

Ten questions to ask if you are scrutinising...

local action on preventing
unintentional injury in children and
young people under 15





Centre for Public Scrutiny (CfPS)


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The Centre has received funding from the Department of Health to run a support programme for overview and scrutiny committees. These committees promote the wellbeing of local communities through effective scrutiny of healthcare planning and delivery and wider public health and social care issues.


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NICE makes recommendations to the NHS on:

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- new and existing medicines, treatments and procedures
 - treating and caring for people with specific diseases and conditions.

NICE makes recommendations to the NHS, local authorities and other organisations in the public, private, voluntary and community sectors on how to improve people's health and prevent illness and disease.





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Introduction


This guide is one of a series designed to help health overview and scrutiny committees (OSCs) carry out their work on various health, healthcare and social care issues. Other guides in the series include:

- [‘Cardiovascular disease prevention’](#) (CfPS 2010).
- [‘End of life care for adults’](#) (CfPS 2009)
- [‘Eye care’](#) (CfPS 2009)
- [‘Local involvement networks’](#) (CfPS 2009)
- [‘Promoting physical activity through planning, transport, and the physical environment’](#) (CfPS 2009)
- [‘Mainstream health services for people with learning disabilities’](#) (CfPS 2008)
- [‘NHS service design or reconfiguration’](#) (CfPS 2007)
- [‘The effectiveness of your local hospital’](#) (CfPS 2007)
- ◇ [‘Child and adolescent mental health’](#) (CfPS 2006)

This guide can help OSCs influence development of local policies and service delivery plans to ensure they support programmes, planning and procurement efforts to reduce unintentional injury in children and young people under 15 among their local population.

It is based on recommendations made by NICE in three separate public health guidance documents published in November 2010: ‘Strategies to prevent unintentional injuries among children and young people aged under 15’ (NICE public health guidance 29); ‘Preventing unintentional injuries in the home among children and young people aged under 15:’ (NICE public health guidance 30) and ‘Preventing unintentional injuries among children and young people aged under 15: road design and modification’ (NICE public health guidance 31).¹

¹ NICE uses the term ‘unintentional injuries’ rather than ‘accidents’ because most injuries and their precipitating events are predictable and preventable. ‘Strategies to prevent unintentional injuries among children and young people aged under 15’ NICE public health guidance 29 (2010). Available from www.nice.org.uk/guidance/PH29



These are national, evidence-based recommendations on how to plan effectively and coordinate programmes to prevent unintentional injury in children and young people under 15, as well as recommendations on specific interventions to improve safety in the road, home and outdoor play and leisure. NICE has also produced other guidance that complements and supports this work (see the 'Related NICE guidance' section).

Reviewing local policy and its impact on preventing unintentional injury in those under 15


The best available evidence of effectiveness should inform the development of local and regional plans to promote child health and wellbeing. These include joint plans for children and young people, local agreements and joint strategic needs assessment. OSCs have a key role in establishing to what extent this is happening.

These ten questions to ask are drawn from the NICE recommendations, which are based on the best available evidence of effectiveness and cost effectiveness. They are designed to help committee members when they are preparing for a review, or in developing their lines of questioning for invited witnesses at a formal public meeting.

Consulting others

To get the full picture, OSCs need to speak to people representing different perspectives. Possible witnesses are

- ◇ executive members with a remit for health, care and wellbeing
- ◇ directors of public health
- ◇ directors of children's services

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- ◇ directors of adult and children's social services
 - ◇ directors of leisure services
 - ◇ directors of housing
 - ◇ social housing providers
 - ◇ chief officers from the police, fire and rescue services
 - ◇ representatives from GP consortia
 - ◇ head teachers and school governors
 - ◇ local strategic partnership leads
 - ◇ road safety officers
 - ◇ healthy child team leads
 - ◇ trading standards and licensing enforcement leads
 - ◇ environmental health officers
 - ◇ NHS commissioners
 - ◇ health visitors
 - ◇ accident and emergency professionals
 - ◇ other relevant specialist health practitioners
 - ◇ transport planners
 - ◇ non-government organisations and charities involved in improving the public's health and wellbeing
 - ◇ children and young people
 - ◇ representatives from patient groups, the community and voluntary sector
 - ◇ representatives of children and young people partnerships.

Why should OSCs review the impact of local authority and health and wellbeing strategies on unintentional injuries in children and young people under 15?

Unintentional injury is a leading cause of death and illness among children aged 1–14 years and causes more children to be admitted to hospital each year than any other reason². Most injuries and their precipitating events are predictable and preventable.

Experience from European countries with the best safety records, including the UK, shows that positive leadership, together with widespread, multisectoral efforts to provide safer physical and social environments, can produce sustained reductions in injury mortality and morbidity³.

In 2002, nearly 900,000 children and young people in the UK aged under 15 attended hospital following an unintentional injury in the home. Over a million children and young people aged under 15 were taken to hospital following an unintentional injury outside their home; 360,000 were injured while at school, 180,000 while playing sport and 33,000 while in a public playground⁴.


In 2009 in Britain, 18,307 children and young people aged under 15 were injured on the roads; of these, 2267 were seriously injured and 65 died⁵.

² Audit Commission and Healthcare Commission (2007) Better safe than sorry: preventing unintentional injury to children. London: Audit Commission.

³ Sethi D, Towner E, Vincenten J et al. editors (2008) European report on child injury prevention. Copenhagen: World Health Organization Regional Office for Europe

⁴ Department for Trade and Industry (2002)


⁵ Department for Transport (2010) Reported road casualties in Great Britain 2009: Annual report. London: Department for Transport



The argument to improve road safety is not simply ethically, socially and emotionally driven, but is an economically sound policy that will deliver real cost savings. The total cost of reported road accidents in 2009 has been estimated to be £15.8 billion, increasing to around £30 billion when accidents not reported to the police are included⁶.

Unintentional injury can affect a child or young person's social and emotional wellbeing. For example, those who survive a serious unintentional injury can experience severe pain and may need lengthy treatment (including numerous stays in hospital). They could also be permanently disabled or disfigured⁷.

Each year unintentional injuries lead to around 2 million A&E department visits and 97,000 hospital admissions in the UK involving children and young people aged under 14. This equates to about 3300 visits and 200 admissions per 100,000 population in your local authority area each year⁸.



Although deaths and hospital admissions from unintentional injury are decreasing, there are inequalities between socioeconomic groups: areas with higher levels of deprivation have a higher incidence of unintentional injury. Children from disadvantaged circumstances are more likely to die from an unintentional injury than children from more affluent communities⁹.

⁶ Parliamentary Advisory Council on Transport Safety (2010) Business case for road safety. London: Parliamentary Advisory Council on Transport Safety

⁷ Eurosafe (2006)

⁸ The Information Centre for Health and Social Care (2009) Hospital episode statistics (HES) [online]. Available from www.hesonline.nhs.uk [accessed 5 December 2009]

⁹ Edwards P, Roberts I, Green J et al. (2006) Deaths from injury in children and employment status in family: analysis of trends in class specific death rates. *British Medical Journal* 333: 119

What are the likely costs and savings, and does implementation offer value for money?

NICE guidance is based on the best available evidence of what works and whether it is cost effective.

The cost of implementing the NICE recommendations is not easy to quantify and will vary according to local circumstances and priorities. It is likely that costs may fall on local authorities, while savings may accrue to others such as the health sector, families and wider society. Local authorities and their partners will need to consider potential costs in the following areas:

- ◇ staff costs associated with leadership and coordination
- ◇ road design and modification
- ◇ installation and maintenance of permanent safety equipment in social and rented dwellings
- ◇ unintentional injury prevention campaigns
- ◇ data collection and management
- ◇ policy and strategy development
- ◇ partnership working
- ◇ workforce development

Equally, it is not easy to quantify the savings that can be made by implementing the NICE recommendations. However, it is anticipated that implementation may bring the following benefits and savings:

- ◇ reduced costs associated with A&E attendances and hospital admissions for unintentional injuries among children and young people under 15
- ◇ improved outcomes for children and young people, such as improved health, quality of life, school attendance and attainment

- ◇ improved safety for all occupants of the home
- ◇ increased productivity for families and employers, by reducing the time that parents or carers have to take off from work to look after children and young people who have been injured
- ◇ preventing short-term and permanent disabilities and death from unintentional injury
- ◇ reduced emotional impact and trauma for children and young people and their families
- ◇ improved road design and safety for the wider community
- ◇ associated savings to GPs and other services such as ambulance, police, fire and rescue, transport and criminal justice¹⁰.

Engineering measures to improve road safety may also have other positive outcomes for the wider community, such as increasing walking or cycling and lower levels of air pollution.

What information do OSCs need to prepare for the review?

When preparing for the review, OSC members should be familiar with what good services look like, information about the national picture and local data that tells them the extent of the problem in their locality and the vulnerability of its population.


NICE has published recommendations on effective strategies and practice to prevent unintentional injuries in children and young people under 15. There is a quick reference guide available, which gives an overview of the recommendations from the three guidance documents.

The quick reference guide can be accessed at

www.guidance.nice.org.uk/PH29/QuickRefGuide/pdf/English. The

recommendations cover six categories: general, workforce training and

¹⁰ Strategies to prevent unintentional injuries among children and young people aged under 15, NICE public health guidance 29. (2010) Costing report available from www.nice.org.uk/guidance/PH29/CostingReport





capacity building, injury surveillance, home safety, outdoor play and leisure and road safety. The guidance includes some national recommendations to assist local action, but the decision on whether these are taken forward and how they are prioritised will be determined by government and subject to statutory, regulatory and cost impact assessments.

Familiarity with the [NICE recommendations](#) and other information from the Royal Society for the Prevention of Accidents ([RoSPA](#)) and the [Child Accident Prevention Trust](#) will help OSC members identify good practice.

OSC members will need to understand the national and local picture. Useful sources of data include the South West Public Health Observatory's web page on [National Injury Information Sources](#) (available at: www.swpho.nhs.uk/resource/item.aspx?RID=63592) and the Department for Transport's [local road accident tables](#) (available at: www.dft.gov.uk/pgr/statistics/datatablespublications/accidents/casualtieslatables/)

OSC members should contact their local director of public health, local public health analyst and/or public health observatory to understand the demographics of the local population. Some children and young people are particularly vulnerable to unintentional injury. OSCs need to know how many children and young people in their region:

- ◇ are younger than 5 (generally they are more vulnerable to unintentional injury in the home)
 - ◇ are older than 11 (generally more vulnerable to unintentional injuries on the road)
 - ◇ have a disability or impairment (physical or learning)
 - ◇ are from minority ethnic groups
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- ◇ live with a family on a low income
 - ◇ live in accommodation that potentially puts them more at risk (this could include multiple-occupied housing, social and privately rented housing and temporary accommodation).

OSCs should review local policies, plans and strategies relevant to children and young people, such as local agreements, plans for sustainable development and the Joint Strategic Needs Assessment, to get an overview of how the prevention of unintentional injury in under-15s is addressed locally.

Ten questions to ask if you are scrutinising the prevention of unintentional injury in under 15s

1. How is unintentional injury prevention for those under 15 incorporated in local plans and strategies for children and young people's health and wellbeing?

Child injury has important consequences for lifelong health and wellbeing. To ensure prevention activities are effective, they need to be incorporated into local plans and strategies that aim to improve the population's health. In particular, there should be local objectives to prevent unintentional injuries among the most vulnerable groups to reduce inequalities in health. This commitment should be addressed as part of the authority's public health responsibilities to keep children and young people safe.

In your local plans and strategies is there evidence of;

- ◇ a commitment to reduce the prevalence of unintentional injuries in children and young people under 15 – for example has the Health & Well Being Board prioritised related work streams with partners?
- ◇ support for multisectoral working and a requirement for agencies to work in partnership
- ◇ support for data collection on the incidence, severity, cause and place of injury, and evidence that these data are being used to inform decision-making and monitor outcomes
- ◇ investment in staffing, workforce development and training
- ◇ monitoring and evaluation – for example do local authorities report to the local strategic partnership on progress?

2. How are initiatives to prevent unintentional injury in those under 15 coordinated?

A wide range of organisations, departments and individuals are involved in activities related to preventing unintentional injury in children and young people under 15. This includes commissioners and providers of health services, local authority children's services, local authorities and their strategic partnerships, local highway authorities, local safeguarding children boards, police, fire and rescue services, policy makers, professional bodies, providers of play and leisure facilities, schools, children and young people, and their parents or carers. NICE recommends that there is a child and young person injury prevention coordinator to maximise impact and make the best use of resources. [Case studies](#) are available from the Child Accident Prevention Trust.

- ◇ Is there a 2–3-year strategy developed with partners that is integrated into all relevant local plans and strategies for children and young people's health and wellbeing?
- ◇ Is there a designated child and young person injury prevention coordinator?
- ◇ Is the coordinator involved in relevant local boards such as the local safeguarding children board, local or regional forums such as communities of practice, regional and national networks such as [Making the Link](#).
- ◇ Does the coordinator report on progress to the director of children's services or other director-level officer?
- ◇ Has the coordinator received specialist training?

3. How does the wider childcare workforce access injury prevention training?

Appropriate education and training in how to prevent unintentional injuries should be available for everyone who works with (or cares for and supports) children, young people and their families.

- ◇ What training is made available to professionals who work directly with children, young people and their families?
- ◇ Does the education and training provided support the wider child health remit (for example, promoting children and young people's development)?
- ◇ Is the effect of the education and training monitored and evaluated to determine the effect on practitioner performance and outcomes?

4. What data is available and how is it used by planners and providers of initiatives?

Data is needed to monitor unintentional injuries among children and young people locally, regionally and nationwide. The data gathered can be used as the basis to plan preventive initiatives. Such initiatives may need to take into account a particular type of injury locally or regionally, even though it may not be a major problem nationwide.

- ◇ Are systems or procedures in place to collect data on the incidence, severity, type, cause and place of injury?
- ◇ What other data are available to inform the initiation and monitoring of local programmes and strategies? (For example, data on ownership of key items of safety equipment, and knowledge of the need for practices and programmes such as fire escape plans and safe journeys to schools).

- ◇ Are these data accessible across agencies?
- ◇ Are these data used to inform planning and delivery of interventions and to monitor outcomes?

5. How is the prevention of unintentional injuries among under 15s coordinated, delivered and monitored in outdoor play and leisure services?

Children and young people's participation in regular physical activity and outdoor play and leisure is important for their growth, development and general health and wellbeing. However, the inherent risks and benefits, which vary for different age groups, will need to be taken into account when developing policies and plans.

- ◇ Does the local policy balance the risks and benefits of play and leisure environments and activities (for example, does it balance risk aversion with promoting the need for children and young people to develop skills to assess and manage risk according to their age and ability)?
- ◇ Does the local policy take into account children and young people's preferences and needs, including those from lower socioeconomic groups, minority ethnic groups and those with a disability?
- ◇ Does the local policy take into account the principles of [British](#) and [European](#) standards (where they exist) and assess the risks and benefits of play and leisure environments?
- ◇ Where equipment and the environment cannot be modified, is information, advice and education about risk management and the use of any appropriate safety equipment provided?
- ◇ Is information and education on water safety and firework safety delivered to parents, carers and children and young people in a

consistent and timely manner?

- ◇ Is cycle training and the correct use of cycle helmets for use when cycling off road, and other activities such as skateboarding and some high risk water sports, appropriately promoted?¹¹

6. How is the prevention of children's road injury coordinated, delivered and monitored?

Primary prevention of road accidents focuses on altering the behaviour of road users through education and/or introducing engineering measures, particularly to restrict vehicle speed and separate vehicles from vulnerable road users (pedestrians and cyclists). Secondary prevention includes changing car design and the provision and use of safety devices. The logical place to start in considering road injuries is with primary prevention.¹²

- ◇ Is someone in a senior position (such as director level) leading on and taking responsibility for the health sector's involvement in injury prevention and risk reduction?
- ◇ Is there evidence of effective partnership working between health professionals and local highway authorities to implement appropriate engineering measures as part of a broader injury prevention strategy?
- ◇ Are engineering measures to reduce speed evaluated for their impact on collisions and injuries?
- ◇ Does the partnership working on road safety include consulting parents, carers, children and young people about how they use

¹¹ This reflects the fact that NICE only considered the use of cycle helmets in parks, bridleways and other outdoor environments, as the scope for the guidance excluded cycle helmets and other protective equipment for road use. This therefore should not be taken to imply that cycle helmets were found to be ineffective for use while cycling on the road.

¹² Racioppi F, Ericsson I, Tingvall C et al. (2004) Preventing road traffic injury: a public health perspective for Europe. Copenhagen: World Health Organization

- ◇ Are road safety reviews carried out every 3 years using inequalities data to identify which social groups experience most injuries and the risks to local children and young people, and do they consider all types of journey, not just those to and from school?

7. What is being done about safer routes to school?

When going to and from school, children may be vulnerable to unintentional injuries on the road – particularly children older than 11. OSC members will want to examine whether enough is being done to ensure that children can take a safer route to school. Questions arising from related NICE recommendations include:

- ◇ Are local child road safety reviews carried out at least every 3 years? Are they consistent with other regions? (Look at the type of data collected, whether it includes data that identifies groups who experience more injuries than others [inequalities] and risks in all types of journey, not just those to and from school.)
- ◇ Do travel plans cover off-road routes to school?
- ◇ Are children and young people given the opportunity to undertake cycle training and encouraged to wear cycle helmets when cycling off the road?¹³
- ◇ Is the health sector playing an active role in local road safety partnerships?
- ◇ Has the impact of road safety initiatives been evaluated? For example, what is the level of compliance with speed limits?

¹³ This reflects the fact that NICE only considered the use of cycle helmets in parks, bridleways and other outdoor environments, as the scope for the guidance excluded cycle helmets and other protective equipment for road use. This therefore should not be taken to imply that cycle helmets were found to be ineffective for use while cycling on the road.

8. How is injury prevention for under 15s coordinated, delivered and monitored for vulnerable households?

The risk of an unintentional injury in the home is greatest among vulnerable households such as those with children younger than 5, families living in rented or overcrowded conditions or families living on a low income. It could also include those living in a property that lacks appropriately installed safety equipment.

- ◇ Do local plans and strategies incorporate home safety assessments aimed at vulnerable households as described above?
- ◇ Are there local agreements with housing associations and landlords to ensure permanent home safety equipment is installed and maintained in all social and rented dwellings?
- ◇ How are home safety assessments commissioned? For example, is there a local scheme to offer assessment and install high-quality home safety equipment supported by appropriate advice and information? (For example, in collaboration with the voluntary sector and, whenever possible, adhering to British or equivalent European standards.)
- ◇ Is there a process in place to facilitate follow-ups on home safety assessments and interventions? For example, how effective is the education, advice and information given to parents or carers?

9. What evidence of leadership is there to ensure that progress is made in preventing unintentional injuries in children and young people in this locality?

Because positive leadership is shown to be an important factor in achieving best safety records¹⁴, OSC members will want to know the level of senior commitment invested in this area by asking the following questions of director level staff, such as directors of public health and/or of children's services. These questions overlap with those suggested in question 1.

- ◇ How is your commitment to reduce the prevalence of unintentional injuries in children and young people under 15 reflected in local plans and delivery of services for children and young people?
- ◇ How do you provide support for cross agency working? In what way do you require these agencies to work in partnership?
- ◇ What data do you have on incidence, severity, cause and place of injury, and how do you use this information to inform decision making?
- ◇ How much do you invest in workforce development and training in this area, and what have been the results?
- ◇ How do you monitor and evaluate success and learning?
- ◇ When did you last report on progress in this area to the local strategic partnership?

¹⁴ Sethi D, Towner E, Vincenten J et al. editors (2008) European report on child injury prevention. Copenhagen: World Health Organization Regional Office for Europe



10. Do children and young people under 15 feel that their preferences and needs are being addressed?

NICE recommends that local children and young people, particularly those from disadvantaged communities, and their parents or carers, are consulted about their road use and their opinions about the risks involved.

- ◇ Have parents and carers been consulted about their children's road use and safety?
- ◇ What local information is available from professional partnerships, children's councils and neighbourhood forums?
- ◇ How well do local policies, strategies and programmes reflect an understanding of how children and young people use (and wish to use) their environment?
- ◇ What local information is available?
- ◇ What signage and road measures are in place near local playgrounds and schools?

Further information

- ◇ Ask your public health analyst or Director of Public Health for local documents, such as the 'Annual public health report' and the relevant sections of the local development framework
- ◇ NHS Information Governance Toolkit website at www.igt.connectingforhealth.nhs.uk
- ◇ Department of Health (2007) NHS information governance guidance on legal and professional obligations. London: Department of Health. Available from www.dh.gov.uk/en/Publicationsandstatistics
- ◇ HM Government (2008) Information sharing: guidance for practitioners and managers. Department for Children, Schools and Families and Communities and Local Government. Available from www.education.gov.uk/publications
- ◇ Home safety assessment tools are available from The Royal Society for the Prevention of Accidents (www.rospa.com) and Safe-Home (www.safehome.org.uk)
- ◇ Healthy Child Programme available at www.dh.gov.uk/en/Healthcare/Children/Maternity/index.htm
- ◇ Department for Business Innovation and Skills (2010) Firework safety: be media wise! London: Department for Business Innovation and Skills. Available from: <http://bis.ecgroup.net/Publications/ConsumerIssues/ProductSafetyFireworks.aspx>
- ◇ Department for Transport's 'Transport analysis guidance' at www.dft.gov.uk/webtag/

Related NICE guidance

- ◇ When to suspect child maltreatment. NICE clinical guideline 89 (2009). Available from www.nice.org.uk/guidance/CG89
- ◇ Community engagement. NICE public health guidance 9 (2008). Available from www.nice.org.uk/guidance/PH9
- ◇ Behaviour change. NICE public health guidance 6 (2007). Available from www.nice.org.uk/guidance/PH6
- ◇ Routine postnatal care of women and their babies. NICE clinical guideline 37 (2006). Available from www.nice.org.uk/guidance/CG37

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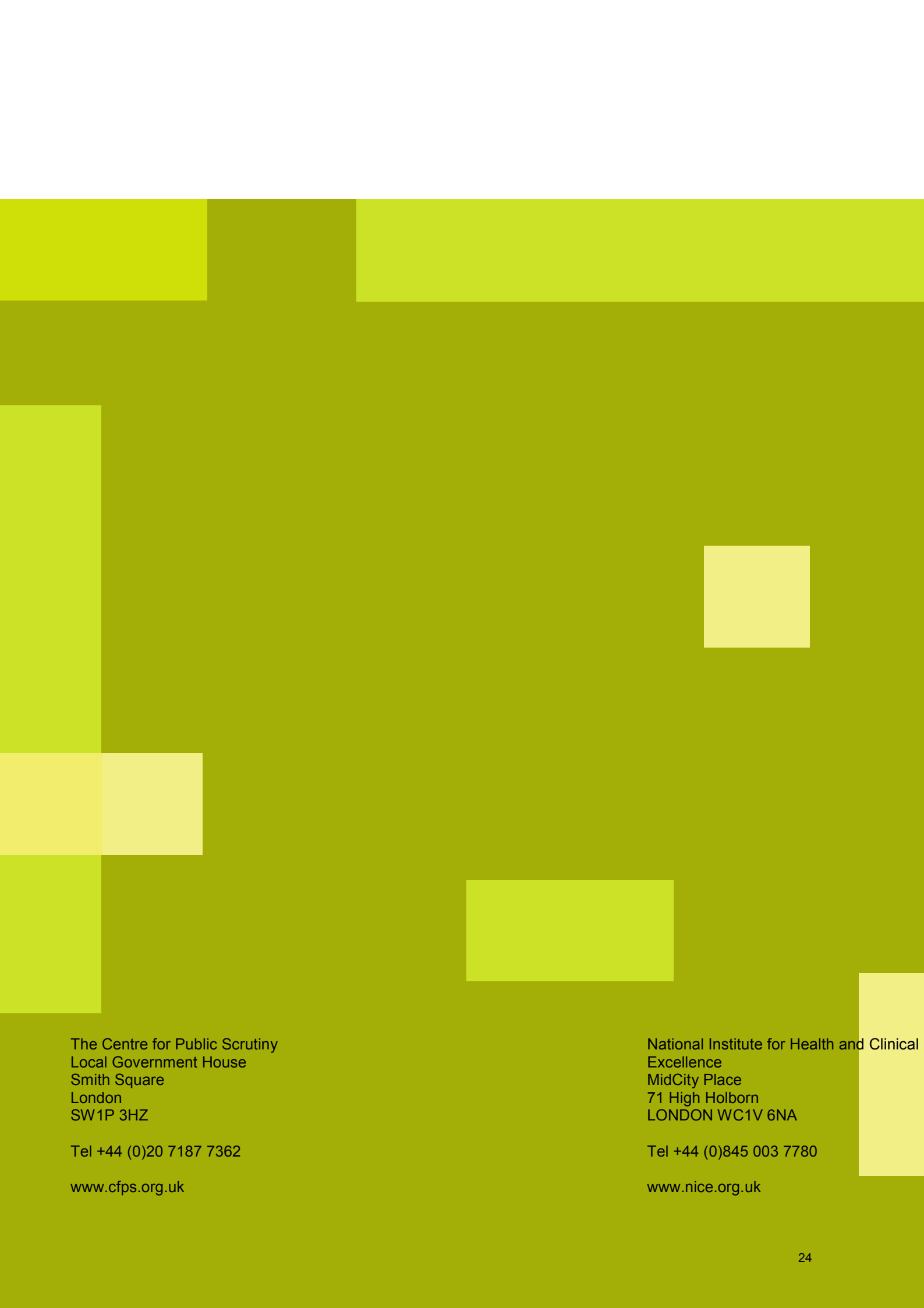
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