned facilities.

**Objective 5: Coordination,  
Evaluation and Monitoring**

To establish a framework that facilitates the sustainability of activities promoting child and youth safety; to improve cooperation among the institutions concerned; to design a theoretical framework for coordination, evaluation and monitoring; and to introduce these activities in practice.



Institute of Child Health, with the involvement of the ministries concerned, government agencies, non-governmental organizations and the youth. We set the objective to reduce the number of unintentional injury mortality rate in the 0-24 age group by 30% in 10 years.

## 2. Specific Objectives

### OBJECTIVE 1: ROAD TRAFFIC SAFETY

#### Overall Objective

To significantly decrease the number of serious and fatal road traffic injuries in the 0-24 age group through coordinated efforts in all areas of road traffic safety (human, vehicle, public road and environment, emergency services), with special regard to education and accident prevention training programmes for children, young drivers, parents transporting children, professional drivers, road engineers, road operators and traffic organizers.

#### Specific Objectives

1. To improve the road traffic safety of children (0-14 years of age)
  - 1.1. To improve the safety of children travelling in vehicles
  - 1.2. To improve the safety of children on bicycles
  - 1.3. To improve the safety of pedestrian children
2. To improve the road traffic safety of young drivers (15-24 years of age)
  - 2.1. To review and revise the concept of probationary driving license
  - 2.2. To influence risk behaviours and risk-taking attitude

#### Indicators for monitoring

1. To improve the road traffic safety of children (0-14 years of age)
  - 1.1. The rate of serious and fatal injuries resulting from road traffic accidents in the 0-14 age group, by age group and role
  - 1.2. The percentage of children travelling in child safety seat, by age group
  - 1.3. The percentage of children using safety belts, by age group
  - 1.4. The percentage of children wearing protective helmets, by age group
  - 1.5. The percentage of children wearing reflecting vests when cycling, by age group
2. To improve the road traffic safety of young drivers (15-24 years of age)
  - 2.1. The rate of serious and fatal injuries resulting from road traffic accidents in the 15-24 age group, by age group and role
  - 2.2. The percentage of disqualified probationary driving licenses, by age group
  - 2.3. The percentage of young drivers punished for driving under the influence of alcohol, by age group
  - 2.4. The percentage of young drivers punished for speeding, by age group
  - 2.5. The percentage of young drivers punished for driving under the influence of drugs, by age group
  - 2.6. The number and percentage of accidents caused by young drivers
3. The evaluation of the Child Safety Report Card of the Child Safety Action Plan for Europe Programme (moped/motor scooter safety, passenger safety, pedestrian safety, cycling safety)

## OBJECTIVE 2: HOME SAFETY

### Overall Objective

To significantly decrease the number of serious and fatal injuries resulting from home accidents in the 0-24 age group through the improvement of home environment safety, and ability for safe behaviour and skills of children, young people, parents, home visitor nurses, paediatricians, GPs, teachers and child care officers.

### Specific Objectives

1. Improving the home safety skills of the local, school and adolescent health visitors, as well as paediatrician/general physician networks.
2. Improving the home safety skills of teachers, nurses and attendants.
3. Improving the home safety skills of parents, children and adolescents by promoting the use of safety equipment, safe parenting principles and by enhancing their competence in environment formation.
4. Promoting the commercial distribution and use of children's safe clothing, as well as of childproof packaging for drugs, chemical substances and cigarette lighters.
5. Reviewing home safety related legislation that has been shown to be effective, supplementing missing legislative provisions.
6. Improving communication with respect to the transfer of knowledge on home safety.

### Indicators for monitoring

1. Death rate of children under 4 years of age due to burns, poisoning, strangulation/choking
2. The percentage of children under 4 years of age requiring hospitalisation due to burns, poisoning and fracture of long bones
3. Home poisoning of people under 25 years of age, per age group
4. The percentage of adolescents between 11 and 17 years of age requiring medical treatment, by gender and accident type
5. The percentage of households with small children having completed a home safety self-assessment
6. The percentage of residential properties with fenced-off swimming pools
7. The percentage of households equipped with smoke and carbon monoxide detectors
8. The percentage of households storing drugs and household chemicals in a secure place
9. The percentage of health visitors, paediatricians/GPs having participated at conferences or trainings on accident prevention
10. The percentage of home safety related websites available in Hungarian
11. The number of newspaper articles, television and radio programmes discussing accident prevention
12. The evaluation of the Child Safety Report Card of the Child Safety Action Plan for Europe Programme (fall prevention, poisoning prevention, burn/scald prevention, strangulation/choking prevention)

## OBJECTIVE 3: SAFETY OF CHILD CARE INSTITUTIONS

### Overall Objective

To significantly decrease the number of serious and fatal injuries resulting from accidents at educational and health care facilities among the 0-24 age group through establishing safe environment and improving safe behaviour and skills of children, young people, parents, care-givers, teachers, school health officers, nurses, helpers, and maintainers.

### Specific Objectives

1. Continuously improving the building and equipment safety of institutions
  - 1.1. Day-care nurseries
  - 1.2. Preschools, kindergartens
  - 1.3. Schools
  - 1.4. Professional training locations and workshops
  - 1.5. Live-in and health institutions for children and the youth
2. Organized and continuous enhancement of the knowledge and skills of institution employees with regards to accident prevention and first aid
3. Improving the accident prevention skills of preschool- and school-age children as an integrated part of the school curricula

### Indicators for monitoring

1. The percentage of students sustaining accident-related injuries in institutions, by age group and institution type
2. The percentage of students between 11 and 17 years of age requiring medical treatment due to injuries sustained at institutions, by age group and injury type
3. The percentage of child care institutions, which adapted a local injury prevention plan
4. The percentage of institutions classified as safety compliant
5. The percentage of preschools and kindergartens possessing reflecting vests for every enrolled child
6. The number of preschool-age children having participated in injury prevention programmes
7. The number of students having participated in peer assistance trainings on injury prevention
8. The number of students having completed first aid trainings
9. The number of local, school and youth health visitors having completed trainings on injury prevention
10. The number of professional instructors having completed trainings on injury prevention
11. The number of nurses at children's hospitals having completed trainings on injury prevention
12. The number of day-care nurses having completed trainings on injury prevention



## OBJECTIVE 4: PLAY, LEISURE AND SPORTS SAFETY

### Overall Objective

To significantly decrease the number of serious and fatal injuries resulting from accidents occurring during leisure and sports related activities in the 0-24 age group through the improvement of the conditions of leisure activities and ability for safe behaviour and skills of children, young people, parents, teachers, and maintainers of concerned facilities.

### Specific Objectives

1. Establishment, maintenance and continuous monitoring of safe playgrounds, leisure centres and sports facilities
2. Promoting the commercial distribution and use of safe toys and childcare equipment
3. Improving the injury prevention skills of children and young people, with respect to leisure and sports activities
4. Improving parents' injury prevention skills, with respect to leisure and sports activities
5. Preventing sports accidents by improving the safety skills of teachers, physical educators and coaches as well as by increasing the use of protective equipment

### Indicators for monitoring

1. The percentage of children requiring hospitalisation due to fractured long bones, by age group
2. The percentage of children requiring hospitalisation due to injuries to the skull and the central nervous system, by age group
3. The percentage of accidents of adolescents between 11 and 17 years of age occurring while playing and during leisure- and sports-related activities, by gender and accident type
4. The percentage of accidents taking place during physical education classes, by age group
5. The evaluation of the Child Safety Report Card of the Child Safety Action Plan for Europe Programme (drowning prevention)
6. The number of authority inspections on the safety of toys
7. The number of authority proceedings enacted in relation to the safety of toys

## OBJECTIVE 5: COORDINATION, EVALUATION AND MONITORING

### Overall Objective

To establish a framework that facilitates the sustainability of activities promoting child and youth safety, to improve cooperation among the institutions concerned, to design a theoretical framework for coordination, evaluation and monitoring, and to introduce these activities in practice.

### Specific Objectives

1. Establishment and continuous operation of an organisational background suitable for the coordination of child safety activities
2. Organizing, maintaining and improving the data collection process on child injuries
3. Formulation and practical implementation of program monitoring

### Indicators for monitoring

1. The percentage of funds available for child safety activities in relation to funds planned
2. The percentage of child accident data collected by specified deadline
3. The percentage of legislation enacting proceedings that have been shown to be effective
4. The number and percentage of ministries participating in child and youth safety activities in an organized manner in comparison with competent ministries
5. The number of national government institutions participating in child and youth safety activities in an organized manner
6. The number of non-governmental organizations participating in child and youth safety activities in an organized manner
7. The evaluation of the Child Safety Report Card of the Child Safety Action Plan for Europe Programme (leadership, infrastructure, capacity building)
8. The percentage of child safety experts satisfied with the coordination

**ACTIONS PLANNED  
FOR THE PERIOD BETWEEN  
2010 AND 2012**



**1. Road Traffic Safety**
**Overall Objective:**

To significantly decrease the number of serious and fatal road traffic injuries in the 0-24 age group through coordinated efforts in all areas of road traffic safety (human, vehicle, public road and environment, emergency services), with special regard to education and accident prevention training programmes for children, young drivers, parents transporting children, professional drivers, road engineers, road operators and traffic organizers

**1.1 To improve the road traffic safety of children (aged 0 to 14 years)**

1.1.1	Description	Establishment of a nationwide traffic education programme for preschools/kindergartens and elementary schools	2010
	Expected results	Children acquire appropriate, age group-specific knowledge and skills with respect to basic traffic rules, which will result in the development of adequate risk perception and proper traffic behaviour	
	Implementation	Coordinator: Ministry of Education and Culture Collaborators: Ministry of Justice and Law Enforcement, Hungarian Red Cross	
1.1.2	Description	Incorporating traffic and traffic safety knowledge into the core curriculum of elementary and secondary schools	2010-2011
	Expected results	Broader knowledge of traffic rules amongst children in elementary schools, while secondary school students can better prepare for driving in age group-specific vehicle categories. Students' knowledge on vulnerability and risk is enhanced, resulting in a more compliant attitude towards traffic regulations.	
	Implementation	Coordinator: Ministry of Education and Culture Collaborators: Ministry of Transport, Telecommunication and Energy; Ministry of Justice and Law Enforcement	
1.1.3	Description	Organizing ascending (local, regional and nationwide) competitions on road traffic safety for children in elementary and secondary schools ('Road traffic safety through children's eyes' drawing contest, Traffic Competition for Elementary Schools, Road Traffic Safety Cup for Secondary Schools, Cycling Cup for Students)	2010-2012 annually
	Expected results	Competitions involving thousands of students will contribute significantly to the broadening of road traffic regulations and knowledge, to the enhancement of cycling skills and the development of an adequate traffic behaviour. These competitions will serve as a proper foundation to shape the attitude of the affected age group	
	Implementation	Coordinator: National Police Department / National Committee for Accident Prevention	
1.1.4	Description	Surveying the usage rate of passenger restraint systems (safety belts and children's safety seats), formulation of action proposals	2010-2012 annually
	Expected results	Continuous improvement in the age group's usage rate of passive safety devices	
	Implementation	Coordinator: Institute for Transport Sciences Ltd. Collaborator: TÜV NORD-KTI Kft.	

## NATIONAL ACTION PLAN ON CHILD AND YOUTH SAFETY

1.1.5	Description	Nationwide information campaign at the beginning and the end of the school years, for making road traffic safer for schoolchildren, and also for creating a safer environment along and around schools' access routes.	2010-2012 annually
	Expected results	Vehicle drivers will pay extra attention to school-age pedestrians by means of infrastructural interventions and other measures (such as the deployment of school buses and the presence of police officers); the school areas will become safer	
	Implementation	Coordinator: Ministry of Justice and Law Enforcement Collaborators: Ministry of Transport, Telecommunication and Energy; National Police Department, National Committee for Accident Prevention, National Transport Authority, Police, road management companies, school faculties, United Way, etc.	
1.1.6	Description	Establishment of a national network of road traffic simulation theme parks, maintenance of existing ones	2010-2012 continuously
	Expected results	Fundamental knowledge of traffic rules (signs, traffic lights) will be acquired under safe conditions and children will be able to practice road traffic scenarios, further intensifying their individual skills on road traffic safety	
	Implementation	Coordinator: Global Road Safety Partnership Hungary Association Collaborators: Responsibility for the Community Foundation, National Police Department, National Committee for Accident Prevention, Coordination Centre for Transport Development, police, public road management companies, United Way	
1.1.7	Description	Making the neighbourhoods of child care institutions safer	2011-2012
	Expected results	Number and severity of injuries occurred on the way to school and in the proximity of child care institutions will decrease	
	Implementation	Coordinator: Ministry of Justice and Law Enforcement Collaborators: Ministry of Transport, Telecommunication and Energy; Ministry of Local Governments, National Police Department, National Committee for Accident Prevention	
1.1.8	Description	Developing the bicycle road network	2010-2012
	Expected results	Number and severity of bicycle-injuries will be reduced	
	Implementation	Coordinator: Ministry of Local Government Collaborators: Ministry of Traffic, Telecommunication and Energy; Ministry of Environment and Water	
<b>1.2. To improve the road traffic safety of young drivers (15-24 years of age)</b>			
1.2.1	Description	Comprehensive review and development of the driver training system, ensuring that the institution of the "novice driver's license" is filled with meaningful content, introduction of a "two-phase" qualification system, establishment of a rating system for drivers' schools, developing of a first aid course	2010-2011
	Expected results	Creation of a more solid foundation for safer transportation, lowering the number of accidents caused by novice drivers, improved law-abiding behaviour, increase in the quality level of driving schools	
	Implementation	Coordinator: Ministry of Transport, Telecommunication and Energy Collaborators: National Transport Authority, Institute for Transport Sciences, Hungarian Red Cross	
1.2.2	Description	Influencing risk behaviours and risk taking by means of a peer education program	2011-2012
	Expected results	With the establishment of a peer assistance network, the jeopardising attitude (speeding, driving under the influence of alcohol/drugs, breaking traffic regulations) of young drivers towards road safety will improve, which, in turn, will decrease the number of accidents they cause	
	Implementation	Coordinator: Institute for Transport Sciences Collaborators: National Institute of Child Health, Hungarian Red Cross	

## 2. Home Safety

**Overall Objective:** To significantly decrease the number of serious and fatal injuries resulting from home accidents within the 0-24 age group through home environment improvement, and the ability of safe behaviour and skills of children, young people, parents, visiting nurses, paediatricians, GPs, teachers and child care officers.

### 2.1. Improving the home safety skills of the local, school and adolescent health visitors, as well as paediatrician/general physician networks

2.1.1	Description	Development and distribution of a home safety training kit and a self-assessment questionnaire	2010-2012
	Expected results	The knowledge of health service personnel visiting families in their homes will broaden, with respect to sources of danger at the home	
	Implementation	Coordinator: National Institute of Child Health Collaborators: Academic Board of Infant and Paediatric Medicine, Academic Board of Health Visitors, Association of Primary Care Paediatricians, Hungarian Association of Health Visitors, Chief Medical Officer's Office of Hungary, community organisations representing parents and those living with disabilities	
2.1.2	Description	Reviewing the core curriculum and subject matter requirements for injury prevention and first aid in graduate health visitor courses	2010
	Expected results	In graduate health visitor programmes, more emphasis will be given to injury prevention. In the possession of more and up-to-date knowledge, new graduates of these programmes will be able to concentrate more on the assistance of families, in pursuit of safety both in terms of the environment and parents' attitude.	
	Implementation	Coordinator: National Institute of Child Health Collaborators: School of Public Health, undergraduate and graduate Health Visitor courses offered at departments of medicine in various universities	

### 2.2. Improving home safety skills of teachers

2.2.1	Description	Introduction of teaching aids to prevent burning and scalding accidents	2010-2012
	Expected results	Participating teachers and attendants will incorporate burn and scald prevention courses into the education plan of their respective institutions	
	Implementation	Coordinator: National Centre for Healthcare Audit and Inspection Collaborators: Bethesda Children's Hospital of the Hungarian Reformed Church	

### 2.3. Improving the home safety skills of parents, children and adolescents by promoting the use of safety equipment, safe parenting principles and by enhancing their competence in environment formation

2.3.1	Description	Series of home safety publications with regular distribution	2010-2012
	Expected results	When designing their homes, parents will consider the aspects of a safe environment, and will use protective equipment more frequently while avoiding hazardous objects	
	Implementation	Coordinator: National Institute of Child Health Collaborators: Swedish Trade Council, Chief Medical Officer's Office of Hungary, United Way	

2.3.2	Description	Syllabus for parent-teacher meetings for each school type	2011
	Expected results	With the help of youth health visitors, teachers will make the subjects of injury prevention and first aid be part of the discussion topics of parent-teacher meetings. Injury prevention skills of both teachers and parents will improve.	
	Implementation	Coordinator: National Institute of Child Health Collaborators: National Institute of Teaching Services, Ministry of Education and Culture, Ministry of Social Affairs and Labour, Institute for Social Policy and Labour	
2.3.3	Description	Ensuring the organisational and operational bases required for establishing a Hungarian child safety educational centre; designing the institution	2010-2012
	Expected results	Upon the establishment of the educational centre, children will acquire methods of hazard recognition, learn to use various safety equipment, as well as the appropriate conduct desired during accidents	
	Implementation	Coordinator: National Institute of Child Health Collaborators: Swedish Trade Council, United Way	
<b>2.4. Improving communication with respect to the transfer of knowledge on home safety</b>			
2.4.1	Description	Establishing the editor/correspondent - editor relationship regarding the issues of home safety in major print and electronic media outlets; achieving permanent and planned-out media presence; distribution of public service announcements in public media	2010-2012
	Expected results	The issue of child safety will receive more media coverage, thus increasing decision support, raising public awareness and assisting the fulfilment of other goals.	
	Implementation	Coordinator: Chief Medical Officer's Office of Hungary Collaborators: National Institute of Child Health, the public media, United Way	
2.4.2	Description	Enhancing the injury prevention related content of institutional websites, ensuring interconnection between websites	2010-2012
	Expected results	Decision makers, professionals and the public will be able to quickly obtain relevant information on injury prevention	
	Implementation	Coordinator: National Directorate General for Disaster Management	
<b>2.5. Reviewing current, effective home safety related legislation; supplementing the missing legislative provisions</b>			
2.5.1	Description	Reviewing the legislative background aimed at improving safety; proposals for further development	2011-2012
	Expected results	Increased usage of required safety equipment (fencing of garden swimming pools, use of life vests in open water, childproof window locks in multi-storey buildings, controlling the maximum temperature of hot running water, use of smoke and carbon monoxide detectors, safe child clothing products; childproof packaging for drugs, household chemicals and lighters, etc.)	
	Implementation	Coordinator: National Institute of Child Health Collaborators: affected Ministries	

### 3. Safety of Child Care Institutions

**Overall Objective:** To significantly decrease the number of serious and fatal injuries resulting from accidents at educational and health care facilities within the 0-24 age group by establishing safe environment and improving safe behaviour and skills of children, young people, parents, care-takers, teachers, school health officers, nurses, helpers, and maintainers.

#### 3.1. Goals for every institution type

3.1.1	Description	Professional recommendations for the formulation of local injury prevention plans	2010
	Expected results	Based on these recommendations, institutions will be able to define and communicate their tasks in an easier and more professional manner	
	Implementation	Coordinator: National Institute of Child Health Collaborators: affected Ministries	
3.1.2	Description	Formulating the local injury prevention plans of institutions	2011
	Expected results	The mindset of every institutional employee and parent will change, as a result of which a significant fall is expected in the number of child injuries.	
	Implementation	Coordinator: National Institute of Child Health, Institute for Social Policy and Labour Collaborators: Ministry of Health, Ministry of Social Affairs and Labour, Ministry of Education and Culture	
3.1.3	Description	Studying the frequency of accidents, as well as their causes, circumstances and influencing factors	2012
	Expected results	Based on research results, proposals for further action will be formulated and introduced, yielding more effective prevention	
	Implementation	Coordinator: National Institute of Child Health Collaborators: Ministry of Health, Ministry of Social Affairs and Labour, Ministry of Education and Culture	
3.1.4	Description	First aid training for teachers, attendants and school health visitors	2010-2012
	Expected results	Each institution will have at least one trained employee available for first aid	
	Implementation	Coordinator: National Institute of Child Health Collaborators: National Ambulance and Emergency Service, Hungarian Red Cross	
3.1.5	Description	Creation of a series of posters on injury prevention for each institution type, featuring recognition and prevention methods of various dangerous situations related to summer camps and forest schools	2011-2012
	Expected results	The target group will have a broader knowledge of prevention and necessary things to do when accidents occur, which will improve their safety during their everyday lives	
	Implementation	Coordinator: National Institute of Child Health Collaborators: United Way, Hungarian Red Cross	

#### 3.2. Safety of day-care nurseries

3.2.1	Description	Reviewing the standards and regulations pertaining to the safety of nurseries	2010
	Expected results	With the modernisation and development of safety requirements, the safety of nurseries will be enhanced	
	Implementation	Coordinator: Ministry of Social Affairs and Labour Collaborators: Institute for Social Policy and Labour	
3.2.2	Description	Supporting the creation of a safe environment	2011
	Expected results	The safety level of equipment, furniture and environment of nurseries will improve	
	Implementation	Coordinator: National Development Agency Collaborators: Local governments, institution maintainers	



<b>3.3. Safety of preschools, kindergartens</b>			
3.3.1	Description	Procurement of toys that support knowledge related to safe living	2010-2012
	Expected results	Children will develop skills for hazard recognition, injury prevention, and paying attention to peers	
	Implementation	Coordinator: National Development Agency Collaborators: Ministry of Education and Culture, institution management	
3.3.2	Description	Thematic drawing contest	2011
	Expected results	Under the guidance of preschool teachers and through the children's imagination and own experience-based self-expression skills, the options for hazard recognition and prevention are memorised more effectively	
	Implementation	Coordinator: National Institute of Child Health Collaborators: Ministry of Education and Culture, Hungarian Institute for Educational Research and Development	
3.3.3	Description	Safety as a day theme	Annually starting 2010
	Expected results	Parents will obtain practical experience, which they can be utilised in their everyday lives	
	Implementation	Coordinator: Ministry of Education and Culture Collaborators: preschools, kindergartens	
3.3.4	Description	Popularising the wearing of retro-reflective vests, ensuring their availability	2011-2012
	Expected results	Using retro-reflective vests will become natural for children.	
	Implementation	Coordinator: Traffic Safety Coordination Committee Collaborators: preschools, kindergartens, United Way	
3.3.5	Description	Distribution of an injury prevention programme for preschool-age children	2011-2012
	Expected results	Safe conduct of children will improve, percentage of those using safety equipment will increase	
	Implementation	Coordinator: National Centre for Healthcare Audit and Inspection Collaborators: The "Think Healthily" Foundation	
<b>3.4. Safety of schools</b>			
3.4.1	Description	Instruction of peer assistants	2011-2012
	Expected results	Through the work of peer assistants, many injuries will become preventable	
	Implementation	Coordinator: National Institute of Child Health Collaborators: schools, József Fodor Association for School Health, United Way, Hungarian Red Cross, Hungarian Labour Inspectorate	
3.4.2	Description	Inspecting the safety of schools, as well as local injury prevention plans and the practical implementation thereof	2012
	Expected results	The standards and efficacy of institutions' health-and-safety activities will improve	
	Implementation	Coordinator: Chief Medical Officer's Office of Hungary Collaborators: Hungarian National Public Health and Medical Officer Service, Hungarian Labour Inspectorate	

3.4.3	Description	First aid trainings held for secondary school students	2011-2012
	Expected results	Each class will have students who are committed to, motivated and experienced in first aid, thus increasing students' sense of security and mutual responsibility. While shaping the school community, it will also become a useful alternative for extracurricular activities.	
	Implementation	Coordinator: Hungarian Red Cross Collaborators: National Ambulance and Emergency Service, Ministry of Education and Culture, József Fodor Association for School Health, school health visitors	
<b>3.5. Professional training locations and workshops</b>			
3.5.1	Description	Ongoing education of professional instructors for workplace health-and-safety.	2011-2012
	Expected results	The frequency of accidents taking place at practical trainings and workshop exercises will decrease	
	Implementation	Coordinator: Ministry of Social Affairs and Labour Collaborators: Ministry of Education and Culture, Hungarian Labour Inspectorate	
<b>3.6. Live-in and health institutions for children and the youth</b>			
3.6.1	Description	Improving the risk management of adolescents with the use of Dutch methods, primarily amongst students in vocational (secondary) schools	2011-2012
	Expected results	Students' risk competence will be enhanced, while the occurrence of behavioural patterns with a high risk of injuries will diminish	
	Implementation	Coordinator: National Centre for Healthcare Audit and Inspection, Hungarian Labour Inspectorate	
3.6.2	Description	Injury prevention training offered to nurses at children's medical institutions	2011-2012
	Expected results	Hospitals will provide more safety in terms of environment and treatment	
	Implementation	Coordinator: National Institute of Child Health Collaborators: Bethesda Children's Hospital of Hungarian Reformed Church, Semmelweis University Department of Paediatrics	

**4. Play-, Leisure- and Sports Safety**
**Overall Objective:**

To significantly decrease the number of serious and fatal injuries resulting from accidents occurring during play, leisure and sports activities in the 0-24 age group through the improvement of the conditions of leisure activities and the ability of safe behaviour and skills of children, young people, parents, teachers, and maintainers of concerned facilities.

**4.1 Safe Playgrounds**

4.1.1	Description	Formulating the organisational/personal requirements, orders and rules to operate the Programme for Child Friendly Playgrounds; launching the programme	2011-2012
	Expected results	Number of safe playgrounds will increase, whereas the frequency of accidents taking place at playgrounds will be lowered	
	Implementation	Coordinator: National Institute of Child Health Collaborators: Hungarian Authority for Consumer Protection, United Way	

**4.2 Safe toys and childcare equipment**

4.2.1	Description	Authority inspection, enforcement of EU directives on toy safety	2011-2012
	Expected results	Enforcement will improve	
	Implementation	Coordinator: Hungarian Authority for Consumer Protection	

**4.3 Prevention of leisure injuries**

4.3.1	Description	Series of public service announcements for emphasising adult supervision	2011-2012
	Expected results	Number of injuries resulting from neglect and inadequate supervision will decrease	
	Implementation	Coordinator: National Institute of Child Health Collaborators: United Way	
4.3.2	Description	Series of publications for emphasising parent and attendant supervision	2011-2012
	Expected results	Number of accidents resulting from neglect and inadequate supervision will decrease	
	Implementation	Coordinator: National Institute of Child Health Collaborators: Chief Medical Officer's Office of Hungary, Hungarian Association of Health Visitors, Association of Primary Care Paediatricians	

**4.4 Prevention of sports injuries**

4.4.1	Description	Media campaign popularising the use of sports protective gear	2010-2012
	Expected results	Percentage of protective equipment usage will rise, while the number of severe sports accidents will decrease	
	Implementation	Coordinator: Hungarian School Sport Federation Collaborators: sports clubs	

**5. Coordination, evaluation and monitoring**
**Overall Objective:**

To establish a framework that facilitates the sustainability of activities promoting child and youth safety; to improve cooperation among the institutions concerned; to design a theoretical framework for coordination, evaluation and monitoring; and to implement these activities in practice.

**5.1 Coordination**

5.1.1	Description	Establishment and continuous operation of an Interministerial Council for Child and Youth Safety	2010
	Expected results	Information sharing between ministries will improve; intervention and cost planning will be more effective	
	Implementation	Coordinator: National Institute of Child Health Collaborators: Ministries, government and civil organisations in charge of health, public education, local governments, police, transportation, consumer protection and labour	
5.1.2	Description	Supporting injury prevention related activities by ensuring the availability of required financing, and the creation of a tender system	2010
	Expected results	Funds will be made available for tasks set forth in the injury prevention plan	
	Implementation	Coordinator: Interministerial Council Collaborators: Ministries, government and civil organisations in charge of health and public education, local governments, police, transportation, consumer protection and labour	
5.1.3	Description	Conference on Child and Youth Safety related to the European Conference on Safety	2011
	Expected results	Status report for the period between 2010 and 2011; identification of additional priorities	
	Implementation	Coordinator: National Institute of Child Health Collaborators: European Child Safety Alliance, Eurosafe, National Centre for Healthcare Audit and Inspection, United Way	
5.1.4.	Description	Creation and continuous maintenance of a website covering the implementation of the Action Plan and the operation of the Interministerial Council ( in two levels: one for professional organisations responsible for the preparation and implementation of the Action Plan, the other for the general public )	2010-2012
	Expected results	Professional cooperation will become more effective, while the general public will be informed of the progress of the Action Plan	
	Implementation	Coordinator: National Institute of Child Health	
5.1.5	Description	Creation and distribution of seasonal newsletters for professional collaborators on the Action Plan's implementation process	2010-2012
	Expected results	Flow of information; participants will be adequately informed	
	Implementation	Coordinator: National Institute of Child Health	

**5.2. Evaluation, monitoring**

5.2.1	Description	Systematic collection and evaluation of child injury data based on different data sources (availability of hardware and software backgrounds and of human resources must be ensured)	2010-2012
	Expected results	Action Plan results will become measurable	
	Implementation	Coordinator: National Institute of Child Health Collaborators: Hungarian Central Statistical Office, National Health Insurance Fund, Institute for Transport Sciences, National Institute of Chemical Safety, National Institute of Environmental Health, Ministry of Education and Culture, National Directorate General for Disaster Management	
5.2.2.	Description	Questionnaire-based survey on child safety, for the purpose of measuring indicators required for monitoring	2011-2012
	Expected results	Objective monitoring of the programme is realised	
	Implementation	Coordinator: National Institute of Child Health	
5.2.3	Description	Preparation of fact sheets for each subject, which should be updated continuously after the monitoring	2010-2012
	Expected results	Providing a short and concise evaluation of the situation; these fact sheets will serve as the basis of an evaluation report that is to be compiled later	
	Implementation	Coordinator: National Institute of Child Health	
5.2.4	Description	Preparation of a child safety report, including the effects of operations throughout the first three years	2012
	Expected results	Conclusions on the first three years can be drawn, providing the basis to plan the upcoming three-year period	
	Implementation	Coordinator: National Institute of Child Health	

## 4. Summary of the recommended financial plan

Critical Areas (million HUF)	2010		2011		2012		Total (2010-2012)	
	Required	Existing funds	Required	Existing funds	Required	Existing funds	Required	Existing funds
1. Road Traffic Safety	605	325	460	145	320	25	1,385	495
2. Home Safety	18.5	3.8	32.5	0	487.5	0	538.5	3.8
3. Safety of Child- and Youth Institutions	13.2	1.2	100	0	108	0	221.2	1.2
4. Play-, Leisure- and Sports Safety	3	0	25	0	17	0	45	0
5. Coordination, evaluation and monitoring	6.5	0	10.6	0	10.6	0	27.7	0
<b>Total</b>	<b>646.2</b>	<b>330</b>	<b>628.1</b>	<b>145</b>	<b>943.1</b>	<b>25</b>	<b>2,217.4</b>	<b>500</b>

## Summary

Preparation of a National Action Plan on Child and Youth Safety is justified by the fact that the largest number of deaths among children above 1 year of age occur due to unintentional injuries. Such injuries also play tremendous roles in permanent health damages and reduced capacities acquired during childhood and adolescence, and these various health conditions lay immense burden upon individuals, families and the society.

International organisations and conventions urged for a harmonised prevention with the realisation of which lies in the cooperation of different sectors. In Hungary, the National Programme for Infant and Child Health entitled "Children, Our Common Treasure" has provided an adequate framework for strategic planning. We are proud that the National Action Plan on Child and Youth Safety has been prepared in exemplary unity and at a remarkable pace. Its main objective is to significantly decrease the number of unintentional injuries of people under 24 years of age by the year 2019, and to reduce the number of related fatalities by 30 percent. Our Mission Statement is "**National partnership for the greater safety of children and the youth.**" The programme seeks to prevent unintentional injuries with the most severe outcomes more effectively, while not obstructing the healthy physical, mental, social and psychological development of children.

The Action Plan focuses on the safety of road traffic, homes and child care institutions; on the safety of play, leisure and sports as well as on the coordination, monitoring and evaluation of national activities related to injury prevention. In addition, to setting out our goals for a ten-year period (2010-2019), the Plan delineates tasks for the first three years (2010-2012) and defines measurement methods applicable for the results.

The implementation of the National Action Plan on Child- and Youth Safety will require enduring and persistent cooperation; however, reaching our goals will mean saving the lives of about 100 children and young people annually, while preserving the health of even more, thus preventing families from suffering, and reducing the burdens of society.

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# WE ESTABLISHED 5 OBJECTIVES

## **Objective 2: Home Safety**

To significantly decrease the number of serious and fatal injuries resulting from home accidents within the 0-24 age group through the improvement of home environment safety, and the ability for safe behaviour and skills of children, young people, parents, home visitor nurses, paediatricians, GPs, teachers and child care officers.

## **Objective 3: Safety of Child Care Institutions**

To significantly decrease the number of serious and fatal injuries resulting from accidents at educational and health care facilities among within the 0-24 age group through establishing safe environment and improving safe behaviour and skills of children, young people, parents, care-takers, teachers, school health officers, nurses, helpers, and maintainers.

## **Objective 4: Play, Leisure and Sports Safety**

To significantly decrease the number of serious and fatal injuries resulting from accidents occurring during play, leisure and sports activities within the 0-24 age group through the improvement of the conditions of leisure activities and ability for safe behaviour and skills of children, young people, parents, teachers, and maintainers of concerned facilities.

## **Objective 1: Road Traffic Safety**

To significantly decrease the number of serious and fatal road traffic injuries within the 0-24 age group through coordinated efforts in all areas of road traffic safety (human, vehicle, public road and environment, emergency services), with special regard to education and accident prevention training programmes for children, young drivers, parents transporting children, professional drivers, road engineers, road operators and traffic organisers.



## **Objective 5: Coordination, Evaluation and Monitoring**

To establish a framework that facilitates the sustainability of activities promoting child and youth safety; to improve cooperation among the institutions concerned; to design a theoretical framework for coordination, evaluation and monitoring; and to introduce these activities in practice.

**The National Action Plan on Child and Youth Safety was created because we seek to improve the safety of children and the youth, and also to lower both the number and severity of accidents they are involved in. A 30% decrease in the number of accidents resulting in the deaths of people under 24 years of age has been set as a target, for the period between 2010 and 2019. We aim to achieve results in the these five main areas.**