

Accident Prevention Amongst Children and Young People A Priority Review



department for
children, schools and families



Department for
Transport

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Executive Summary

1. Unintentional injury is a leading cause of death and illness among children and young people, and more children and young people are admitted to hospital each year for that reason than for any other.
2. Enabling children to stay safe is a top priority for Government. Government actions to reduce childhood deaths and injuries were set out in the Staying Safe Action Plan, published in February 2008, and included a commitment to:

“carry out a Priority Review of local area accident prevention (in England), which will consider a small number of local areas in detail to see what accident prevention work is undertaken and which agencies are involved, and make a number of recommendations about how accident prevention work might be improved.”
3. The Review covers injuries and deaths of children and young people under the age of 18 in England. It has been carried out by officials from the Department for Children, Schools and Families (DCSF), the Department of Health (DH), the Department for Transport (DfT) and researchers from the University of Surrey and the University of the West of England. They carried out a literature review, interviewed a wide variety of stakeholders and visited local areas to look at different practices in child injury prevention.
4. This report sets out the findings and recommendations of the Review.
5. The team found many instances of good work in all areas that they looked at, underpinned by impressive dedication and exemplary cooperation, with creative ways of meeting and overcoming challenges.
6. The majority of issues affecting local delivery centred around ways of working, coordination and communication and were common across all relevant policy areas.

Evidence Base

7. The better collection, use and sharing of data and knowledge could enhance progress on reducing unintentional injury and there was strong demand for guidance on locating or using data so practitioners could use existing evidence more effectively. Significant gaps in national data collection – for example, A&E attendance, and recent home and leisure casualty data – hindered understanding of the size and seriousness of unintentional injury. Though much research and evaluation was available, some gaps were identified. There was consensus that a structured

system of knowledge-sharing would be valuable.

Levers and Incentives

8. Probably the most important issue for stakeholders was the identification of incentives that could lead others to prioritise and collaborate on schemes which had an impact on local injury prevention. Stakeholders considered it crucial that those people who were responsible locally for injury prevention should identify the opportunities, incentives and motivations that other partners had, and to use them to maximise delivery of injury prevention. Frequently identified agendas where common interests could be identified included obesity and healthy living, alcohol reduction, sustainable development and play.
9. The four National Indicators related to injury had provided an added focus to local provision, especially where taken up in Local Area Agreements (LAAs). Though take-up was low, those areas that had included them had found the process of choosing, and then monitoring and reporting on them, to be very useful.
10. Partnership working was a major driver for success, but a persistent concern was that raising the profile of injury prevention locally was highly dependent on 'championing' by committed individuals and suffered when those individuals moved on. There was universal agreement that the creation of a Child Injury Prevention Coordinator – on the model of those already in place in one or two areas – would help to give a clear focal point,

which could be reinforced with central guidance.

11. Stakeholders felt that on the whole existing legislation was sufficient but that enforcement needed to be strengthened, especially in the area of road safety; and they welcomed the Department for Transport's current consultation on road safety compliance. They also saw scope for better safety enforcement, promotion and education through Ofsted, the HSE, Environmental Health Officers and trading standards among others, and considered that a stronger economic case could provide the encouragement needed.

Capacity and Funding

12. Stakeholders reported that injury prevention was not well resourced, though this did encourage local areas to focus clearly on needs and priorities. The team heard many examples of creative partnership projects which pooled resources and shared opportunities, and much praise for all the workforces involved in unintentional injury prevention, and was given many examples of individual contributions making a difference. There was particular praise for staff involved in Early Years provision, and also for outreach workers and Fire and Rescue staff. But some small, practical measures – for example, including more knowledge and skills on safety into initial training and continuous professional development – could be taken to better support those staff.
13. Pooling of resources and funding strengthened partner relations and added wider value, well beyond the particular

project concerned. But negotiation and administration of joint funding was time-intensive and complicated, especially when different agencies were involved. Central Government support was needed to assist local areas in finding easier ways of pooling resources.

Leadership and Governance

14. Local models for leadership and governance are all different, but stakeholder evidence shows that, overall, these arrangements are working effectively. But the following common concerns were raised several times.
15. Although there were always improvements to be made, the consensus was that the Every Child Matters agenda as a whole was supporting, and would continue to support, the delivery of injury prevention. PSA13, and the National Indicators on injury prevention, were helpful in setting clear direction. The team saw and heard of many good examples of joint work at local level, but concerns remained that co-ordination was not working so well at central Government level. Communities do not see safety in terms of single issues, and though local areas were working hard to reflect that, it was felt that the centre was working in too fragmented a way.
16. There were particular concerns that housing policy, planning policy and policy on the physical environment were currently not sufficiently joined up on public health at all levels in the delivery chain. However there is strong potential for reducing risk through improving the environment in which young people grow up. Given the correlation between unintentional injury and deprivation, there is a particular call to work with planners, designers, environmental services and within regeneration projects, to make deprived neighbourhoods safer.
17. Successful work to reduce unintentional injury involved communities, families and individuals – including vulnerable groups – taking responsibility for safety, and driving the safety agenda at local level. Lessons could be learned from existing behaviour change programmes, such as drink-driving, smoking and obesity. Everyone needs to do more to involve children and young people themselves in decision-making on injury prevention, especially at the older age range where there was a belief that current measures were often not working effectively.
18. Children’s Trusts and LSCBs, when they were engaging with injury prevention, played a crucial role in driving partnership work. In contrast, although LSCBs had the potential to add significantly to the prevention agenda as a whole, including unintentional injury, some LSCBs were not yet contributing as effectively as they might. There was a feeling that some LSCBs were focussing too narrowly on child protection issues, and that their role was still too reactive.

Communications

19. Bringing about a change in attitudes and behaviour towards safety is critical in reducing injuries but stakeholders unanimously considered that many of the current messages were not sophisticated enough to engage audiences. The recent work by DfT on road safety in the Think!

campaign, and the Fire Kills campaign, were both highlighted as good examples of the sort of ‘intelligent’ communication that was needed. There was a call for a sustained, long-term public communications campaign.

20. There was wide support for dedicated national customer insight work on unintentional injury prevention, focussing particularly on young people, who were perceived to be the most difficult group to influence, and on changing behaviours around parental supervision.

Safety Training

21. The opportunities to deliver safety training through the PSHE (Personal, Social, Health and Economic Education) framework benefited children and there was universal support for the recent announcement that PSHE, and the safety training element within it, would become statutory.
22. Stakeholders felt strongly that the content and quality of the syllabus, delivery and materials needed greater consistency so as to have the best impact on injury prevention, and that safety training needed to be delivered throughout a child’s school career – even beyond the end of PSHE at Key Stage 4 – with messages differentiated for different age groups. They felt that the emphasis with all safety training should be on teaching skills which children and young people will have for life – particularly around assessing and balancing the risk of behaviours, actions and situations. There was a call for more information about the quality and effectiveness of the huge number of safety

training packages and resources that were currently available.

23. There was much praise for the contribution that the Healthy Schools, Extended Schools and Sustainable Schools Programmes made towards injury prevention and risk awareness, and strong support to consider extending these programmes into both the Early Years and FE sectors.
24. Whilst acknowledging the importance of safety training at school, stakeholders felt strongly that opportunities outside school should be used to the full including through extended schools.

Specific Issues

25. Though most issues identified by the Priority Review cut across most policy areas in this field, four specific policy areas stood out because of the numbers of children and young people killed or injured by these means: home safety, fire safety, road safety and water safety. It was also noted that in these areas children living in disadvantaged neighbourhoods were disproportionately affected. The Review recommends that focus is maintained and intensified on safety in the home and fire safety (both of which have particular significance for the under-fives); safety on the roads (especially for secondary-school aged children who, because they start to travel independently and, later on, learn to drive or travel with inexperienced drivers, are particularly at risk); and water safety (where policy responsibility for accidental drownings is spread over a number of different Departments and agencies).

26. The Review also heard concerns about two other areas: unintentional injury related to child employment, which stakeholders felt was an overlooked and underestimated issue; and drug and alcohol issues, whose influence on unintentional injury, especially as they affect parental supervision, was still not well understood.
27. A full list of recommendations emerging from the review can be found at annex 5.

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Introduction and Background

Unintentional Injury in England

28. Unintentional injury is a leading cause of death and illness among children and young people, causing more children to be admitted to hospital each year than any other reason:

- In 2006-07, there were 109,200 emergency hospital admissions from accidental causes.
- Falls were the most common cause of accidental injury for children aged 0-15yrs.
- Transport accidents were the most common cause of accidental injury for young people aged 16-17yrs.
- Disadvantaged children and young people are much more likely to be injured in an accident. The children of parents who have never worked or are long-term unemployed are 13 times more likely to die from unintentional injury and 37 times more likely to die from exposure to smoke, fire or flames than those whose parents are in higher managerial or professional occupations.

- Boys are more at risk of unintentional injury than girls – boys make up 60% of hospital admissions from accidental causes.

29. Staying safe is a top priority for Government and a fundamental part of the Government's Children's Plan: children cannot enjoy their childhoods or achieve their full potential unless they are safe.

Emergency hospital admissions aged 0-17 years resulting from transport accidents and place of occurrence of non-transport accidents, England 2006-07

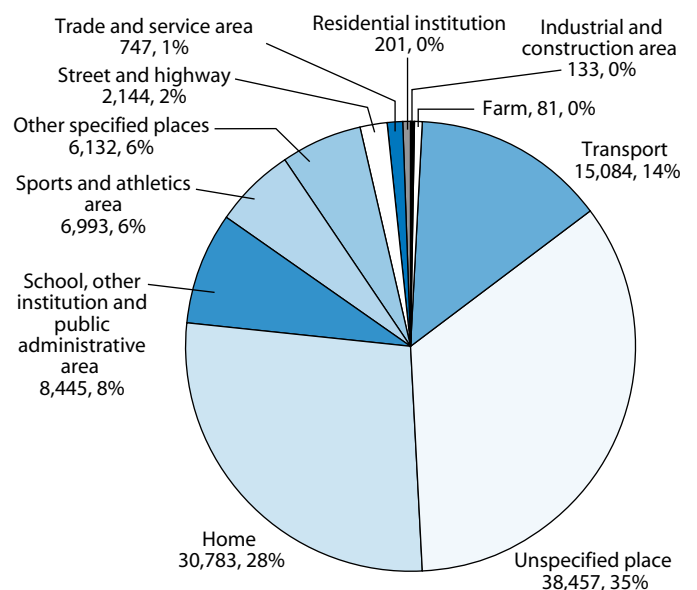


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The ***Staying Safe Action Plan***, published in February 2008, sets out the first ever cross-Government action plan for improving children and young people's safety. Reducing accidents is an important commitment in that Action Plan, which sets

out a range of activities across Government to help reduce deaths and injuries among children and young people, such as:

- a cross-Government **communications campaign** on child safety, supported by the **Fire Kills** campaign and the **Think!** road safety campaign;
- a new **home safety equipment scheme** totalling £18 million over the three years 2008-2011, targeted at families in disadvantaged areas;
- the **child road safety strategy** and public consultations on Learning to Drive and Road Safety Compliance;
- publishing new **guidance for professionals on common risks in the home** and the most effective forms of intervention to prevent accidents and injuries; and
- producing a new, comprehensive suite of **road safety educational materials** and promoting the **Kerbcraft child pedestrian training** scheme to encourage more local authorities to take it up.

30. There is already a lot of activity at local level to reduce unintentional injury and all local areas contribute to National Indicators (NIs) in relation to preventing injuries and accidents (See Annex 3). The findings and recommendations of this report concentrate on where more needs to be done to support delivery, but much local work on injury prevention is carried out by a wide range of agencies and organisations in close partnership. The third sector for example plays a crucial role in supporting delivery, particularly in communicating to and educating people about safety and unintentional injury.

The Priority Review

31. The ***Staying Safe Action Plan*** made a commitment to:

“carry out a Priority Review of local area accident prevention (in England), which will consider a small number of local areas in detail to see what accident prevention work is undertaken and which agencies are involved, and make a number of recommendations about how accident prevention work might be improved.”

32. This report sets out the main findings and recommendations of that work.

What is a priority review?

A Priority Review is an approach that considers how important priorities are being delivered on the ground. It is a rapid way of gathering evidence about delivery of an important priority at a particular point in time, rather than a rigorous, scientific or comprehensive way to secure evidence. A Review involves fieldwork and stakeholder interviews that engage with the delivery chain and track delivery down to the front line. The information, views and expertise expressed during such interviews are gathered on a confidential basis, and evidence used by the Review Team is anonymised. Priority Reviews result in a set of recommendations to strengthen local delivery.

Review Process

33. The Review began in August 2008, taking place over a four month period. The Priority Review team was made up of officials from the Department for Children, Schools and Families (DCSF), the Department of Health (DH), the Department for Transport (DfT) and researchers from the University of Surrey and the University of the West of England. Principal stakeholders were identified and included central Government and its agencies, local Government together with police, health, fire service, community safety, education services, the local community, children's services and the voluntary sector. Individuals and organisations took part on a confidential, voluntary basis. Evidence was gathered in the following ways:

- a literature review;
- interviews with wider government and non-government stakeholders;

- visits to local areas to look at different models of and practice in child injury prevention (a local area was primarily defined as local authority area);
- telephone interviews; and
- stakeholder workshops.

Review Scope

34. The Government recognises the importance of striking the right balance between managing risks and allowing children and young people to explore and develop resilience. We recognise that minor accidents are part of growing up and this is how children learn to manage risks for themselves. The scope of the Priority Review was prevention of accidents leading to serious injuries and deaths of children and young people under the age of eighteen. The Review was confined to England but where relevant, considered lessons from other countries, both within the UK and internationally. Injury prevention measures in the context of roads, the home, school, further education, sport, leisure, recreation, hospitals, other public places and places of work, including work experience, were considered. Known cross-cutting themes in many types of injury were also considered including gender, age, inequalities and ethnicity. As well as work at the local level, the Review considered regional and national measures to support local delivery. The Team considered what evidence of good practice is available and how evidence can be disseminated and translated into practice.

35. For the purpose of the Review, unintentional injury and death was defined as injury or death occurring as a result of an unplanned and unexpected event which occurs at a specific time from an external cause. Included are accidental deaths or injury due to:

- Transport – rail, road, air, water
- Poisoning
- Falls
- Fire, flames and smoke
- Natural and environmental factors
- Submersion, suffocation and foreign bodies
- Other accidents

Literature Review

36. The Review acknowledged there is a range of research and data available in the priority area so the aim of literature review was to focus on the most recent and important, concentrating primarily on recent British review documents but not excluding work from other countries where there may be lessons to be learned. The literature review is at Annex 1.

Acknowledgements

37. The conclusions in this report are based on the evidence gathered from stakeholders during the course of the Review. The Review Team would like to thank all those individuals, organisations and local areas who contributed to and supported the process more widely. The Team also worked closely with the Royal Society for the Prevention of Accidents (RoSPA) and the Child Accident Prevention Trust (CAPT) to capitalise on their expertise in this area.

Links with Other Work relating to Child Unintentional Injury

38. In planning and carrying out the Review, the Team considered a range of previous and ongoing, parallel, work which dealt with similar issues, and involved the same stakeholders. The Review tried, where possible, to avoid overlap and duplication with these separate initiatives. The aim of this was both to reduce the burden on stakeholders, particularly at the local level, many of whom were also contributing to these other initiatives, and most importantly to ensure that the Review added value in areas that were not being examined by that other work. The Team therefore sought to complement the following pieces of work:

- Three public consultations being led by the Department for Transport and relevant to road safety in the under 18s:
 - **Learning to Drive** – consultation period closed September 2008
 - **Road Safety Compliance** (speeding, drink driving, drug driving, seatbelt-wearing, careless driving) – consultation period closes February 2009
 - **The Motorcycling Test** – consultation closes Jan 2009
- The National Institute for Health and Clinical Excellence's (NICE) work on:
 - **Public Health Programme Guidance** on strategies to prevent unintentional injuries among under 15s.
 - **Public Health Intervention Guidance** to prevent unintentional injuries among under 15s:
 - on the road
 - in the home
 - outside the home

Both are due to report in 2010.

- The 2007 report **Better Safe than Sorry**, by the Audit Commission and Healthcare Commission which visited a number of local areas and made a number of recommendations for strengthening local delivery as a result.
- World Health Organization (WHO) Europe region's **Children's Environment and Health Action Plan for Europe (CEHAPE)**. This commits member states, including the UK, to develop action plans to protect the health of children and young people from environmental hazards. The CEHAPE priority goals include accidents and injuries. A Children's Environment and Health Strategy has been developed by the Health Protection Agency to take forward this commitment and responses to a consultation are being considered. The Strategy builds on and compliments policies and activities already undertaken by government departments, devolved administrations, local and regional authorities and the National Health Service (NHS). Among specific areas highlighted for improvement is reducing unintentional poisonings amongst children.

Next Steps

39. This report presents the Priority Review's conclusions and recommendations. These findings are relevant to local, regional and central Government and their partners, as well as the many non-Governmental bodies and networks working in the field of unintentional injury prevention. All these partners will wish to consider how the findings relate to their own action and plans on delivery in this area.
40. These recommendations will be considered at central government level as part of Public Service Agreement 13 (Improving Children and Young People's Safety), specifically the Preventing Accidents Working Group (formed of cross-Government officials) as the leading body for central Government in this area, and an implementation plan to address them will be carried out as part of their work programme. An update on progress will be made available on the Every Child Matters website in due course.

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Findings and Recommendations

Building, Using and Sharing the Evidence Base

41. There was wide agreement amongst Review participants that the collection, use and sharing of data and knowledge was a significant barrier to making progress on reducing unintentional injury. It was felt that currently only the 'tip of the iceberg' was known about, and that the links between unintentional injury and other health and social issues needed to be drawn more clearly.
42. It was felt that better understanding of the impact and cost of unintentional injuries at all levels would be a powerful enabler in raising its priority, both in the eyes of the public, but also with decision-makers.

Use Existing Evidence More Effectively

43. Interviewees at local level reported a lack of time and dedicated resource to undertake data analysis and often this is being undertaken by staff with no background in analytical techniques. The Review Team therefore found strong demand from stakeholders across all agencies for a **toolkit or guidance on locating and using data** and evidence to maximum effect. It was felt

that the similar work on obesity could act as a useful model for this work.

44. Given that unintentional injury is an issue that needs to be tackled through a multi-agency approach, stakeholders generally felt that analysis of evidence that looked at the links between disciplines was particularly impactful, but often not straightforward to undertake or understand. Interviewees considered that some national **advice and examples of how to make these cross-agency links** would be invaluable. Many stakeholders also considered that factors such as age, gender, ethnicity and seasonal differences were still not well understood.
45. The Team were given various examples of analysis which areas had found revealing, including mapping unintentional injury onto alcohol and drug consumption, social housing, deprivation factors, vulnerable groups (for example, asylum-seeking children, children with disabilities, young carers), as well as comparative exercises between different types of injury.

Addressing Gaps in Data

46. There are some significant gaps in data collection which interviewees felt were

hindering the national understanding of the size and seriousness of unintentional injury.

47. The main statistics on non-fatal unintentional injury (the Department of Health's Hospital Episodes Statistics) only cover hospital admissions. Many injuries (for example, some bone breaks) do not require admission, and so the statistics only show 'the tip of the iceberg'. The Review Team found wide support for the collection and dissemination of **Accident and Emergency attendance data**. The Review Team heard examples of where local areas had tried to plug this evidence gap by approaching local hospitals direct for data. Results varied, but attempts had generally been unsuccessful with data sharing issues and lack of available hospital resources being cited. The Team noted that the Information Centre for Health and Social Care (ICHSC) is now collecting a data set from A&E departments into its central Hospital Episode Statistics database. An initial release of A&E attendance data for 2007-08 is planned for early 2009. The Government **should work with the Information Centre for Health and Social Care, in consultation with the PSA13 Preventing Accidents Working Group and wider injury prevention stakeholders, to ensure that its new collection of A&E attendance data works as effectively as possible for improved injury surveillance.**
48. Stakeholders had greatly valued data from the then Department for Trade and Industry's **Home and Leisure Accident Surveillance System**, which ceased to collect data in 2002. Historic data from HASS/LASS is still available from RoSPA, who are contracted by DBERR to maintain an enquiry service, free to most users. RoSPA report a growing demand for data – a 40% increase in use of the HASS/LASS website in the last year, with 70,000 hits in the last 12 months. The cessation of HASS/LASS data was regretted for various reasons:
- firstly, it contained qualitative as well as quantitative data;
 - secondly, its annual report on trends was widely publicised and used. This resulted in periodic information campaigns on specific safety issues highlighted by the data – the last being on the safe use of ladders in the home;
 - thirdly, it was the main source of information on sport and leisure injuries in England;
 - fourthly, it could have provided valuable information about the safety of new products (for example hair straighteners) introduced to the market since its cessation.
49. Stakeholders felt that sport and leisure statistics were of increasing importance, in view of the growth in sports and physical activity participation through a number of Government agendas (healthy living, the PE and Sport Strategy for young people, obesity, sustainable transport, the Olympics). Stakeholders understood and welcomed the promotion of increased physical activity, and the PE and Sport Strategy for Young People, and recognised that safety awareness was in general an integral feature of these initiatives. However, there was a general acknowledgement that increased participation might well lead to increased

injury numbers, but the significant consideration was the ratio of injuries per person participating in sport – the aim should be to maintain, or reduce the number of injuries per capita and **a replacement for the HASS/LASS data collection is needed to enable monitoring of sports and leisure injuries**. The Team noted that a current study, lead by RoSPA, was looking at the feasibility of such a system.

50. Stakeholders had seen the benefits of good **economic analysis** in other public health arenas (obesity and smoking were frequently mentioned), and there was a widespread belief that a better economic case would help to raise the priority and profile of injury prevention work, for example during the local Joint Strategic Needs Assessment process. The Department for Transport had undertaken some costings of road traffic accidents which stakeholders reported were useful in highlighting the issue with local decision-makers, but the same needed to be done for other types of injury. Whitehall Departments already had central figures for many costs relevant to unintentional injury (for example. nights in hospital, income lost through injury, future income lost through missed education), and the analytical expertise needed, so it would therefore be more efficient for the centre to undertake this exercise than for local areas each individually to estimate costs.

51. The Review heard concerns about the lack of **data on the employment of under 18s**. The Health and Safety Executive collects workplace injury data under the Reporting of Injury, Diseases and Dangerous Occurrences Regulations (RIDDOR). These data, however,

can only be compared against incidence in the general working population for workers aged 16 and over. This is because the Office of National Statistics does not collect employment data for under 16s in its Labour Force Survey or its Annual Population Survey. Given that children can work (subject to permission) from the age of 13 and that there were 8 deaths and 4,847 serious injuries for under 19s in the workplace in 2007/08 (HSE RIDDOR statistics), stakeholders felt that children at work were a particularly vulnerable group and it was imperative that their safety in the workplace could be monitored through the statistics. It was felt that this was especially important against the background of increasing participation through school and FE in work-based learning. Stakeholders, particularly those connected with child employment and education welfare, advocated strongly for a **better understanding of the size of the under 16 population in employment, and the relative risk of injury between different areas of employment**.

Addressing Gaps in Research

52. During the diagnosis and analysis stage of the Review, stakeholders provided the Team with access to a wealth of research and evaluation on unintentional injury and associated factors. A summary of this is in the Literature Review at Annex 1, including an analysis of the main gaps in current research around unintentional injury, including gaps on:

- Alcohol and drugs
- Attitudes to risk

- Supervision of children
- Ethnic and cultural differences in risk
- Safe leisure and play facilities
- Involving children and young people in injury prevention initiatives

53. The Team received a suggestion that a **cross-Government research strategy**, as developed for obesity, might improve the efficiency and effectiveness of research efforts – helping to pool resources to fill these gaps, as well as identifying duplications or opportunities within existing Departmental research programmes.

54. The Team also noted a patchy awareness of the existence and role of the Injury Observatory of Britain and Ireland (IOBI). This organisation has strong potential to provide the **central point of access to injury-related research** that stakeholders were asking for, but it was felt that their current website only reflects a small amount of the available research. The Review considered that **IOBI should strengthen its website content, and promote its services more actively** to all those in the delivery chain that need easy access to injury-related data.

Sharing Knowledge and Good Practice

55. The Review Team found a huge demand from stakeholders to learn about and share experiences and practice. Some local areas were working together to share practice, and the Team were told that some Government Offices were helpfully disseminating information on activity within regions.

But the consensus was that a more **structured system of knowledge-sharing** would be valuable. The most frequently suggested solutions were a web-based resource (a safety “knowledge hub”) or an accident prevention ‘toolkit’, which could contain examples of good practice, guidance on data and research, guidance on commissioning, information about cost benefit analysis and evaluation of interventions. It was felt that existing websites such as the IOBI site, the Every Child Matters site or sites belonging to RoSPA or CAPT might prove suitable to host this information.

56. Many stakeholders thought that **existing bodies and networks could also be used to better effect**, and that these would present an immediate avenue to start sharing information better. Stakeholders identified the Injury Observatory for Britain and Ireland, Regional Public Health Observatories, the Paediatric Liaison Health Visitors Network, the IDeA, and the Teaching Public Health Networks as having particularly beneficial roles to play in spreading good practice. In addition, most stakeholders were aware of and welcomed NICE’s work to develop guidance on unintentional injury. The Review also noted that four recent (2008) DCSF-sponsored initiatives also had strong potential to contribute towards knowledge-sharing on child safety:

- The Child Safety Education Coalition
- The Home Safety Equipment Scheme
- The National Safeguarding Unit for the Third Sector

- The Centre for Excellence and Outcomes in Children and Young People’s Services
57. The Team noted enthusiasm for **national or regional workshops or conferences** bringing together multi-agency partners to discuss common experiences, problems and successes on accident prevention. It was clear from the Review that all stakeholders were facing similar issues irrespective of geographic location, and so opportunities for collective discussion would be particularly timely. The Review considered that **the WHO Conference on Injury and Violence, which will be hosted by London in 2010, would provide a medium-term focus for such activity**, and that there was scope through ongoing initiatives such as the consultation on NICE injury guidance, and rollout of the Home Safety Equipment Scheme for practitioner networking.
58. At local level, some areas had found the role of Government Office staff particularly

valuable in sharing good practice, knowledge, and regional data. Examples were given of how Government Office staff had put two local authorities in touch over similar issues with young people and water safety, and how another Government Office had supplied regional comparative data to a local authority which had helped them in making a case for extra resources on road safety for one deprived area. Staff in Children and Learners teams, and in Public Health teams, had been singled out for particular praise but it was evident that this knowledge-sharing function of Government Offices was not always being used consistently across the country. The Team concluded that Government Offices’ role in disseminating and promoting good practice and other knowledge on child safety could be considered in order to share information more systematically between the local authorities in their region.

Recommendations

Building, Using and Sharing the Evidence Base

Use Existing Evidence More Effectively		Short/Mid or Long Term
A1	The Government should develop a toolkit or guidance for local areas on locating, analysing and using data and evidence on local unintentional injury issues to maximum effect. This should include advice and examples of how to analyse cross-agency and cross-policy links.	M/L
Addressing Gaps in Data Collection		
A2	The Government should work with the Information Centre for Health and Social Care, in consultation with wider injury prevention stakeholders, to ensure that its new collection of A&E attendance data works as effectively as possible for improved injury surveillance.	S-L

Use Existing Evidence More Effectively		Short/Mid or Long Term
A3	The Government should consider how to fill the data gap left by the cessation of the Home and Leisure Accident Surveillance Systems.	M/L
A4	The Government should take stock of existing economic analysis on unintentional injury prevention; undertake work to extend this to all other of unintentional injury; consider current policies in light of this evidence and disseminate the results to local areas.	S/M
A5	The Government should investigate with the Health and Safety Executive and the Office of National Statistics ways to improve the national understanding of the size of the under 16 population in employment, and the relative risk of injury between different areas of employment. This should include consideration of whether questions on under 16 employment could be included in the sample for the next Labour Force Survey or Annual Population Survey.	L
Addressing Gaps in Research		
A6	The Government should undertake a stocktake of current and planned research to assess whether there are any knowledge gaps, duplications and opportunities to pool resources. This should inform the development of a co-ordinated cross-Government plan of research on unintentional injury.	M
A7	The Injury Observatory of Britain and Ireland should strengthen its website content, and promote its services more actively to provide a clear central point of access to injury-related research.	S/M
Sharing Knowledge and Good Practice		
A8	The Government should put in place a structured system of knowledge-sharing for practitioners on unintentional injury. There is scope for existing websites to provide this function and through regional Local Safeguarding Children Board (LSBC) networks.	M/L
A9	The Government should work with existing bodies and networks immediately to consider how those networks could be used more effectively to share injury prevention information. A range of new DCSF initiatives particularly provides good scope for immediate action on this point. Government should also consider the potential of Regional Improvement & Efficiency Partnerships (RIEPs) as a mechanism to support local delivery.	S
A10	The Government should identify opportunities to facilitate the spread of good practice through national or regional workshops bringing together multi-agency partners. The WHO Conference on Injury and Violence, which will be hosted by London in 2010, would provide one such medium-term focus for such activity.	S/M

Levers and Incentives

59. The issue of incentives to collaborate and to make child accident prevention a local priority was arguably the most important issue for stakeholders we interviewed. Stakeholders reasoned that, as a complex public health and behaviour change programme, unintentional injury can only be effectively tackled through a partnership approach; and it was therefore crucial that partners understood each others' motivating factors and points of influence.

Understanding Opportunities, Levers and Incentives

60. Injury specialists were largely dependent on non-injury-specific partners to deliver interventions; and, with little dedicated funding of their own, on delivery through the auspices of other partners' programmes. Stakeholders therefore considered it crucial that those responsible for unintentional injury prevention locally were in a position to **identify what opportunities, incentives and motivations other partners had, and to use them to maximise opportunities.** The Team were shown local and regional examples of projects to identify such levers – for example, maps of local policies and guidance, and work to identify responsibilities and resources within each agency involved in injury prevention. Interviewees considered that such work had been successful in strengthening shared ownership of the local strategy on injury prevention, and particularly persuasive in getting new work off the ground.

61. Stakeholders felt that a **mapping exercise at the national level** would be invaluable to ensure that a complete picture could be drawn. It was also suggested that this could usefully be complemented with **practical advice and examples for local areas on how to influence effectively in a highly cross-cutting environment.**

62. Whilst stakeholders were aware of the work to promote child safety through the Staying Safe agenda, they felt that there were further **opportunities to promote safety awareness and injury prevention through other Government agendas** that had yet to be optimised – either, centrally, regionally or locally. It was felt that local authority Children's Services, Children's Trusts, Strategic Health Authorities, Primary Care Trusts, Public Health Services, schools, Fire and Rescue Services and Road Safety Officers were working with similar aims for children. Through the wider safeguarding and health improvement/public health agendas, they had well established (and improving) working relationships through which unintentional injury prevention could be pursued. However, there was general agreement, including at local level, that these partners did not have such close relationships with other agendas which could contribute to injury prevention delivery. Most frequently identified of these were:

- sustainable development
- obesity and healthy living
- alcohol reduction

- London 2012 preparation, Olympic legacy
 - PE and sport strategy for young people
 - play
63. Stakeholders felt that the Government should take a central lead on **identifying the synergies that can be maximised locally to draw safety awareness more consistently into these England-wide agendas, and to promote these synergies more clearly to all those involved in the respective delivery chains.**
- stronger sense of shared purpose and momentum through regular reporting and monitoring
 - increased commitment from elected members and communities through greater scrutiny and feedback
 - clearer sense of comparative performance through the Government Office challenge function as part of the LAA process

National Indicators on Accident Reduction

64. Stakeholders considered that the existence of 4 National Indicators related to injury (Annex 3) had provided some added sense of focus to local areas. However, it was felt that the existence of injury reduction indicators in local plans was far more influential. As part of the fieldwork stage, the Review visited 3 local authority areas that had chosen to include one or more of NIs 47, 48, 49 & 70 in their Local Area Agreements (LAAs). Stakeholders in these areas considered that, although the inclusion of these indicators may not have provoked specifically new activity, the process of choosing the indicators and then monitoring and reporting on progress had paid dividends. Benefits mentioned included:
- strengthened delivery plans through more structured partnership engagement
 - improved understanding of local needs through more rigorous data collection and analysis
65. The Review noted that the take up in Local Area Agreements of the 4 National Indicators was relatively low – for example child injury (NI 70) appears in only 5 LAAs, compared to 21 for child emotional health, 77 for street cleanliness, and 99 for childhood obesity. Stakeholders were of the opinion that the low take up was for two main reasons – firstly that unintentional injury is a complex, cross-cutting field with a small evidence base; and secondly, that success against the indicator requires concerted partnership work to change behaviours (with comparatively little associated funding or central support).
66. Whilst the positive experiences of the areas visited by the Team showed there were clearly delivery benefits in increasing the number of local areas with one or more of the 4 NIs in their LAA, stakeholders were of the opinion that central Government would need to ‘sell’ the benefits more actively to achieve this. The Team heard that Government Office staff had a valuable role to play in challenging local areas on their performance, and choice of indicators, and that their proactive interest in injury prevention might in turn encourage more local areas to take up these indicators. There

was also merit in explaining how the injury prevention agenda could contribute more explicitly to progress on other indicators, and vice versa. In conclusion, stakeholders, including those at local level, were firmly in favour of **guidance for local areas on working more effectively with and through the National Indicators on unintentional injury prevention, supported proactively by the Government Office challenge function, with a view to encouraging more local areas to adopt injury-related indicators in their LAAs.**

Partnership Working

67. Stakeholders generally felt very positive about partnership working on unintentional injury and saw this as a major incentive and driver of prevention work. The Team was told that the Every Child Matters (ECM) agenda was well embedded and understood across many partners and that this was a key facilitator in their ability to work together. The duty on Fire and Rescue Services to provide safety training was singled out as being a particularly important facilitator at local level, not least because there was funding and resource attached. Equally there were many other examples of mutually beneficial practice.
68. One persistent concern expressed with partnership working, however, was that the profile of injury prevention at local level is highly dependent on ‘championing’ by committed individuals. Stakeholders felt that the creation of a Child Injury Prevention Coordinator in each local authority would help to give a clear focal point (see Capacity and Funding section), but that this needed to

be reinforced with **central guidance, agreed across all agencies involved in local delivery, on Government expectations of local partnership work on child injury prevention.** Stakeholders were keen that this should also include **guidance on commissioning, and joint commissioning** of child unintentional injury prevention services.

Enforcement

69. Stakeholders felt that there was a wealth of existing legislation that, were it to be better enforced, would have a huge impact on injury reduction. Stakeholders were particularly concerned about a perceived lack of enforcement by police on road safety measures (seat-belt wearing, speed limits, drink- and drug-driving, driving without insurance). The Team noted that research evidence also supported this as a particular area of concern (see Annex 1). The root of this problem, most stakeholders felt, was that policing priorities were not aligned as closely as they needed to be with the ECM agenda – indeed in some cases, the police were perceived as seeing child injury prevention as secondary to other agendas, such as community cohesion. The Review noted that the issue of Road Safety enforcement (speeding, driving under the influence of alcohol and or drugs seatbelt-wearing, careless driving) was currently being consulted on by the Department for Transport, the results of which were planned to contribute to the work of the PSA13 Preventing Accidents Working Group.
70. Whilst policing policy was the main concern, stakeholders also saw greater scope for

better safety enforcement, promotion and education through Ofsted, the HSE, Environmental Health Officers and Trading Standards in particular. Stakeholders felt that **a stronger economic and social case should be made by Government to encourage the police and other agencies involved in enforcement to be more active in exercising these functions** with regard to child injury.

Legislation and Regulation

71. During the course of the Review, the Team noted that few suggestions for improvement from stakeholders involved new legislation. In general, the Team heard that existing legislation was sufficient, and that it was enforcement that needed strengthening. There was also a common belief amongst stakeholders that the key to reducing unintentional injury lay primarily in behaviour change and that, although legislation had a part to play, success lay through softer, but more influential means, such as customer

insight and successful public communication campaigns. Nevertheless, the Review received suggestions for new legislation, particularly around:

- Child employment (see ‘Specific Issues’ Section on page 44)
- Regulation of water temperature in domestic dwellings to reduce injury, particularly though not exclusively of under 5s, from hot water scalds.
- Regulation for the installation of sprinkler systems and mains-driven fire safety smoke detection systems in new housing – particularly social housing, given the link between injury by smoke/fire and child poverty.

72. The Review therefore considered that **the Government should keep the issue of new legislative measures under review through the PSA13 Preventing Accidents Working Group process.**

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Recommendations

Levers and Incentives

Understanding Opportunities, Levers and Incentives		Short/Mid or Long Term
B1	Local areas should work to identify what opportunities, incentives and motivations partners involved in injury have at local level, and seek to use these 'soft' levers to maximise local delivery opportunities.	S/M
B2	The Government should undertake a mapping exercise at the national level to identify what opportunities, incentives and motivations exist at national level that impact on frontline delivery, with a view to assisting local areas in maximising opportunities for joint working. This should be accompanied by practical advice and examples for local areas on how to influence effectively on unintentional injury prevention in a highly cross-cutting environment.	S/M
National Indicators on Accident Reduction		
B3	The Government should develop guidance for local areas on working more effectively with and through the National Indicators relating to child unintentional injury prevention, with a view to encouraging more local areas to adopt injury-related indicators in their LAAs, supported by the Government Office challenge function. Government Offices should also be provided with data on accidents in their regions to ensure that in areas with high numbers of incidents, LAs are challenged on their actions to address this through current performance management procedures e.g. Priorities Conversations.	M
Partnership Working		
B4	The Government should produce central guidance, agreed across all agencies involved in local delivery, setting out expectations of local partnership work on child injury prevention. This should also include guidance on commissioning and joint commissioning of child unintentional injury prevention services	L
Enforcement		
B5	The Government should encourage the police and other enforcement agencies to be more active in exercising their monitoring and enforcement functions, making clear the wider economic and social benefits of doing so.	L
B6	The Government should keep the issue of new legislative measures to support the prevention of child unintentional injury under review through the PSA13 Preventing Accidents Working Group process.	M

Capacity and Funding

73. Whilst stakeholders often reported a desire for more resource for injury prevention, it was acknowledged that this make local areas focus on their priorities. The Team also heard many examples of creative partnership projects to pool resources and share opportunities. One particular area that seemed to have suffered from lack of resources was local home safety equipment schemes, supplying for example smoke detectors, stair gates and cupboard locks. The Team saw examples of good local schemes, but heard that they often could not meet demand, and in some areas had had to close through lack of funding. Many local stakeholders were aware of, and welcomed, the recent DCSF announcement of an £18m Home Equipment Scheme, targeted at families in disadvantaged areas.

74. Overall, stakeholders did not call for large injections of funding, but there was one specific new resource that was universally advocated – the creation of a dedicated Injury Prevention post in every local authority.

Injury Prevention Coordinators

75. Local stakeholders had seen the benefits of having a dedicated, centrally funded, permanent resource in the form of local Road Safety Officers employed by almost all Local Highway Authorities. The benefits included:

- A visible central point of contact for practitioners and members of the public on road safety

- A dedicated resource with long-term commitment and funding from the local authority – this facilitated recruitment and retention of staff
- A clear remit to work with partners on road safety – this gave them the mandate and authority to negotiate and influence effectively
- As an ‘expert’ post, their knowledge, expertise and career development is valued and encouraged.

76. In contrast, most local authorities did not have an equivalent post for wider injury prevention, and local stakeholders reported experiencing problems around:

- Difficulties ascertaining who locally leads on injury prevention – time wasted with practitioners and members of the public trying to ‘track down’ the appropriate person
- No clear centre of focus or co-ordination for pulling together the many partnership threads of injury related projects
- No dedicated source of expertise on injury – means that knowledge dissipates
- Lack of dedicated resource means that injury is “everyone’s – but no one’s” – priority.
- Cross-cutting projects on injury, such as data analysis, often fall between responsibilities and do not therefore get undertaken.

- Problems in maintaining momentum without a central co-ordinator
77. The Team heard that a very few areas had tried to fill the gap by voluntarily appointing injury prevention co-ordinators. For example, the Team visited one area where joint funding had established a child injury prevention coordinator, and heard of similar, temporary or part-time arrangements to enable local areas to undertake specific pieces of injury prevention work. These posts were usually located either in the local authority Children's Services (safeguarding) department or within the PCT. Local area stakeholders involved with these appointments reported problems around:
- As a voluntarily-created post, it was difficult to attract a long-term funding commitment – typically funding was 'squeezed' from other projects and was the first to be cut when other priorities came along
 - Finding the funding often took significant time and effort, and often relied on the tenacity of one or two committed individuals to see it through
 - With short-term funding, it was difficult to attract good quality candidates to the post, and retention was a problem with staff moving when more permanent positions arose
 - It was difficult to offer invest in training, staff and career development for the same reason, and staff turnover acted against building up expertise

78. Whilst stakeholders considered that such voluntary steps were positive, it was felt that these were still infrequent occurrences that were unlikely to be replicated widely – especially in areas where there was not an existing priority on injury prevention. There was wide agreement that the **creation of an Injury Prevention Coordinator post in every Local Authority area** was the only effective way to ensure visible, expert co-ordination and progress on local delivery. It was suggested that such posts should be set up along the lines of the existing Road Safety Officer model, and that it would be crucial to ensure **greater range of specialist training and qualifications to encourage staff retention and professionalization.**

Workforce Capacity

79. The Review heard much praise for all the workforces involved in unintentional injury prevention, and were given many examples of where individual contributions were making a difference. There was particular praise for staff involved in Early Years provision, and also for outreach workers and Fire and Rescue staff. However, stakeholders thought that there were some small, practical measures that could be taken to better support those staff, primarily by **including more knowledge and skills on safety into initial training and continuous professional development.** The Team noted that the module on safety in the national Continued Professional Development (CPD) programme for Personal, Social and Health Education (PSHE) was already being developed, and considered that there might be scope to promote this more widely.

80. It was felt that many practitioners in the children and young people's workforce were under-informed about the risks of unintentional injury, both nationally, regionally and locally, and that **the safety community as a whole needed to become more proactive in communicating to and supporting the professional development of practitioners**. Stakeholders considered that, whilst there was a place for Government activity in this area, a multi-lateral approach would be most effective with safety specialists, public health networks, professional associations and so forth all having a role to play in reinforcing practitioner awareness, and providing opportunities for learning and development.
81. As noted in the 'Building, Using and Sharing the Evidence Base' Section, the Team were made aware of a shortage of analytical skills and expertise at the local level, particularly within local authorities, to analyse data on unintentional injury effectively. Some agencies, like the police, had strong analytical capability, and there was potential for skills transfer between agencies through, for example, sharing of formal training, or informal coaching/mentoring. It was also suggested that agencies at local level should be more proactive in recruiting staff with high level analytical skills. The Team concluded that **local areas should work to improve the level and quality of public health analytical skills within their workforces**.

Using Joint Resources and Funding

82. Stakeholders were very positive about the benefits of delivering injury prevention

services in partnership, and the Review heard examples of where pooling of resources and funding had strengthened partner relations and added wider value, well beyond the particular project concerned. For example, the Team looked at a project where a PCT had seconded an officer to the Road Safety Team to run a cycling project. However, the Team were told that such joint projects were still relatively new, and that the negotiation and administration of joint funding was extremely time-intensive, often relying on the goodwill and determination of individuals to drive it through. Whilst arrangements to pool funding between local authorities and PCTs were reasonably clear, it was more complicated when sharing with other agencies, and particularly when more than two parties were involved. It was felt that this was not an efficient, sustainable or replicable way of working, and that **central Government support was needed to assist local areas in finding easier ways of pooling resources, particularly across the full range of local agencies**.

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Recommendations

Capacity and Funding

Injury Prevention Coordinators		Short/Mid or Long Term
C1	The Government should consider, as part of its next Spending Review discussions, the creation of an Injury Prevention Coordinator post in every Local Authority. Wherever this person is situated in the LA, whether in children's services, environmental health, road safety or elsewhere, it is crucial that links across interested parties are strong.	L
C2	The Government should work with employers and their representatives to explore how injury prevention specialists could be offered more structured qualification and career paths.	L
Workforce Capability		
C3	The Government should work with the providers of workforce training to improve the safety knowledge and skills element in initial training and continuous professional development for parts of the workforce that come into frequent contact with children and young people. The module on safety in the national CPD programme for PSHE could be built on as an immediate means of doing this for teachers, but should be considered for more elements of the workforce.	M/L
C4	The Government should work with the safety community as a whole to identify and use more proactive ways of communicating to, and supporting the professional development of, those involved in the delivery of unintentional injury prevention. The PSA13 Communications Strategy offers an immediate route through which to do the former. Links with the Children's Workforce Development Council should be explored to consider areas in which their work might support this.	S-L
C5	Local areas should work to improve the level and quality of public health analytical skills within their workforces.	M-L
Using Joint Resources and Funding		
C6	The Government should encourage and assist local areas in finding easier ways of pooling resources to support accidental injury prevention, particularly across the full range of local agencies.	M-L

Leadership and Governance

83. Whilst local models for leadership and governance on unintentional injury were all different, the Team concluded from stakeholder evidence that, overall, these arrangements were working effectively. (Issues regarding levers and incentives, and capacity and resources, are dealt with separately under relevant section headings)
84. However, the Review found common concerns across all stakeholders regarding 3 particular aspects of leadership and governance:

Co-ordinated Ownership and Leadership of National Policies

85. The majority of stakeholders felt that PSA13, and the National Indicators on injury prevention, had been helpful setting clear direction and in setting an explicit context for co-ordinated partnership delivery. The Team saw and heard of many good examples of joint work at local level, and although stakeholders acknowledged that there were always improvements to be made, the consensus was that the ECM agenda as a whole was supporting, and would continue to support, this process.
86. There were, however, concerns that co-ordination was not working so well at central level. The point was made to the Team several times, that communities do not see safety in terms of single issues, and that whilst local areas are working hard to reflect that, **the centre is still working in too fragmented a way**. Examples mentioned to the Team were:

- Different opinions between Departments on which interventions work and which do not;
 - Mixed messages from central Departments on the balance of priority between intentional and unintentional injury. For example, the Team heard that communications from DCSF often seemed to prioritise intentional injury. Whilst stakeholders recognised that the media and public naturally prioritised intentional injury, Departments should be more balanced in their approach, particularly in view of the fact that unintentional injury affects the lives of so many more children.
 - A perceived tension between Departments on the importance of safety at various age ranges – this becoming most noticeable at the upper end of the age group, where agendas were felt to be most uncoordinated, with particular tensions between the youth anti-social behaviour programme and the wider wellbeing agenda.
87. It was felt that **the PSA13 process and associated central governance arrangements would help to resolve many of these issues, and that they should be used with immediate effect to accelerate central co-ordination**.
88. The Review heard particular concerns that **housing policy, planning policy and policy on the physical environment were currently not sufficiently joined up on public health at all levels in the delivery**

chain. Stakeholders saw benefits in this for the following reasons:

- Accidents in the home are the biggest single injury category for children under 15, and there was strong potential for reducing risk through work with landlords, housing associations, building safety regulations, better building design etc.
 - Given the correlation between unintentional injury and deprivation, there is scope to work with planners, designers, environmental services and within regeneration projects, to make deprived neighbourhoods safer for under 18s, for example by developing derelict sites and creating welcoming and clean leisure and play spaces.
 - 67% of accidental deaths for the under 18s are from transport injuries, and so planners needed to be well-engaged in considering how to make the road environment safer, for example through traffic calming measures and parking design and enforcement.
89. The Review concluded that **clear and explicit leadership was needed to kick-start closer collaboration between these policy areas and injury prevention activity at all levels of the delivery chain.** At central level, the Team considered that the PSA13 process could facilitate this, but the regional and local levels also needed to ensure that these agendas were involved more closely in injury prevention activity.

Community Empowerment

90. There was consensus amongst stakeholders that successful work to reduce unintentional injury required a **culture change, with communities, families and individuals taking responsibility for safety**, and driving the safety agenda at local level. That said, all stakeholders acknowledged that this was a long-term goal that would need a sophisticated approach and that, although there were some individual examples of culture change on a small community level, a wider societal shift would need concerted and co-ordinated effort at all levels. The Team heard that **injury prevention could usefully learn lessons from existing behaviour change programmes**, such as drink-driving, smoking, and obesity. The Team welcomed the fact that the PSA13 Communications Strategy was already planning work around engendering a cultural shift on child safety.
91. Many stakeholders' experiences showed that the more structured forms of community consultation, such as local citizens' juries or surveys, were not always useful in producing a balanced picture of priorities. There was a strong feeling that, in such a complex policy arena, it was more useful to foster detailed, ongoing involvement of the community in the development and delivery of safety interventions. Usually this meant **community participation in the decision-making process itself**, and the benefits of face-to-face involvement was stressed. The Team heard that outreach workers, such as midwives, health visitors, drugs and alcohol practitioners, and family nurses had a key role to play in promoting community empowerment. Most stakeholders agreed

that it would be extremely helpful to **disseminate practical advice and examples of how to improve participative community involvement on safety**, drawing on the lessons learned from other behaviour change programmes and from existing good practice in the safety arena, such as a collaboration the Team heard about between health staff and local taxi companies to provide child safety seats in taxis for new mothers leaving maternity wards.

92. In terms of particular sections of the community, there was consensus amongst stakeholders that everyone needed to do more to **involve children and young people themselves** in decision-making on injury prevention, especially at the older age range where there was a belief that current measures were often not working effectively for this group. The Team also heard about the difficulties of community engagement in **rural areas**, and about the importance of ensuring that **vulnerable groups** were able to become involved in shaping services.

Leadership on Local Delivery

93. During the fieldwork in local areas, it was clear that the role of Children's Trusts and LSCBs (when they were engaging with injury prevention), played a crucial role in driving partnership work on the local delivery of child injury prevention. Local stakeholders from all agencies credited the Children's Trust mandate on inter-agency co-operation, including joint planning and commissioning and the ability to pool budgets, as being the key to success and often the driver of local injury prevention work. The Team welcomed

the recent DCSF announcement of legislation on Children's Trust arrangements, since this would help to strengthen partnership working on injury, as well as the wider ECM agenda.

94. Local practitioners reported that a clear commitment in the local Children and Young People's Plan (CYPP) around child unintentional injury under the Staying Safe outcome set a clear direction to all partners, and the CYPP monitoring and reviewing arrangements meant that momentum was maintained. In addition, the Team noted that local consultation on the CYPP was often the main route through which local areas involved children and young people and parents in plans on injury prevention.
95. Whilst the Review Team found examples of where LSCBs were actively contributing to partnership work on unintentional injury, they heard a number of concerns from a wide variety of stakeholders that some LSCBs were not yet contributing as effectively as they might to this work. There was a feeling that some LSCBs were focussing too narrowly on child protection issues, and that their role was still too reactive. The Team was aware that the DCSF is currently conducting a stock-take of LSCBs which offers an opportunity to look at this issue more closely. Most stakeholders felt that LSCBs had the potential to add significantly to the prevention agenda as a whole, including unintentional injury, for example by contributing expertise and knowledge on:
- A more accurate local picture of the links between vulnerable and deprived children, and unintentional injury;

- Identifying possible local trends on unintentional injury to help with more responsive service planning;
 - Additional qualitative data about local unintentional injury, from Serious Case Review and Child Death Oversight functions;
 - Identifying strategic links between different partners and agendas.
96. In conclusion, the Team acknowledged the work already ongoing, and **encouraged Children’s Trusts and LSCBs to consider how they can strengthen injury prevention work, including through raising the profile of unintentional injury in CYPPs.**

Recommendations

Leadership and Governance

Co-ordinated Ownership and Leadership of National Policies		Short/Mid or Long Term
D1	Central Government Departments should work more concertedly to agree and co-ordinate policies and action on unintentional injury. The opportunity offered by the PSA13 process and associated governance arrangements should lead this process.	S/M
D2	All levels should provide clear and explicit leadership to improve collaboration between injury prevention activity and policies on housing, planning and the built environment. At central level, the PSA13 process will perform this function, and regional and local levels should also work to ensure that these agendas are involved more closely in injury prevention activity. There is a key role here for Children’s Trusts and LSCBs.	S/M
Community Empowerment		
D3	The Government should assemble and disseminate practical advice and examples of how to improve participative community involvement on safety, drawing on the lessons learned from other behaviour change programmes. This should specifically cover the greater involvement of children and young people, issues affecting rural communities and vulnerable groups.	S/M
Leadership on Local Delivery		
D4	Children’s Trusts and LSCBs should consider how they can strengthen injury prevention work, including through raising the profile of unintentional injury in Children and Young People’s Plans. This might also be through establishing a work strand or sub-group of the LSCB to look specifically at accidents. Further information on the LSCB role in accident prevention should be made available in the forthcoming practice guidance to LSCBs.	S/M

Communication and Marketing

97. Behind levers and incentives, communication was the next biggest priority for stakeholders. Bringing about a change in attitudes and behaviour towards safety are critical in reducing injuries, and stakeholders felt that prevention works best when it addresses the multiple factors that contribute to injury; encourages environmental and behavioural change; engages people who are most at risk; involves action across sectors; and is sustained and reinforced over time. Consistency and regularity of communication, and influence of messages, were seen as key ingredients to success, yet were said to be currently largely absent from the national picture.

Customer Insight

98. Stakeholders unanimously considered that current messages largely were not sophisticated enough to ‘hit’ audience ‘buttons’. The recent work by DfT on road safety in the Think! campaign, and the Fire Kills campaign, were both highlighted as good examples of the sort of ‘intelligent’ communication that was needed. Stakeholders particularly praised the use of magazines to target particular audiences, and the design of adverts to target specific audience groups. Stakeholders advocated strongly for more messaging and campaigns like this across all areas of unintentional injury.

99. Stakeholders also pointed to areas such as obesity and healthy living where it was felt that sophisticated customer insight work was paying dividends in getting messages across to parents, children, young people and communities in general. There was wide support for dedicated national **customer insight work on unintentional injury prevention**, both to ensure maximum impact on changing behaviour, and also to ensure effective targeting and therefore effective use of resources.
100. The Team heard that such insight work should **focus particularly on young people**, who were perceived to be the most difficult group to influence, and on **changing behaviours around parental supervision**, which was a particularly sensitive topic to raise with parents. Stakeholders advocated giving parents an accident prevention pack as they leave hospital with their newborn. In addition, the Team noted that children of parents who have never worked, or are long-term unemployed, are 13 times more likely to die from unintentional injury and therefore **insight work to help target resources at workless households should be a priority**.

Public Communication Campaigns

101. The Team was told that local areas greatly valued national Child Safety Week which was the central communication campaign effectively supported, and provided additional opportunities for local action. Stakeholders were keen to take part in the evaluation of Child Safety Week 2008, and had many ideas about how it could be further improved. The most common of

those was to use the event to help local practitioners focus on a single aspect of unintentional injury prevention, for example home smoke alarms, or cycling safety. One Children’s Centre had, for example, focussed on raising parents’ awareness of the risk of scalds to young children from hot drinks in the home; other stakeholders had mentioned more communication aimed at preventing poisoning and the inappropriate ingestion of medicines.

102. Whilst praising Child Safety Week, stakeholders were keen to make the point that one week a year was not enough to have anything but a short-term effect, and that a **sustained, long-term public communications campaign** was needed. Further campaign opportunities identified were around Halloween/Guy Fawkes’, Christmas, school holidays, and as part of the London Olympic build-up. Local areas underlined that a small extra amount of central resource to create such opportunities would provide a disproportionately larger boost to associated local communication activity.
103. The Team also heard that **more creative communication opportunities needed to be found** – for example, innovative campaigns with graphic pictures – and that non-Government channels might prove more influential with audience groups. Stakeholders felt there must be opportunities particularly through TV (for example. soaps), the internet, and third sector organisations. In terms of more traditional communications, and whilst recognising that the written word is not always the best way to reach families, practitioners commented that **free information leaflets were very useful** with

take up of fire and road safety leaflets particularly popular. Some practitioners and Children’s Centres regretted that free leaflets were not as easily available on home safety. The Team considered that the PSA13 Communication Strategy might provide a means addressing this.

Supporting the Workforce with Communication

104. The Team heard from a wide range of practitioners who worked face-to-face with parents, children and young people. All felt that they could usefully have some **practical guidance about the key safety messages that would have the biggest impact, and also about the different levels of risk at different ages**. For example, stakeholders considered that early years practitioners needed to understand how many children get hurt through accidents, so they prioritise those messages to parents. The Team heard that the recent DCSF sponsored booklet for practitioners on communicating safety to parents was excellent, but that it had not been distributed widely enough. Also, that, similar guides should be developed for all areas of injury prevention, and for all age groups. The point was also made that the messages in such guides should be agreed across all Departments.

Central Government Communication

105. The Review Team found many stakeholders passionate about the need for an agreed *language* of injury prevention agreed across the safety community as a whole. There were strong opinions that the seriousness of the issue needed to be conveyed using accurate,

impactive, language – for example, all stakeholders preferred ‘unintentional injury’ over ‘accident’ because ‘accident’ implied an unavoidable event, and urged that the Government ceased using the term ‘accident’ in all its communications. There was also widespread acknowledgement however that professional language around injury would not necessarily be understandable to the

public and customer insight research would therefore be vital. The majority of stakeholders felt that **Departments should agree and use consistent language and messages when communicating to both the public and practitioners** about safety and that getting this right could greatly increase the priority that people placed on unintentional injury.

Recommendations Communication and Marketing

Customer Insight		Short/Mid or Long Term
E1	The Government should use customer insight work to improve the impact of messages on safety and unintentional injury. Such insight work should focus particularly on young people and parents, on changing behaviours around parental supervision, and on workless households.	M/L
Public Communication Campaigns		
E2	The Government should develop a sustained, long-term public communications campaign on unintentional injury prevention, using social marketing techniques to maximise its impact linking with existing campaigns such as Think! and Fire Kills and maximising impact of the annual Child Safety Week.	L
E3	The Government should work with the unintentional injury stakeholder community to identify and use more creative opportunities to communicate with children, young people, parents and communities on unintentional injury. This should also be disseminated to the local level to encourage local stakeholders to carry out communications campaigns aimed at local issues.	S/M
Supporting the Workforce with Communication		
E4	The Government should develop practical guidance for practitioners about the key safety messages, and about the different levels of risk at different ages. This work should be informed by customer insight, and the evidence base.	S/M
Central Government Communication		
E5	Central Government Departments should agree and use consistent language and messages, drawing on customer insight research, when communicating to the public and practitioners about safety, recognising that language used to the public may differ from that used with and by practitioners.	M

Safety Training for Children and Young People

Safety Training in Schools

106. Stakeholders generally felt that the opportunities presented to deliver safety training through the PSHE framework were valuable, and that children were benefiting from this. There was **universal support for the recent announcement that PSHE, and the safety training element within it, would become statutory**, especially since this would offer the opportunity to improve and strengthen the safety content. Stakeholders reported that there is currently considerable variation between schools in terms of content and hours delivered. Stakeholders felt strongly that, since safety training is primarily about behaviour change, a greater consistency in content and quality of the syllabus, delivery and materials was needed to have the best impact on injury prevention. Stakeholders also highlighted the need to deliver safety training *throughout* a child's school 'career', with messages differentiated for different age groups – and that the impetus was also continued beyond the end of PSHE at Key Stage 4.
107. As an interim measure in advance of the introduction of the statutory PSHE framework, stakeholders felt that the **PSHE guidance could usefully be updated and expanded**. It was suggested that the current reliance on discipline-specific sessions (often delivered by different external agencies rather than school staff) risked being duplicative, or conveying confusing and even contradictory messages. Stakeholders saw

consistency of messages as crucial to changing behaviour, and there was support for centrally-driven work in partnership to agree a core 'generic' safety syllabus, which would act as a solid platform from which to launch the discipline-specific elements.

108. Beyond the PSHE framework, the Review team heard much praise for the contribution that the **Healthy Schools, Extended Schools and Sustainable Schools Programmes** made towards injury prevention and risk awareness, and noted strong support for these programmes to be **extended into both the Early Years and FE sectors**. The Team acknowledged that plans were already underway for a healthy FE programme.
109. Stakeholders felt that the emphasis with all safety training should be on teaching skills which children and young people will have for life – particularly around **assessing and balancing the risk of behaviours, actions and situations**. It was crucial to empower children and young people, through good skills training, to take responsibility as they grow for their own safety and wellbeing.

Safety Training Beyond School

110. Whilst acknowledging the importance of safety training at school, stakeholders felt strongly that **opportunities outside school should be used to the full including through extended schools**, but that it was not always easy for practitioners to identify or access these opportunities at the local area since provision was complex. Many stakeholders felt that the centre could play a useful role in **identifying national and**

regional providers of out-of-school activities and exploring with them the opportunities for increased safety advocacy. Examples of such providers were the Princes Trust (who currently work closely with Fire and Rescue Services), the Youth Sport Trust, the Duke of Edinburgh Award Scheme, the Scouts and Guides. Some stakeholders also queried how co-ordinated Government interventions to combat youth anti-social behaviour were with the wider ECM and Safeguarding agendas. The Team noted that the newly formed Child Safety Education Coalition (CSEC) would have a pivotal role in taking this work forward.

111. There was general agreement that such opportunities might well be more effective at having an impact on young people, who might find safety messages from non-school sources more credible. Many stakeholders also emphasised the positive impact that **peer communication** could have with young people, and that placing safety and risk awareness more explicitly within 'life skills' programmes would be a way of expanding the reach of safety training.
112. In the **pre-school age group**, the Team heard much praise for the work of **Children's Centres** in educating parents and children, and the emphasis on injury prevention in the **Early Years Foundation Stage**. Stakeholders believed that this age group should continue to be a focus for injury prevention work, and that investment was needed to continue in the **Early Years workforce** given the impact that safety education with parents can have throughout a child's life.

Training Packages and Resources

113. Stakeholders were concerned about the lack of information from Government about the **quality and effectiveness of the huge number of safety training packages and resources** which are available. Stakeholders felt that it was currently difficult for schools and other agencies to know which resources and packages were evidence-based, and would best meet their needs when delivering or procuring safety training. These resources are being used by primary and secondary schools, PCTs, local authorities, fire and rescue services, police services, as well as many non-government organisations such as sports clubs and hobby clubs. Stakeholders considered that the aggregate expenditure warranted **central quality assurance**, and pointed to other policy areas where Government endorsement of training resources was believed to have assisted in improved outcomes. The Team considered that this was a function that CSEC, with its wealth of expertise, could potentially take on.

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Recommendations

Safety Training for Children and Young People

Safety Training in Schools		Short/Mid or Long Term
F1	The Government should consider how PSHE could promote safety messages further. This could be done by updating guidance on how best safety aspects might be delivered, to assist schools when delivering PSHE safety training.	L
F2	The Government should maximise the opportunities to promote safety and risk awareness through programmes in schools such as Healthy Schools, Sustainable Schools and Change4Life and through Children's Centres. The Government should also assess the feasibility of extending these opportunities into the FE sector.	M/L
Safety Training Beyond School		
F3	The Government should identify national and regional providers of out-of-school activities and explore with them the opportunities for increased safety advocacy within their provision. Information about such opportunities should be made available to parents and practitioners in local areas. The newly launched Child Safety Education Coalition's work will be pivotal in this area.	S/M
F4	The Government should work to co-ordinate more closely interventions to combat youth anti-social behaviour with the wider Every Child Matters and Safeguarding agendas.	S/M
Training Packages and Resources		
F5	The Government should undertake central quality assurance of safety education and training resources and packages. The newly launched Child Safety Education Coalition's work will be key in this area.	L

Specific Issues

Home, Road, Fire and Water Safety

114. The Review found that the majority of issues affecting local delivery fell around ways of working and were common across all policy areas. Those issues are reflected under the cross-cutting themes outlines in the previous sections. However, four specific policy areas stood out – principally because of the numbers of children and young people who die or are injured by these means – and so merit specific mention. The Team, and stakeholders, acknowledged that much, quite rightly, is already being done in these areas to reduce injuries and deaths and to improve delivery. The Team recommends that **current action and momentum continues to be driven at all levels of the delivery chain and that, through the PSA13 process, focus is maintained on the following issues:**

Home safety

115. Each year in the UK, a large number of children between 0-5 years old are injured, some seriously, in accidents in the home. Falls are the most common type of accident – the kitchen and the stairs are where the majority of serious accidents happen. Children aged between 0-4 years of age are most likely to have an accident in the home, and boys are more at risk than girls. In the past, the cost of accidents to children in the home has been estimated at over £200 million a year, and it can cost up to £250,000 to treat a single child with severe bath water scalds. However, the physical and emotional costs of such an accident, in terms of permanent scarring and the psychological trauma for the child and his/

her family, can be far greater. But by identifying and understanding the potential risks for accidents in the home, it is possible to take some basic safety measures that will keep children safe.

116. Accidental deaths of children in the home by cause and age group for the United Kingdom 2006 were:

Cause	Age 0-1	1-4	5-14	All
Poisoning	0	0	2	2
Falls	3	3	8	14
Fire/flames	0	7	10	17
Choking/suffocation	20	11	15	46
Drowning	3	8	3	14
TOTAL	26	29	38	93

Source: Mortality Statistics for England and Wales 2006, Annual reports of the Registrars General for Scotland and Northern Ireland 2006 10,11,12

117. The picture from data on non-fatal accidents (taken from the HASS/LASS data, now not collected – see paragraphs 8 and 9 on pages 10-11) gave a somewhat similar picture:

Falls	42%
Struck	23% (often a fall of some kind)
Burns/scalds	4%
Poisoning	3% (but 75% of all poisonings with children under 5)
Ingestion of foreign bodies	6%
Cuts	4%
Pinch/crush	5%
Other	11%

118. As mentioned, in lower income families there is a higher risk of those children suffering accidents and fires in the home. This is often due to lower levels of supervision by carers, differing values and attitudes towards hazards and risk, and issues of self esteem of the children and younger persons. By making more information available to practitioners (as mentioned in the earlier section on disseminating information) early intervention work with vulnerable families should include safety awareness and education, potentially involving other agencies supporting the family where necessary.
119. Among the home safety specialists whom the Team visited or spoke to the feeling was that good quality data – an up-to-date equivalent of the old HASS/LASS data – and measurable targets would have encouraged more effective working and the commissioning of resources; but in their absence the work of the many agencies involved was not always well coordinated. They also noted the much greater risks faced by low-income families, particularly those in which the adults had never worked, those in poor-quality accommodation and those dissatisfied with the area in which they live.
120. Local activity included advice given by health visitors and by Children’s Centres to the most vulnerable, supplemented by home equipment schemes funded in a variety of ways. The Fire and Rescue Service was often involved as an extension of the service they provide in fitting and checking smoke alarms. Older children were presented with scenarios on home safety, among other things, in visits for example to LASER schemes or one-off Crucial Crew displays that are often aimed at Year 6. Local practitioners would welcome more evidence that different interventions – and safety equipment, some of which might not always achieve the desired result – worked.
121. There is a great deal of good work already happening in this area (although some coverage is geographically patchy) including education to raise awareness among the parents of young children alongside the provision of safety equipment and the Government’s Home Safety Equipment Scheme, which is set to be administrated by a central organisation from early 2009. This will focus on the areas of multiple deprivations, where accidents tend to happen more frequently. This scheme should ensure that appropriate education accompanied the provision of equipment, as badly fitted equipment can lead to an increased risk of accidental injuries. Carbon monoxide detectors were also mentioned by one practitioner as useful home safety devices that were often overlooked when parents were considering home safety equipment.
122. Other recent activity within the DCSF includes short radio and television fillers to raise awareness of hazards in the home and a leafleting campaign to raise the awareness of potential dangers in the home at Christmas in which CAPT and RoSPA played an advisory role. Children’s Centres also often focus on home safety through training or running parents’ sessions.
123. Focus group work carried out within the DCSF shows that low income/non working parents are receptive to messages on how to

keep their children safe, but often accidents happen because a parent has not realised that they or their home is presenting a risk to the child. This can be done through practitioners and communications work. There is clearly scope for more to be done in this area and **deprived areas with high accidents rates in under 5s should particularly be targeted through practitioners and communications.**

Burns and fire safety

124. Nearly half of severe burns and scalds occur in children under five years. About half of these accidents to children happen in the kitchen, with scalds from hot liquids being the most common. Many accidents involve the child reaching up and pulling on a mug or cup of hot drink. Other common causes include children falling or climbing into a bath of very hot water, and accidents with kettles, teapots, coffee-pots, pans, irons, cookers, fires and heaters. In addition, local practitioners cited examples of antisocial behaviour – for example, fire-raising and playing with fireworks – mainly by teenagers, with some Fire and Rescue Services making very clear inroads into local Antisocial Behaviour reduction agendas with this very perspective.
125. Every year in the UK around 20 people die and 570 suffer serious scald injuries due to hot bath water. The under fives and the elderly are most at risk. These injuries and deaths are preventable by the installation of thermostatic mixing valves (TMV) to regulate the maximum hot water temperature to 48 degrees. The Hot Water Burns like Fire campaign, supported by a number of charities and others, aims to persuade the Government to introduce legislation to restrict the outlet temperatures for baths to 48°C in England and Wales. These Regulations already apply in Scotland, and to certain applications in England and Wales e.g. Care Homes for Older Persons. Opponents say that the evidence for the effectiveness of TMVs reducing the number of scalds is not strong enough. Communities and Local Government will shortly be advising Ministers on action to take in England as part of the consultation process on Part G of the Building Regulations.
126. In the 12 months to the end of 2007 provisional official UK statistics reveal that there were 466 fire deaths, of which 261 were accidental fire deaths in the home,. There were 13,200 non-fatal casualties with 10,900 occurring in dwellings. There is no breakdown in terms of age ranges using the provisional statistics available in December 2008, however an age profile will be available in the final statistics published in March 2009. In 2004, fire prevention became a statutory requirement for Fire and Rescue Services in England. The position of trust and respect enjoyed by the services makes them an important resource for the delivery of wider public health and allied education messages, beyond the reduction of fire-related injuries and deaths. Activities targeted at older ages are especially aimed at disadvantaged groups and include partnerships with sports clubs and ad hoc events as well as talks and initiatives in schools. One area ran a fire skills course, also touching on drugs and road safety, for disaffected youths; monitoring afterwards had identified success in changing some people's behaviour

127. The Government carries out communications activity in this area aimed at awareness of firework danger and has recently introduced National Schools Fire Safety day to encourage schools to focus on educating their pupils on the dangers of fires and the importance of having an escape route, although take up of this opportunity in the first year was far from universal.
128. Since the fire and rescue services have a fairly comprehensive programme of activity aimed at reducing injury and damage caused by fire, the Team found a limited evidence of gaps in this area. Although it should be noted that managing multiple priorities within existing resources was a challenge for these services for example work with schools was very resource intensive, especially considering the majority of staff are operational and may have to leave that activity at a moments notice to attend incidents. However, **work for further consideration was identified as: considering whether residential sprinkler systems should be introduced into building regulations, encouraging the use of smoke alarms with non-removable batteries or hard-wired systems, ensuring that kitchen safety messages are passed on to children when they are taught to cook, and how Fire Safety, along with other safety matters, should be a dedicated element of PSHE.**
129. Smoke alarms have made a dramatic impact in the early detection of fires in recent years. Many deaths from fires take place in homes with no smoke alarms, where smoke alarms are wrongly positioned or where batteries have been removed from smoke alarms either because they have expired or for use in other battery-powered equipment, or are deactivated because they go off due to cooking or other activities in kitchens. 80% of households in England and Wales possessing a working smoke alarm, the remaining 20% remains resistant to fire safety messages and are often the most vulnerable groups. Smoke alarms are only mandatory in new homes (due to changes to building regulations made in 1992) and landlords only have to provide them in homes where there is more than one tenant. Lone parent households are at a significantly higher risk of suffering a fire in the home but more worryingly are also more likely not to have a working smoke alarm.
130. Representatives of the fire and rescue service also explained that very few deaths and serious injuries from fire now take place in non-domestic (commercial and other) properties. There are many factors that may have contributed to this reduction: new legislation under the Regulatory Reform (Fire Safety) Order 2005 and changes to building regulations are just two factors. Some fire and rescue service representatives suggested that fitting sprinkler systems in homes could contribute greatly to preventing injury and death, but recognised that there were cost implications involved. Building Research Establishment Report 204505 identifies that residential sprinkler systems are not cost effective for most dwellings. It however advocates the fitting of them in specific higher risk situations
131. It was also found that there was some concern that children weren't being taught how to cook safely and for example the

recent cookbook issued by the DCSF could have helpfully carried kitchen safety messages to help prevent fires and scalds.

132. Official figures in relation to fire and associated deaths and injuries are generated from statistics of incidents attended by fire and rescue services. As they only attend 22% of all fires in the home there potentially exists a significant gap between official figures and the true picture e.g. injuries that are self presented to hospital. This also extends to the way in which fire and rescue service preventative work is targeted both locally and by Central Government, again using their own local data. The use of a wider data set, for example from Public Health Observatories or HASS/LASS, would be of benefit in defining both the true reality of fire injuries and the groups to be targeted. Some fire and rescue services expressed concern that PCTs were reluctant to release data sufficiently focussed to be meaningful and assist in strategy formulation, often citing patient confidentiality as a rationale.
135. In 2007 3,090 under-16s were killed or seriously injured on Britain's roads; 121 of them were killed. This is 55% below the 1994-98 average, which is the baseline for the road casualty reduction targets. However, within this age group there has been more progress with the under-11s than with the older children.
136. There has been less reduction in deaths and injuries of 16 and 17 year olds, at only 19% below baseline in 2007. Transport accidents are the leading cause of accidental injury in this age group, which includes a much higher proportion of young drivers and their passengers. The Team talked to a number of road safety practitioners in several local authorities, both rural and urban, and it was clear that this age group was a particular concern. And although there is good evidence that very young drivers are particularly at risk, in rural areas they may have no choice but to start driving as soon as they are able if they are to access education and work opportunities as well as leisure activities.

Road safety

133. 67% of accidental deaths of under-18s are from transport injuries; they are also the third leading cause of hospital admissions. Disadvantaged children are at higher risk of dying in a road traffic collision than children from higher socio-economic groups.
134. In 2000 the Government set targets to reduce the number of people killed and seriously injured on Britain's roads by 40% by 2010, with a more stringent target to halve the number of under-16s killed and seriously injured.
137. Enforcement was an issue, to combat a variety of issues including low levels of seat belt wearing (especially by teens) and use of child car seats, inappropriate speeds and illegal driving: in one area visited, an exercise had identified 61% of drivers being unlicensed in some postcodes. Drug driving and drink driving were also factors.
138. Since the safety of children on the roads is the responsibility of all road users, not just the under-18s and their carers, local activities were aimed at a wide variety of road users and age groups. Road safety skills training for

primary children included roadside pedestrian and cycle courses; secondary school aged children were given theatre in education. Shock tactics in approaches to this age group were not shown to have lasting effect. There were some excellent examples of working with local communities to install engineering schemes, and with other agendas – for example, obesity – to exploit the opportunities they offered. One authority mentioned earlier had a member of staff on secondment from the PCT to run their cycle scheme; the association was proving very fruitful.

139. Ongoing initiatives from central Government include new publicity campaigns within the Think! Campaign, including a TV and internet launch for 6-11 year olds in November 2008; a new suite of educational resources for early years to KS4 to be rolled out between 2009 and 2011; and disseminating the Kerbcraft child pedestrian training scheme, whose large-scale evaluation showed that it made a measurable improvement in children's crossing skills. The Learning to Drive consultation on improvements to driver training and testing closed in September 2008 and DfT are currently consulting on proposals aimed at improving compliance with key road safety laws.
140. Local authorities are being encouraged to create more 20 mph zones and to reduce potential for conflict between child pedestrians or cyclists and other traffic through, for example, implementing safer routes to school, or installing traffic calming measures. As part of the strategy on children's Play, a joint letter from five interested Departments, including DfT, has

been sent to Directors of Transport and Chief Planning Officers in local authorities to set out how their work can help support the Play Strategy.

A new road safety strategy and targets for post-2010 will be agreed in 2009, which should aim to address the issues mentioned here.

Water: Accidental drowning

141. RoSPA reports statistics on accidental drowning. In 2005, 39 children aged 0-14 died as a result of accidental drowning in the UK.
- A third of child accidental drowning fatalities occur in or near the home, in garden ponds or other areas of gathered water in the back garden, and in the bath. These are predominantly children aged between 0-4.
 - Children aged 5-14 are more likely to drown away from home, at rivers and beaches – these locations account for more than half of child drowning.
 - Around 30% of deaths resulted from non-intentional immersion, i.e. falling into water.
 - Nearly 70% of accidental drowning fatalities were male.
142. In the same year there were 435 suspected accidental drownings of people of any age, mostly occurring between May and July. Almost one third (120) of accidental drownings occurred after the victim slipped

or fell in from the land or structures over water, mostly at inland locations.

143. Responsibility for inland water safety is spread across a number of Government departments so an interdepartmental group, the National Water Safety Forum, was set up. Its secretariat is provided by RoSPA.
144. Local areas did not seem particularly focused on water safety, despite the fact that many Local Resilience Fora set up under the Civil Contingencies Act 2004 have identified flooding as a high risk and priority for action. One authority mentioned traffic accidents which resulted in drowning, where road vehicles fell into water – a local issue. And international work on swimming pool safety, especially on compulsory fencing or nets under water level, was mentioned. In one local area a PCT had recommended that the Fire and Rescue Service be the primary agency dealing with inland water safety and flooding, though the duty might not come with funding, which is incumbent within current debates on flooding and water rescue at a national level
145. Local activity mostly consists of LASER schemes aimed at year 6 children, which include water safety advice. Advice by local practitioners – for example, health visitors – on water safety in the home is supplemented by RoSPA's and CAPT's leaflets on a variety of hazards, both in and out of the home. And a number of agencies carry out educational activity – for example, British Waterway's WOW: Wild Over Waterways, Fire and Rescue Service with Riskwatch.

146. There will of course be some areas where water safety is more of an issue than others, for example in coastal areas. **Local areas, for example through Fire and Rescue Services working in conjunction with LSCBs, should undertake a risk analysis of water hazards and take action as appropriate where this is found to be a priority.**

Other Policies

147. The Review heard concern about two other issues which lay apart from the main cross-cutting and safety delivery themes:

Child Employment

148. Stakeholders felt that unintentional injury related to child employment was an overlooked and underestimated issue. As mentioned in the 'Building, Using and Sharing the Evidence Base' section, statistics are not readily available to draw a clear picture of what is happening, and local stakeholders believed that a significant amount of child employment is conducted illegally, leaving employers uninsured in the event of the injury of an under-16 at work. Stakeholders said that the legislation (both central and local) is complex, varies across the country, and does not completely reflect the modern reality of working life for the under 18s, much of it dating from or before the 1960s. Stakeholders also felt the need for some co-ordinated communication to improve understanding of the law both with employers, parents, schools, children and young people. It was felt by staff in local areas that National Child Employment Week had scope to be built on for better effect, especially to join up with other child safety

campaign work and the PSA13 Communications Strategy.

149. The Team also heard that, whilst work-based training arranged through schools and colleges had a good level of safety and child protection measures surrounding it, work organised by the child with an employer directly was subject to a lower level of safety and child protection precautions. Stakeholders felt strongly that the Government should act to resolve this anomaly. The Team noted that the Government intended to issue guidance on child employment.

Drug and Alcohol Strategies

150. Of the many Government agendas mentioned by stakeholders as impacting on unintentional injury, the Government Drug and Alcohol Strategies were by far the most frequently commented on. Whilst there being general agreement that the influence of these substances leads to an increased risk of accidental injury and recognising the research that had already been undertaken (see Literature Review at Annex 1), and that there was relevant international research, stakeholders felt that the linkages between drugs and alcohol on unintentional injury in England were still not well understood, and that more research in this field was needed. The Team heard that it would be particularly helpful to understand better the effects of drug and alcohol consumption on parental supervision, and the impact on child unintentional injury particularly at the lower age range. It was felt that the Public Health Observatory on Alcohol could usefully work

jointly with the Injury Observatory for Britain and Ireland to improve the evidence base.

151. It was felt that the emphasis of these strategies was too focussed on reducing anti-social behaviour and that the Government was thereby missing an important opportunity to strengthen the public health aspects. At local level, resources were being mobilised to delivery these strategies, thereby creating opportunities that could be capitalised on to promote safety, and yet stakeholders felt that the full connections to injury prevention had not properly been made. The Team noted that the Government's Youth Alcohol Action Plan includes actions to minimise the full range of effects of harmful drinking on young people, including accidental injury, and concluded that this commitment appeared not being effectively communicated down to the local level, or acted upon. A stronger focus on the alcohol and drugs within the PSA13 injury prevention process might be beneficial.

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Recommendations

Specific Issues

Home, Road, Fire and Water Safety		Short/Mid or Long Term
G1	All levels of the delivery chain continue to be driven by current action and momentum on home, road, fire and water safety and that, through the PSA13 process, focus should be maintained on the issues highlighted above.	S-L
G2	The Government should consider further measures to address the issues of accidents in the home. Deprived areas with high accidents rates in the under 5s should particularly be targeted through practitioners and communications.	S
G3	The Government should undertake further work to consider fire safety issues including: whether more domestic sprinkler systems should be introduced, how to best encourage the use of smoke alarms with non-removable batteries/hard-wired and how kitchen safety messages could be passed on to children as they are taught to cook.	M
G4	The Government should consider further measures to address the issues of high levels of injury and death to young (often male) drivers and their passengers.	S/M
G5	A new road safety strategy and targets for post-2010 should take account of the findings of this Priority Review.	S
G6	Local areas, for example through LSCBs, should undertake a risk analysis of water hazards and take action as appropriate where this is found to be a priority.	S/M
Child Employment		
G7	The Government should consider what more should be done to improve safety for children who are in employment. To improve child safety particularly, the Government should consider how to make the safety measures in place for work-based training through schools and colleges extend to all types of child employment.	L
Government Drug and Alcohol Strategies		
G8	The Government should consider what more work should be done to address the risk that drugs and alcohol pose to children and young people's safety in the context of accidents and how to maximise the opportunities presented through the drug and alcohol strategies to improve our understanding of child unintentional injury and to promote child safety messages more widely.	S/M

ANNEX 1

Literature Review

By N Christie and E Towner

Introduction

the purpose of this review is to summarise cross cutting themes that are associated with unintentional injuries in children and young people aged 0-18 years. There is a range of different injury types that children experience in the home, at school, at leisure and while travelling around and these injuries change as children grow older and are exposed to new situations and hazards. The causes of injury are multiple and inter-related. An understanding of causal factors can help in the identification of effective preventive interventions. In addition to cross cutting themes, this review identifies effective preventive measures and gaps in our understanding of both causal factors and of interventions.

There is a strong focus in the review on socioeconomic inequalities and child injury. Unintentional injury in children shows strong and persistent inequalities (Roberts & Power 1996). Edwards et al (2006) have found that the death rate for children of parents classified as never having worked or in long-term unemployment was 13.1 times that for children in higher managerial/professional occupations. For specific injury types the gradients were still steeper: 20.6 for pedestrians, 27.5 for cyclists, 37.7 for fires and 32.6 for deaths from undetermined intent. Gradients have also been found for non-fatal injuries. Many measures of social and economic deprivation

correlate with unintentional injuries because they increase exposure, decrease supervision and undermine children's ability to deal with hazards and parents ability to provide a safe environment for children (Towner et al 2005).

Physical environment

The nature of the physical environment may expose children to risks of injury and these hazards may be more frequent in deprived areas. In the road environment, particularly, this might include high speeds and volumes of traffic, high levels of on street and often illegal parking (Christie et al 2007) and the lack of safe areas for children to play. In the home environment, older properties in need of repair, small cramped kitchens, old wiring, and foam-filled furniture can expose children to risk (Towner et al 2005). In the leisure environment the hazards of derelict buildings, building sites, parks and play areas with glass and sharp objects provide additional injury risks.

Exposure

In addition to the physical nature of the environment, the extent to which children are exposed to hazards is important. Where there is lower car ownership and more exposure as pedestrians in deprived areas, this is associated with increased risk of injury. Children from poorer backgrounds are less likely to be accompanied by

adults in the road environment compared to their more affluent counterparts. This exposure often takes place in more hazardous environments. Children's exposure to risk is also influenced by adoption of safety behaviours such as seat belt wearing which tends to be lower among people from deprived areas (Towner et al 2004; Christie et al 2008) This may be related to risk perception or be influenced by the lack of affordability of safety equipment such as stair gates, fire guards and smoke detectors.

Supervision

Children may be injured in and around the home or in the outside environment if they are not supervised in a manner appropriate to their age and abilities. Young children can be injured as pedestrians or cyclists if they are unaccompanied by an adult. In the home young children are exposed to a variety of risks, for example, from drowning (in the bath tub or ornamental pool) from scalds (from beverages, cooking or hot baths) and from falls (from furniture, stairs or windows). For some of these injuries parental supervision may be the only method of prevention (drowning in the bath or beverage scalds). The ability of a parent or carer to supervise a child appropriately may be influenced by being a single carer coping on their own. There is some qualitative evidence to suggest that parents in deprived areas observe what they feel is the neglect of children which they attribute to alcohol consumption by their parents (Christie et al 2007).

Ethnic and Cultural differences in risk

There is elevated risk of injury across all types of injury for Black, Asian and Minority Ethnic (BAME) groups. Child pedestrians from BAME groups are particularly at risk (Thomson et al 2003). Much of

this risk is associated with deprivation but this does not explain all of it (Steinbach et al., 2008). There are differences in lifestyle such as the amount of walking which may account for the higher levels of casualties. There are also differences the perception of risk among these groups that needs to be addressed (Christie 1995). Different BAME groups seem less likely to adopt safety practices such as wearing seat belts (Christie et al 2008). There could be cultural practices that increase exposure such as young children walking to mosques when it is getting dark (Hayes et al 2008). Little is known about the injury risk of new accession immigrants.

Risk taking

The evidence related to risk taking and injury is mixed. A systematic review by Thomas et al (2007) examines the research evidence relating to unintentional injury, risk-taking behaviour and the social circumstances in which young people (aged 12-24 years) live. The review concludes that there is a large literature on a 'culture of risk-taking' among young people, but the evidence to support the view that this translates into significant numbers of injuries is limited. The idea that 'risk-taking' is a helpful umbrella term to describe the motivations underlying a range of activities is also challenged. Thomas et al acknowledge that young people undertake actions that result in injury, but they suggest that a move away from individual behavioural explanations towards a focus on social and economic circumstances is likely to be a much more productive approach to understanding overall patterns of unintentional injury.

Inexperience and risk

Newly qualified drivers (many of whom are also young drivers) are at particularly high risk after

passing the driving test, with one in five new drivers having a crash accident in the first year. The 17–21 age group represent only about 7% of all license holders, but they make up 13 percent of drivers involved in injury accidents. (Ward et al 2007). The reasons for their higher risk include deficits in driving skills, but also poor attitude and behaviour that can lead to unnecessary exposure to danger. In the United Kingdom, the rate of crash involvement for young drivers (17-18) is 2.5 times higher than for older drivers (Clarke et al 2005).

In the UK, around 14% of drivers killed in cars were aged 16-19, and 26% of child passenger fatalities aged 10-15 were in cars driven by drivers aged 16-19. Several studies have shown that young drivers' crash risk is significantly increased by the presence of young passengers (Clarke et al 2005).

Alcohol

Impairment from alcohol plays a role in the injury risk of young drivers especially in deprived areas (Clarke et al 2008; Ward et al 2007). In the UK 4% of people killed or seriously injured in a crash (in which a driver was over the legal blood alcohol limit), were under the age of 15, and more than half of these deaths or serious injuries were car passengers.

Thomas et al (2007) have shown that alcohol puts young people at an increased risk of injury, with young men more at risk than young women. Hospital admissions involving injury and alcohol show a steep increase between ages of 11-15, peaking at age 15. However, the exact causal relationship is unknown and more information is needed on the circumstances of the injury in which impairment is implicated.

Anti social and criminal behaviour

Young children in deprived areas are more likely to be exposed to different types of traffic compared to more affluent areas. Drivers in deprived areas are more likely to drive unlicensed, untaxed and uninsured and are overrepresented in fatal collision involving speed, drug and alcohol impairment. (Clarke et al 2008). Uninsured drivers are more likely to be involved in fatal crashes and have an elevated crash risk between 2.7 and 9 times greater than for all drivers with the evidence indicating that are probably involved in more severe collisions (Knox et al 2003). Anti social use of scooters and motorbikes around the estates in deprived areas also perceived as a cause of injury risk. Parents living in these areas are vociferous about the threat these young drivers and riders pose to their children and the ways they affect feelings of safety and quality of life (Christie et al 2007). The casualty risk is for both the people who are driving and riding illegally and antisocially and those in collisions with them.

Anti social behaviour affects people's injury risk in other ways. Qualitative evidence suggest that parents living in deprived areas feel that there is threat of injury to children in local parks because broken glass and syringes left over from alcohol and drug use, and injury from being bitten by stray dogs (Christie et al 2007).

Implications for injury prevention

NICE has just been commissioned to develop programme and intervention guidance on the prevention of unintentional injury for children under 15 years of age (NICE 2008). The following implementation principles, delivery structures and improvements to the delivery infrastructure have been adapted from the Accidental Injury Task

Force (AITF) (DoH 2002) and the Better Safe than Sorry report (Audit Commission/ Health Care Commission 2007):

- using data collected to a common format to improve targeted action;
- encouraging and enabling local government and the NHS to share timely, high-quality, relevant data across organisations;
- tailoring effective interventions to take into account specific local needs;
- developing and disseminating good practice to demonstrate what can be done;
- showing how these interventions can help deliver other programmes and meet targets elsewhere (e.g. Health Inequalities, Children centres, promoting physical activity, reducing smoking and alcohol consumption);
- involving **all** stakeholders in producing a local action plan
- developing a well trained workforce with capacity to undertake injury prevention work;
- recruiting high-level support including support from the voluntary sector;
- identifying sources of additional funding; and
- identifying indicators to monitor performance.

Delivery Structures

The following structures are needed to be engaged in order to hasten implementation:

- Regional Directors of Public Health working in Government Offices of the Regions;
- Regional Public Health Observatories;
- the Director of Public Health in each Primary Care Trust;
- the Local Strategic Partnership in each community;
- Safeguarding Children’s Boards and Child Death Review committees;
- a named individual to deliver plans.

Improving the delivery infrastructure

Since the publication of the AITF report the SWPHO (the lead observatory for unintentional injury) has developed a central website for sharing information and RoSPA is currently reviewing injury data collection sources. The following infrastructure measures would improve delivery:

- the adoption of a common minimum dataset;
- the dissemination of examples of good practice;
- structured training for professionals whose duties include unintentional injury prevention;
- increasing the skills and knowledge base to fill the gaps.

Tackling health inequalities

In order to tackle health inequalities, specific attention needs to be paid to:

- The use of multi-faceted approaches that include educational, engineering and enforcement strategies;
- The use of interventions that help to strengthen individuals, strengthen communities, improve access to services and enhance macro economic and social change.
- Environmental measures which produce quantifiable cost-effective reductions in injuries e.g. thermostatic mixer valves; speed reduction measures;
- Inclusion of partners from multiple sectors and disciplines;
- Engagement and involvement of the community, including children and young people.
- Integrated guidance from different government departments;
- Flexibility at the local level allowing for possible joint funding of initiatives between departments and agencies.

Gaps in research and practice

Alcohol and drugs

More information is needed about the possible links between alcohol and illicit drug use and unintentional injury involving adolescents and young adults and on alcohol and parents' ability to

supervise children. Good quality data on the role of alcohol and injury occurrence needs to be routinely collected.

Attitudes to risk

Attitudes to safe driving are established early and therefore courses with coverage of knowledge of responsibilities, attitudes, identification with other road users, and how to resist peer pressure to take risks need to be made available long before the official age for learning to drive is reached.

Leisure and Play Spaces

More information is needed about how the creation of accessible, safe spaces (such as parks and play areas) and the provision of recreational activities in children's free time impacts on their exposure and injury risk

Supervision

The issue of supervision often falls below the epidemiological radar. Families need to be strengthened in order to cope with competing demands. More information is needed about how to improve accompaniment in the external environment and supervision at home.

Driving 'out of the system'

More research is needed about why young people drive without proper training or entitlement.

Black, Asian and Minority Ethnic Groups

There is a need to understand differences in risk and risk perception and the best way to address with stakeholder involvement explored using social marketing approaches.

Involving children and young people in injury prevention initiatives

The National Service Framework (DoH/DfES 2004) and the Children's Taskforce were developed to improve the lives and health of children and young people. At their core were principles for the involvement of children and young people (DoH 2002, DfES 2004). Within the child injury field there

are a number of examples of consulting young people but relatively few examples of more active involvement in injury prevention activities. A notable exception is the 'Streets ahead on safety' project, where children have been involved in decision making about road safety plans, working with road safety officers and engineers (Kimberlee 2008).

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ANNEX 2

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ANNEX 3

National Indicators related to Unintentional Injury

A single set of 198 national indicators have been developed to reflect national priorities and to inform local action, partnerships and performance management from April 2008.

In each local area, targets against national indicators are negotiated through Local Area Agreements (LAAs), which are at the heart of a new council performance framework. From spring 2009, the new Comprehensive Area Assessment (CAA) will look at the public service-wide delivery of LAA outcomes, assessing any risks to that achievement. The Local Government and Public Involvement in Health Act places a 'duty to cooperate' on all partners when agreeing the LAA targets.

Each LAA includes up to 35 targets from the national indicators, complemented by 17 statutory targets on educational attainment and early years. Local areas have the flexibility to respond to these national indicators in the most appropriate way in negotiation with Government Offices.

Relevant indicators for child unintentional injury prevention include:

NI 47 People killed or seriously injured in road traffic accidents (DfT Departmental Strategic Objective)

Included in 48 LAAs

NI 48 Children killed or seriously injured in road traffic accidents (DfT DSO)

Included in 3 LAAs:

- Wirral
- Bradford
- NE Lincolnshire

NI 49 Number of primary fires and related fatalities and non-fatal casualties, excluding precautionary checks (CLG DSO)

Included in 13 LAAs:

- Gateshead
- Lancashire
- Oldham
- Derby
- Derbyshire
- Shropshire
- Hammersmith and Fulham
- Hillingdon

- Bracknell Forest
- Buckinghamshire
- Milton Keynes
- Slough
- Wokingham

NI 70 Hospital admissions caused by unintentional and deliberate injuries to children and young people (DCSF DSO)

Included in 5 LAAs:

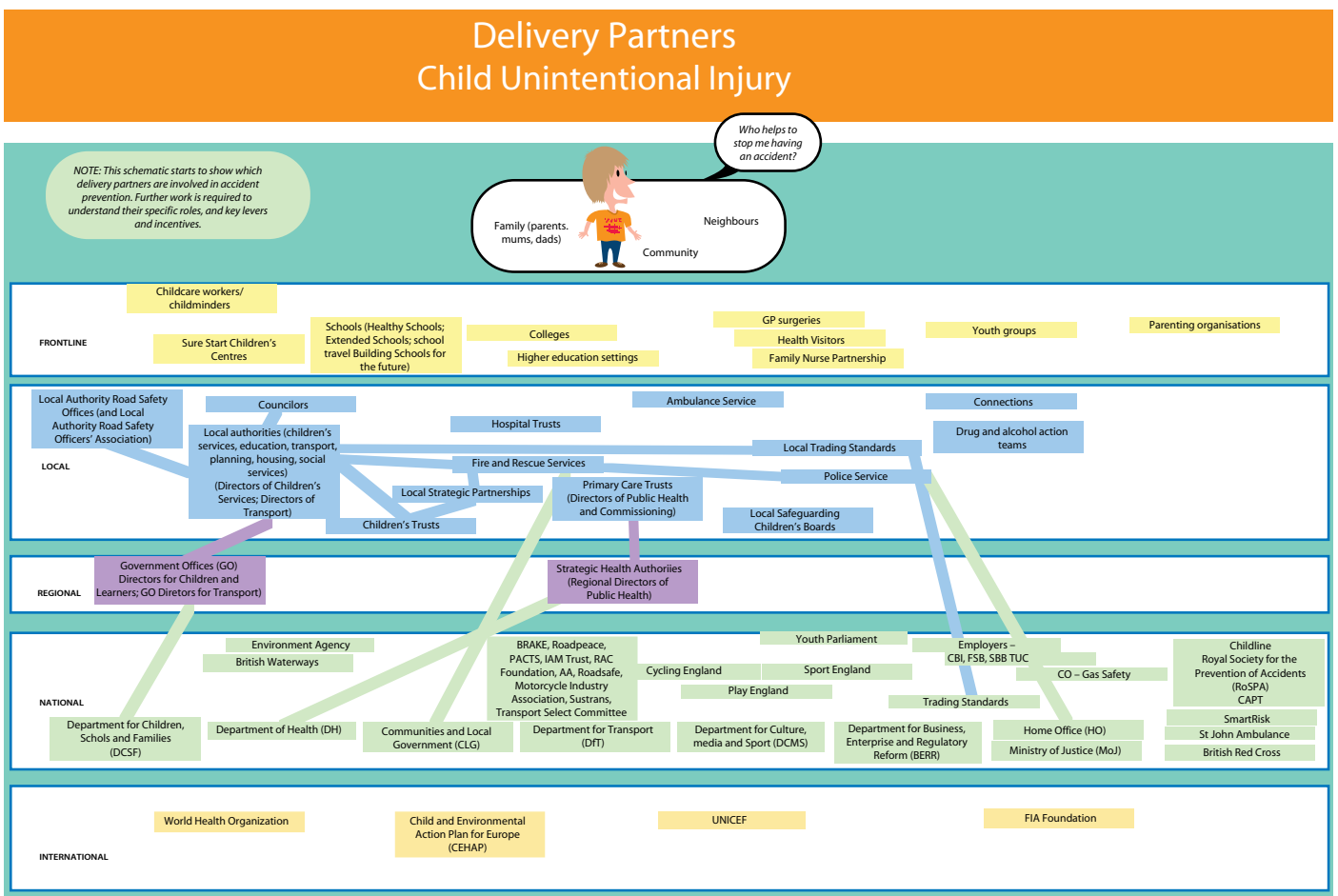
- Blackburn & Darwen
- Cumbria
- Cambridgeshire
- Oxfordshire

Further information on National Indicators is available from:

<http://www.communities.gov.uk/documents/localgovernment/doc/517909.doc>

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ANNEX 4 Delivery Partners



ANNEX 5

Recommendations

Use Existing Evidence More Effectively		Priority
A1	The Government should develop a toolkit or guidance for local areas on locating, analysing and using data and evidence on local unintentional injury issues to maximum effect. This should include advice and examples of how to analyse cross-agency and cross-policy links.	M/L
Addressing Gaps in Data Collection		
A2	The Government should work with the Information Centre for Health and Social Care, in consultation with wider injury prevention stakeholders, to ensure that its new collection of A&E attendance data works as effectively as possible for improved injury surveillance.	S-L
A3	The Government should consider how to fill the data gap left by the cessation of the Home and Leisure Accident Surveillance Systems.	M/L
A4	The Government should take stock of existing economic analysis on unintentional injury prevention; undertake work to extend this to all other of unintentional injury; consider current policies in light of this evidence and disseminate the results to local areas.	S/M
A5	The Government should investigate with the Health and Safety Executive and the Office of National Statistics ways to improve the national understanding of the size of the under 16 population in employment, and the relative risk of injury between different areas of employment. This should include consideration of whether questions on the under 16 employment could be included in the sample for the next Labour Force Survey or Annual Population Survey.	L
Addressing Gaps in Research		
A6	The Government should undertake a stocktake of current and planned research to assess whether there are any knowledge gaps, duplications and opportunities to pool resources. This should inform the development of a co-ordinated cross-Government plan of research on unintentional injury.	M
A7	The Injury Observatory of Britain and Ireland should strengthen its website content, and promote its services more actively to provide a clear central point of access to injury-related research.	S/M

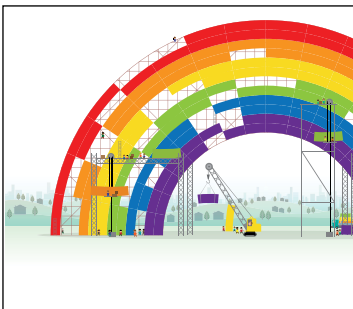
Use Existing Evidence More Effectively		Priority
Sharing Knowledge and Good Practice		
A8	The Government should put in place a structured system of knowledge-sharing for practitioners on unintentional injury. There is scope for existing websites to provide this function and through regional Local Safeguarding Children Board (LSBC) networks.	M/L
A9	The Government should work with existing bodies and networks immediately to consider how those networks could be used more effectively to share injury prevention information. A range of new DCSF initiatives particularly provides good scope for immediate action on this point. Government should also consider the potential of Regional Improvement & Efficiency Partnerships (RIEPs) as a mechanism to support local delivery.	S
A10	The Government should identify opportunities to facilitate the spread of good practice through national or regional workshops bringing together multi-agency partners. The WHO Conference on Injury and Violence, which will be hosted by London in 2010, would provide one such medium-term focus for such activity.	S/M
Understanding Opportunities, Levers and Incentives		
B1	Local areas should work to identify what opportunities, incentives and motivations partners involved in injury have at local level, and seek to use these 'soft' levers to maximise local delivery opportunities.	S/M
B2	The Government should undertake a mapping exercise at the national level to identify what opportunities, incentives and motivations exist at national level that impact on frontline delivery, with a view to assisting local areas in maximising opportunities for joint working. This should be accompanied by practical advice and examples for local areas on how to influence effectively on unintentional injury prevention in a highly cross-cutting environment.	S/M
National Indicators on Accident Reduction		
B3	The Government should develop guidance for local areas on working more effectively with and through the National Indicators relating to child unintentional injury prevention, with a view to encouraging more local areas to adopt injury-related indicators in their LAAs, supported by the Government Office challenge function. Government Offices should also be provided with data on accidents in their regions to ensure that in areas with high numbers of incidents, LAs are challenged on their actions to address this through current performance management procedures e.g. Priorities Conversations.	M

Use Existing Evidence More Effectively		Priority
Partnership Working		
B4	The Government should produce central guidance, agreed across all agencies involved in local delivery, setting out expectations of local partnership work on child injury prevention. This should also include guidance on commissioning and joint commissioning of child unintentional injury prevention services	L
Enforcement		
B5	The Government should encourage the police and other enforcement agencies to be more active in exercising their monitoring and enforcement functions, making clear the wider economic and social benefits of doing so.	L
B6	The Government should keep the issue of new legislative measures to support the prevention of child unintentional injury under review through the PSA13 Preventing Accidents Working Group process.	M
Injury Prevention Coordinators		
C1	The Government should consider, as part of its next Spending Review discussions, the creation of an Injury Prevention Coordinator post in every Local Authority. Wherever this person is situated in the LA, whether in children's services, environmental health, road safety or elsewhere, it is crucial that links across interested parties are strong.	L
C2	The Government should work with employers and their representatives to explore how injury prevention specialists could be offered more structured qualification and career paths.	L
Workforce Capability		
C3	The Government should work with the providers of workforce training to improve the safety knowledge and skills element in initial training and continuous professional development for parts of the workforce that come into frequent contact with children and young people. The module on safety in the national CPD programme for PSHE could be built on as an immediate means of doing this for teachers, but should be considered for more elements of the workforce.	M/L
C4	The Government should work with the safety community as a whole to identify and use more proactive ways of communicating to, and supporting the professional development of, those involved in the delivery of unintentional injury prevention. The PSA13 Communications Strategy offers an immediate route through which to do the former. Links with the Children's Workforce Development Council should be explored to consider areas in which their work might support this.	S – L
C5	Local areas should work to improve the level and quality of public health analytical skills within their workforces.	M-L

Use Existing Evidence More Effectively		Priority
Using Joint Resources and Funding		
C6	The Government should encourage and assist local areas in finding easier ways of pooling resources to support accidental injury prevention, particularly across the full range of local agencies.	M-L
Co-ordinated Ownership and Leadership of National Policies		
D1	Central Government Departments should work more concertedly to agree and co-ordinate policies and action on unintentional injury. The opportunity offered by the PSA13 process and associated governance arrangements should lead this process.	S/M
D2	All levels should provide clear and explicit leadership to improve collaboration between injury prevention activity and policies on housing, planning and the built environment. At central level, the PSA13 process will perform this function, and regional and local levels should also work to ensure that these agendas are involved more closely in injury prevention activity. There is a key role here for Children's Trusts and LSCBs.	S/M
Community Empowerment		
D3	The Government should assemble and disseminate practical advice and examples of how to improve participative community involvement on safety, drawing on the lessons learned from other behaviour change programmes. This should specifically cover the greater involvement of children and young people, issues affecting rural communities and vulnerable groups.	S/M
Leadership on Local Delivery		
D4	Children's Trusts and LSCBs should consider how they can strengthen injury prevention work, including through raising the profile of unintentional injury in Children and Young People's Plans. This might also be through establishing a work strand or sub-group of the LSCB to look specifically at accidents. Further information on the LSCB role in accident prevention should be made available in the forthcoming practice guidance to LSCBs.	S/M
Customer Insight		
E1	The Government should use customer insight work to improve the impact of messages on safety and unintentional injury. Such insight work should focus particularly on young people and parents, on changing behaviours around parental supervision, and on workless households.	M/L

Use Existing Evidence More Effectively		Priority
Public Communication Campaigns		
E2	The Government should develop a sustained, long-term public communications campaign on unintentional injury prevention, using social marketing techniques to maximise its impact linking with existing campaigns such as Think! and Fire Kills and maximising impact of the annual Child Safety Week.	L
E3	The Government should work with the unintentional injury stakeholder community to identify and use more creative opportunities to communicate with children, young people, parents and communities on unintentional injury. This should also be disseminated to the local level to encourage local stakeholders to carry out communications campaigns aimed at local issues.	S/M
Supporting the Workforce with Communication		
E4	The Government should develop practical guidance for practitioners about the key safety messages, and about the different levels of risk at different ages. This work should be informed by customer insight, and the evidence base.	S/M
Central Government Communication		
E5	Central Government Departments should agree and use consistent language and messages, drawing on customer insight research, when communicating to the public and practitioners about safety, recognising that language used to the public may differ from that used with and by practitioners.	M
Safety Training in Schools		
F1	The Government should consider how PSHE should promote safety messages further. This could be done by updating guidance on how best safety aspects might be delivered, to assist schools when delivering PSHE safety training.	L
F2	The Government should maximise the opportunities to promote safety and risk awareness through programmes in schools such as Healthy Schools, Sustainable Schools and Change4Life and through Children’s Centres. The Government should also assess the feasibility of extending these opportunities into the FE sector.	M/L
Safety Training Beyond School		
F3	The Government should identify national and regional providers of out-of-school activities and explore with them the opportunities for increased safety advocacy within their provision. Information about such opportunities should be made available to parents and practitioners in local areas. The newly launched Child Safety Education Coalition’s work will be pivotal in this area.	S/M

Use Existing Evidence More Effectively		Priority
F4	The Government should work to co-ordinate more closely interventions to combat youth anti-social behaviour with the wider Every Child Matters and Safeguarding agendas.	S/M
Training Packages and Resources		
F5	The Government should undertake central quality assurance of safety education and training resources and packages. The newly launched Child Safety Education Coalition's work will be key in this area.	L
Home, Road, Fire and Water Safety		
G1	All levels of the delivery chain continue to be driven by current action and momentum on home, road, fire and water safety and that, through the PSA13 process, focus should be maintained on the issues highlighted above.	S-L
G2	The Government should consider further measures to address the issues of accidents in the home. Deprived areas with high accidents rates in the under 5s should particularly be targeted though practitioners and communications.	S
G3	The Government should undertake further work to consider fire safety issues including: whether more domestic sprinkler systems should be introduced, how to best encourage the use of smoke alarms with non-removable batteries/hard-wired and how kitchen safety messages could be passed on to children as they are taught to cook.	M
G4	The Government should consider further measures to address the issues of high levels of injury and death to young (often male) drivers and their passengers.	S/M
G5	A new road safety strategy and targets for post-2010 should take account of the findings of this Priority Review.	S
G6	Local areas, for example through LSCBs, should undertake a risk analysis of water hazards and take action as appropriate where this is found to be a priority.	S/M
Child Employment		
G7	The Government should consider what more should be done to improve safety for children who are in employment. To improve child safety particularly, the Government should consider how to make the safety measures in place for work-based training through schools and colleges extend to all types of child employment.	L
Government Drug and Alcohol Strategies		
G8	The Government should consider what more work should be done to address the risk that drugs and alcohol pose to children and young people's safety in the context of accidents and how to maximise the opportunities presented through the drug and alcohol strategies to improve our understanding of child unintentional injury and to promote child safety messages more widely.	S/M



You can download this publication at www.teachernet.gov.uk/publications

Search using ref: DCSF-00213-2009

ISBN: 987-1-84775-352-6

D16(8122)/0209

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