Fieldwork Validation Report:

Strategies to Prevent Unintentional Injury Among Under 15s

Report for The Centre for Public Health Excellence,
at The National Institute for Health and Clinical Excellence

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Please note that Word of Mouth is responsible for this report, and the conclusions drawn within it.

1. Introduction

1.1 Context and policy background

Although the number of children and young people experiencing unintentional injuries has been steadily declining for some years, it is still a very significant cause of death and injury, and causes more children and young people to be admitted to hospital each year than any other reason.

Furthermore, there are significant implications for health inequalities, since children and young people living in disadvantaged communities are much more likely to suffer unintentional injuries - around 30% greater likelihood, according to Edwards et al, 2006. Indeed, in terms of deaths the inequalities appear even more extreme, with children and young people of parents who are long-term unemployed being 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 and professional occupations.

The social determinants behind exposure to risk from unintentional injury are relatively well known, including environmental factors (e.g. roads), socioeconomic factors (e.g. overcrowded housing, older/less safe equipment etc) and lifestyle factors (e.g. smoking, substance misuse etc).

With these issues in mind, the Department of Health asked the National Institute for Health and Clinical Excellence (NICE) to prepare guidance on the prevention of unintentional injuries. The draft guidance was published on May 17, 2010, and this fieldwork report describes the response to the draft guidance, from a sample of practitioners, managers and commissioners in roles and organisations relevant to the guidance.

1.2 The Public Health Guidance Development Process

The Centre for Public Health Excellence (CPHE) at NICE operates to a tried and tested process for developing public health guidance, incorporating extensive consultation at key points. The process for this work began, with a request from the Department Of Health to prepare public health guidance on unintentional injury among under 15s.

The first stage of the process began with the drafting of a scope to identify the remit of the work. Consultation on the draft scope was undertaken in November 2008, and the final agreed scope was published in January 2009. Work then began on the establishment of an evidence base through commissioned reviews and expert opinion.

Consultation on the evidence, and the submission of further evidence by registered stakeholders, took place in October and November 2009, with the Programme Development Group (PDG) subsequently drafting recommendations. The validation stage, in which the draft guidance is tested among registered stakeholders and through fieldwork with practitioners, managers and commissioners, was originally scheduled for April and May 2010, but delayed due to the general election purdah period, with fieldwork finally starting on May 17, and ending on June 17, 2010.

1.2.1 Fieldwork objectives

The NICE methods manual for developing public health guidance is very clear about the role of the fieldwork stage in helping to further develop draft guidance:

> *'The fieldwork phase tests how easy it will be for policy makers, commissioners and practitioners to implement the draft recommendations and how the recommendations will work in practice'.*

The general aim is therefore to 'road test' the draft recommendations. This involves exploring views about the recommendations across a very wide range of practitioners, with subtly varying perspectives, and drawing out insights that will help to fine tune the recommendations before implementation.

The objectives of the fieldwork stage were clearly set out in the project specification, in terms of examining the relevance, utility and factors affecting implementation. More specifically, the fieldwork needed to examine the following questions:

- What are the views of those working in the field on the relevance and usefulness of these draft recommendations to their current work or practice?
- What impact might the draft recommendations have on current policy, service provision or practice?
- What factors (e.g. time available, training) could impact – positively or negatively - on the implementation and delivery of the guidance?
- Do practitioners know of any evidence, either from their own experience and practice or elsewhere, not currently taken into account by the draft recommendations?

1.3 Project scope

The definition of the **in scope population** for this project was:

- Children and young people aged under 15, particularly those in disadvantaged circumstances (for example, those living with families on a low income, living in overcrowded housing or with a lone parent).
- Parents and carers of children and young people aged under 15.

The guidance was specified as covering the following: design and modification to highways, roads and streets, the supply and/or installation of home safety equipment, home risk assessments and prevention activities in the external environment. The focus was specified as being on the following measures:

- Primary and secondary legislation
- Regulation and standards
- Enforcement

The guidance also covers compliance with the above and supporting mass-media campaigns. In addition, it covers injury surveillance, data collection and analysis in relation to preventing unintentional injuries in children under 15 and workforce training, support

and capacity building. Tertiary prevention and the technical efficacy of products were explicitly excluded from the scope.

1.4 Draft guidance

The draft guidance was published on May 17, 2010, enabling fieldwork to commence. The full guidance document can be found at the following web address: http://guidance.nice.org.uk/PHG/Wave17/12/Consultation/Latest

The draft guidance contained 36 recommendations, grouped into seven categories: general recommendations (1-4), workforce training and capacity building (5-8), injury surveillance (9-13), home safety (14-18), water safety (19-21), outdoor play and leisure (22 -30), and road safety (31-36). It was impractical to ask fieldwork participants to discuss all 36 recommendations, and consequently we undertook an exercise prior to fieldwork commencing, to decide on the optimal mix of participants roles and organisations, and the allocation specific recommendations according to the participants' role and organisation type. More detail can be found on this in the Methods section of this report.

2. Management Summary

In this chapter we provide an overview of the fieldwork methods, identify overarching themes emerging from the fieldwork, and summarise the feedback obtained on each recommendation.

2.1 Summary of Fieldwork Methods

The fieldwork was conducted between May 17 and June 17, 2010. A total of 80 participants contributed, with 27 attending the seven mini group discussions, and 53 participating in 49 interviews.

Most of the fieldwork was conducted with participants from three selected areas, namely East Sussex, Lancashire and South East London. A small number of participants were based outside these areas, and they tended to be working in organisations with a national coverage.

Individuals were identified as being relevant to the fieldwork consultation, either through nomination at local planning meetings, or through desk research, by internet and telephone. Those selected were sent an initial letter of invitation, followed by direct telephone contact to arrange an appointment. Those agreeing to participate were then sent a document containing the recommendations most appropriate to their role and experience.

Note that, as mentioned in section 1.4, participants received and commented on a selection of recommendations and were not asked for their views on all 36. The typical number of recommendations discussed in each interview/group discussion was between five and 10.

Appendix 3 contains a description of participants, their areas and roles.

2.2 Overarching Issues

This fieldwork took place between the formation of a new government, and the Budget of June 22, 2010. Questions of financial uncertainty were raised in almost all interviews, and contributed to a degree of scepticism on many recommendations.

At the start of the fieldwork period it was announced that the Department for Children, Schools and Families (DCSF) would cease to exist in its current form. Participants understood that the draft recommendations were formulated prior to the general election, but many found it difficult to comment in detail on some aspects of the guidance, particularly in relation to the question "who should take action?", as the post DCSF government structures were not clear.

Fieldwork participants often queried the focus of the guidance on under 15s. These participants found this age definition somewhat unusual, and unhelpful. It does not fit with the more common age bands, such as school age, or under 18s, typically applied to policies and service eligibility criteria.

There is a strong desire for more evidence on effectiveness, and a fear that lack of evidence will undermine the funding position of preventative activity in the future. A number of

recommendations in the draft guidance might be suitable to implement on a pilot basis, with a view to conducting an effectiveness evaluation in pilot areas, and contributing to the evidence base.

The home safety recommendations triggered a number of discussions about the merits of universal interventions versus targeted interventions. In home safety, the majority of services currently provided are targeted, and it was noticeable that many participants assumed that recommendations 16-18 would be targeted, despite clear references to "all families with children under five". It may enhance understanding if the rationale for universal services is made explicit in relevant recommendations.

When asked to comment on the organisations listed to take action, participants often remarked that they would like to see one organisation identified as having leadership responsibility. NICE should consider splitting this recommendation text into "who should lead?" and "who else should be involved?"

For some recommendations participants were aware of related guidance, issued by other government and industry bodies, and where interested to know what the relationship would be between NICE guidance, and the existing guidance. A common concern was that they would not be "joined up", effectively causing confusion and additional work for people with responsibilities for relevant issues. During the implementation phase, NICE should work with other guidance providers to ensure that guidance is complementary, and the relationships between different set of guidance should be made clear.

The term "surveillance" is not interpreted consistently in all sectors. NICE should consider using an alternative wording, or provide an explanation in recommendations relating to surveillance data.

Recommendations on surveillance data should include a statement to make it clear whether this refers to aggregated, anonymised data, or could include individual case level data.

Understandably, much of the draft guidance makes reference to "parents and carers", and a small number of participants noted that Looked After Children did not necessarily have parents or regular carers who would be able to meet the obligations assumed in some of the draft guidance. The guidance therefore needs to consider the implications for social groups including the following:

- Looked After Children
- Young adults leaving the care system
- Families with children with disabilities and developmental delay
- Children whose parents do not speak English
- Families recently arrived in the country, who may not be familiar with typical British home environments, public services, roads, railways etc

2.3 Summary of Feedback on Recommendations

The sections below provide summaries for each of the recommendation categories, and summaries for each individual recommendation.

2.3.1 General recommendations

All of the general recommendations were welcomed by fieldwork participants as positive measures to increase the profile of unintentional injury prevention, though with a number of caveats, particularly around funding and technological infrastructure. Recommendation 3 caused considerable debate, being seen by some as essential, but with others having practical concerns, particularly in relation to the potentially very wide scope of the role.

Recommendation 1 Incorporating the prevention of unintentional injuries in government white papers and policy

This recommendation was welcomed by participants as important and appropriate. It should be noted that the recommendation requires action from central government, and yet our fieldwork participants were primarily locally based, and this is reflected in some of the response themes.

There was concern about the data collection aspect of the recommendation and recognition that it was not always possible to obtain high-quality information from A&E departments. There was a call to avoid overburdening practitioners and a request for "no more paperwork", and the use of existing data collection systems, and/or simple "user friendly" systems to be established.

Recommendation 2 Incorporating the prevention of unintentional injuries in the local 'Children and young people's plan'

This recommendation was welcomed by participants as important and appropriate. Most participants felt that this recommendation would help to prioritise prevention of unintentional injuries among children and act as a driver for change. There was agreement that national and local strategies should mesh and the Children and Young People's Plan (CYPP) was considered the best place to locate efforts on this topic. Some participants felt this recommendation was important because different approaches currently exist across unitary authorities and metropolitan boroughs. Some participants were not familiar with the term CYPP but supported the idea of including a recommendation on this topic in a local plan of action.

Recommendation 3 Appointing a local child injury prevention coordinator

This recommendation was largely received positively in principle, though with a good deal of concern about whether it would be viewed as a funding priority in a challenging financial climate, about the potentially very wide scope of the role, and the practical difficulties that might pose.

Recommendation 4 Identifying and responding to multiple emergency department attendances

The overall response to this recommendation was supportive and positive, but several participants identified concerns. These included the lack of adequate infrastructure, the focus on multiple attendances, the narrow focus on emergency departments to the exclusion of other treatment settings, and the focus on awareness as opposed to action.

2.3.2 Workforce training and capacity building

These recommendations were welcomed, and there was recognition that many practitioners had had little training in injury prevention. Nevertheless, there was considerable debate about the practical application of the recommendations (e.g. overlap with related standards, targeted or universal training, mandatory or optional training), and widespread concern about the availability of funding.

Recommendation 5 Funding injury prevention training

This recommendation was welcomed, and a number of participants stressed the importance of a multi-disciplinary approach. There was some scepticism that it would be regarded as a funding priority, and it raised a lot of comment and questions, which varied substantially, often reflecting the particular perspective of the participant's role.

Many participants did not think in terms of course development and course delivery being separate stages, and this led to some confused feedback.

Recommendation 6 Developing standards for injury prevention

This recommendation was generally welcomed, and some participants saw it as a pre-requisite for the establishment of a wider workforce training programme.

There was uncertainty around what such standards would comprise of, how they would be applied, and how they would work alongside existing standards which would overlap in coverage. To be effective the standards would need to be monitored to ensure compliance.

Recommendation 7 Training for child injury prevention coordinators

This was difficult for some participants to engage with, because of questions still unresolved from the debate over recommendation 3 (appointment of the Coordinator).

Much will depend on the background from which the individual Coordinators come. Some envisaged that it would need to be regional or national level training, given the relatively small workforce in question. The ability to network with other Coordinators was thought to be just as important as formal training, according to a current Accident Prevention specialist.

Recommendation 8 Injury prevention training for the wider childcare workforce

This recommendation was welcomed by most, as it is recognised that many practitioners have little or no training on unintentional injury prevention.

A major concern is around the definition of the childcare workforce, which is potentially huge, and would be a major challenge in terms of logistics and resources. There is a debate around whether this training is best applied universally, or targeted at certain practitioners working with those most at risk. Similarly, there is a debate over whether it should be mandatory or optional, if rolled out widely.

The private sector is not specifically mentioned in the recommendation, but is a major provider, and one which may not currently have unintentional injury "on the radar". The

very large number of small organisations in the private and voluntary sectors will present a challenge to delivery.

An interesting suggestion was made to apply this training to those parts of the adult social care workforce working with parents of very vulnerable children, such as adults with mental health and substance use issues.

To have a lasting impact, the training needs to be followed up with appropriate support, frameworks and protocols.

2.3.3 Recommendations for injury surveillance

The absence of authoritative data was identified by numerous participants as a key problem when "making the case" for injury prevention, so these recommendations were positively received, in principle. The most commonly expressed concern was around the resource implications of additional data collection and data coordination. It will be important to minimise resource implications for front line staff, and to clearly explain the benefits of improved surveillance data, in order to avoid the necessary tasks being seen as "pointless paperwork". Similarly, there is a need to explain the additional value arising from the recommendations, over and above the ad hoc local data collection and sharing arrangements in different areas of the country.

Participants expected there to be a need for significant investment in computer systems, and a need for training and quality assurance on the difficult task of accurate coding.

NICE needs to appreciate that the term "surveillance" can have different meanings in different professions. Recommendations need to spell out whether they are referring to aggregated, anonymised data, or individual case data, or both.

Recommendation 9 Establishing a national injuries surveillance resource

This recommendation was strongly welcomed, though it should be noted that some participants were not clear on whether this covered sharing of individual case data, as well as aggregated surveillance data.

It was expected that the recommendation would make demands on local resources, and this caused some concerns. The other key concern was around quality assurance for the coding of injuries, which was thought to be a very challenging task.

Recommendation 10 Establishing a robust national emergency department minimum commissioning dataset

This recommendation was strongly welcomed by most participants. There was recognition of a number of potential barriers, and acknowledgement that the system would not be perfect, but would be a big advance on what is currently available.

The main challenges were perceived to be around resources, computer systems and skills. In particular, it was important that adequate resources were available in emergency departments to enable data to be collected, without jeopardising the four-hour patient target, and without adding to stress on the staff. As with recommendation 9, the concerns

around skills were in relation to the complex coding task, and the availability of analysis skills to make the most of the data output.

Recommendation 11 Establishing an enhanced emergency department dataset
Some participants did not find this recommendation significantly different from recommendation 10, on first inspection. The opinions expressed applied equally to recommendations 10 and 11. This is largely because the recommendation text does not give sufficient information on how the "minimum" and "enhanced" datasets would differ. The only substantive comments specific to recommendation 11 were that its success will depend on being able to identify a sample of emergency departments that could produce a nationally representative picture, and that funding would need to be made available given the resource implications of what could be a substantial data collection exercise.

Recommendation 12 Gathering high quality data on injuries from emergency departments
Local arrangements for data collection and sharing do exist, and it was not clear to our participants that this recommendation was improving on those arrangements. The prospect of having a central, national organisation providing guidance and training did appeal, but there were also concerns about duplication of work between new systems and existing ones.

Recommendation 13 Sharing data among agencies
This recommendation was welcomed by most participants, though it needs to overcome some cynicism that it may duplicate existing local data sharing arrangements, without adding significant value. There is also a need to make the benefits clear to those staff for whom enhanced data collection, and better sharing of data means additional work. This should involve evidence that procedures are in place to make sure that the data is used effectively.

2.3.4 Recommendations for home safety

There was a strong welcome for the introduction of a regulatory framework on home safety equipment, though there was debate on the potential impact on the private sector market, and the difficulty of engaging private sector landlords.

A wide range of different services currently offer "home safety assessments", and some participants could see efficiencies in standardising around a common approach.

The availability of funding was a major concern. The universal offer implied in recommendations 16-18 was considered unrealistic by number of participants, who believed that this conflicted with other elements of the draft guidance which encouraged targeting resources on those most in need. This debate is described under recommendation 18.

Recommendation 14 Introducing a regulatory framework for fitting and maintaining permanent safety equipment in social and rented housing
The majority of participants strongly welcomed this recommendation, with specific references to the inclusion of private rented accommodation, and to the responsibility placed on central government for taking action. Effective engagement with the private

rented sector will be challenging, but is very important to success. Availability of funding is the other major concern.

Recommendation 15 Delivering information to accompany regulation and guidance on fitting and maintaining permanent safety devices
This was viewed as an essential part of recommendation 14, and the suggestion was made to combine the two recommendations.

Recommendation 16 Incorporating home safety assessments in the Healthy Child Programme
This recommendation was warmly welcomed, although assessments were thought to be happening for under fives, but in a less formalised way, possibly without documentation. Health Visitors support the recommendation but do not think it is always appropriate for them to conduct the assessments, and a number of participants believed that there is merit in enabling a range of different services to conduct assessments.

Recommendation 17 Incorporating home safety assessments in the 'Children and young people's plan'
Recommendation 17 did not generate a great deal of discussion, and to a great extent this was because people were not clear how much it added to recommendation 16.

Some participants noticed that recommendations 16-18 appear to make a universal offering, rather than being targeted at those most in need. This discussion is described in recommendation 18.

Recommendation 18 Commissioning home safety assessments
Some participants noted that recommendations 16-18 appear to offer a universal service, to all families/households with a child under five. There was a strong feeling that a universal approach was unrealistic in financial terms, and contradicted other elements of the draft guidance which encouraged targeting on those most in need.

Provision of home safety assessments is currently very fragmented, with multiple organisations conducting assessments, each from particular perspectives (e.g. prevention of fire, crime, for child protection, housing or health purposes), using different criteria. Some participants could see an opportunity for more efficient working through a co-operative approach.

2.3.5 Recommendations for water safety inside and outside the home

Though welcome in principle, there were serious concerns about the ability to deliver these recommendations. It was thought that many of the bodies/roles identified as taking action would not be able to act effectively. For example, Lifeguards do not have enough time, hospitality/leisure businesses do not have the skills, and swimming lessons struggle to attract those most in need, even when free of charge. To compound matters, it was recognised that it is very difficult to engage the public on water safety issues.

There was support for a social marketing campaign on water safety, led by local authorities, who would be able to combine a core set of nationally applicable messages with tailored messages appropriate to their local environment.

Recommendation 19 Providing water safety information and education
The recommendation is clear, but its relevance varied according to the roles held by our participants. There is a wide variety of organisations delivering water safety information across varied settings, and this needs to be reflected in the list of those taking action. Some perceived the current list of action takers as unrealistic.

Water related risks vary according to local geographical and cultural factors. A social marketing campaign is needed, based around a core of common information, but with the flexibility to accommodate key local issues. Local authorities are likely to be best placed to deliver this, and a creative approach is needed for the campaign to be successful in targeting key groups, at appropriate times.

Recommendation 20 Developing water safety skills
Though welcome, there were some key reservations about implementation of this recommendation. Schools did not believe that they would be able to make a major contribution on this front, partly because it would not be seen as a priority for their resources. There were concerns about swimming lessons being expensive, and about the failure to properly target funding for free swimming lessons on those most in need. It was pointed out that learning to swim in a heated swimming pool was not adequate preparation for the hazards of open water.

An example of an effective intervention was suggested, but it was noted that funding had been withdrawn as it was not a priority for the education authority.

Recommendation 21 Water safety – advice for leisure providers
There were serious concerns about how effectively this recommendation could be implemented. This was partly because the necessary skills are not thought to be common among these providers, but also because it is difficult to engage the public with this kind of information, whether through signage or other publicity.

2.3.6 Recommendations for outdoor play and leisure
The recommendations on cycle helmet usage were met with some scepticism, and there was no consensus on the safety benefits of cycle helmets. The key barrier to implementation is seen to be young people's reluctance to wear helmets, but there were also other practical concerns. Schools complained of lack of funding for safe routes to school, and it was not clear which agencies would engage young people with cycle helmet safety information "off road". The major retailer cautiously welcomed recommendation 26, but would need assurances on the proposed trade association scheme.

The recommendations on play were welcomed, and in particular all participants liked the acknowledgement that risks should be balanced with benefits. However it will not be easy to communicate the guidance across a diverse and fragmented sector, and the fear of bad publicity resulting from an injury is a considerable barrier to implementation.

The fireworks recommendations received a mixed response. Participants liked the prospect of a national campaign and the emphasis on evaluation, but there were significant doubts over whether the recommendations would produce any additional impact on injury prevention. There were key reservations over recommendation 29, which was thought to have misinterpreted current legislation, and was seen as resource intensive, yet unlikely to have significant impact.

Recommendation 22 Promoting cycle helmet use – government
This recommendation was met with a range of significant concerns around implementation. Chief among these were the difficulties of getting children and young people to wear safety helmets, uncertainty over which agencies were best placed to address this issue "on the ground" and the lack of available funding for campaigns and safe routes.

Recommendation 23 Promoting fireworks safety – government
This recommendation was generally welcomed by most, but its focus on government activity elicited varied responses from our largely "local" participants. Some were keen to see a national campaign, given increasing difficulties in obtaining funding for local prevention campaigns. An alternative view was that serious fireworks related problems now tended to be highly localised, and that a national campaign may therefore not be the most efficient approach.

Recommendation 24 Developing play policies – for public play and leisure facilities
Some participants believed that the guidance was not saying anything new, though most were pleased to see explicit recognition of the need to balance risk with benefits. It was thought that many providers were very cautious because of the fear of bad publicity resulting from injuries incurred on their facilities.

A number of considerations for implementation were raised, including the importance of engaging with parents, the difficulty of communicating with the large and diverse community of play providers, the need to work in co-operation with other guidance providers, and the concern that policies of this nature are difficult to write, and many smaller providers may not have the necessary skills to do so with confidence.

Recommendation 25 Developing play policies for private play and leisure facilities used by the public
Most participants felt that this recommendation was useful, though there was a call to tighten up the wording around equipment/environment not covered by relevant standards, and doubts over the quality of inspection and maintenance regimes at hotels and pubs. The most common response to this recommendation was that it should be combined with recommendation 24.

Recommendation 26 Promoting cycle helmet use – retailers
We interviewed one major retailer of bicycles for children, and one small scale cycling business, involved in sales, cycle hire and cycle training. Both were generally supportive of the recommendation, though the large scale retailer was cautious about the introduction of

a Certified Retailer Trade Association scheme, and the smaller retailer was not familiar with such schemes.

Recommendation 27 Promoting cycle helmet use – local agencies
Road safety professionals welcomed this recommendation, but with some concerns around implementation. Others were less clear on its benefits, and particularly focused on the reluctance of children and young people to wear helmets, and problems with providing safe cycling routes to school.

Recommendation 28 Promoting cycle helmet use – event organisers
There was general support for the recommendation, notwithstanding some practical concerns around enforcement and the willingness of children and young people to wear helmets.

Recommendation 29 Fireworks safety – local agencies
This recommendation was not particularly well received. It is suggested that the recommendation is based on a mistaken interpretation of the current legislation. A number of additional concerns were expressed, particularly around the scale of necessary resources against likely minor impact, and the absence of any measures to tackle illegal sales.

Recommendation 30 Conducting local safety campaigns on the use of fireworks
This recommendation was seen mainly as a statement of good practice, because campaigns of the type described are well-established in most areas of the country. Nevertheless, the evaluation element of the recommendation was seen as valuable, as there is thought to be very limited data on effectiveness.

2.3.7 Recommendations for road safety
The road safety recommendations were generally seen as reflecting best practice, which exists in parts of the country, but perhaps not everywhere. Consequently these recommendations were uncontentious but not regarded as having a major impact on the prevention of unintentional injury.

Participants would welcome more practical advice on "what works", and would welcome help in getting health services to engage with road safety partnerships.

Recommendation 31 Child road safety reviews and consultation – government
There was a strong welcome for this recommendation, which was seen as a well-designed attempt to encourage the adoption of best practice, which is currently applied inconsistently.

Recommendation 32 Increasing police involvement in child road safety
This recommendation needs some work to improve its clarity in a number of respects. Opinions were divided on the extent to which the actions recommended were already in place.

Recommendation 33 Establishing and managing road safety partnerships
Participants thought that this recommendation was clear and thorough. Partnerships are well-established in most areas, and this was seen as seeking to refocus their activities towards prevention. The recommendation was welcomed as supportive of partnerships, but challenges remain for the future, including the engagement of health services and financial sustainability.

Recommendation 34 Local child road safety reviews and consultation
This recommendation was considered clear, relevant and useful. Potential barriers to implementation were identified as the availability of reliable hospital data on injuries, and uncertainties over future funding.

Recommendation 35 Aligning local child road safety policies
This recommendation was welcomed as a positive move to encourage good practice, which exists in some areas, but not all. It was recognised that the setting of common goals can be challenging, but is achievable.

Recommendation 36 Promoting and enforcing road safety initiatives
In common with some other recommendations, this recommendation was seen as formalising what was likely to be taking place in many areas of the country already. For some, this was positive, but others were frustrated that the recommendation did not provide more practical guidance.

Some participants wondered whether a number of the recommendations relating to road safety should be combined (e.g. 32, 33, 36)

3. Fieldwork Methods

Fieldwork was conducted in accordance with the principles set out in the NICE methods manual for public health guidance development. The table below summarises the approach.

Stage 1. Choosing fieldwork areas with advice from the Child Accident Prevention Trust, with the aim of including a spread of geographical and socio-economic factors 1. East Sussex 2. Lancashire (with particular focus on East Lancashire) 3. South East London (with particular focus on Southwark)
Stage 2. Compile a list of relevant potential participants 2.1 Local planning meeting with key local personnel, to identify "must include" names, and understand the organisation of relevant services in the area 2.2 Desk research using the internet and telephone, to supplement the lists generated by the local planning meeting
Stage 3. Review early draft of guidance recommendations to be tested This led to refinement of the roles and organisations invited to participate
Stage 4. Review fieldwork design in light of recommendation review 4.1 36 recommendations - too many to cover in a single group discussion or interview 4.2 Allocation process undertaken to ensure that participants were asked to focus on the most appropriate recommendations, given their role and expertise 4.3 Fieldwork design changed to include mini-groups comprising participants in similar roles/organisations, rather than a smaller number of larger discussion groups
Stage 5. Fieldwork 5.1 Fieldwork took place between May 17 and June 17, 2010 5.2 Completed fieldwork comprised seven mini groups and 49 interviews - 27 people attended the mini group discussions, and 53 people took part in an interview

The nature of the local planning meetings varied, partly reflecting the extent to which unintentional injury was explicitly acknowledged as an issue around which services or networks were established. One area had an Accident Prevention team, and we met with two members of the team and a senior PCT Director, and in another area we met with the Policy Lead for unintentional injury. In the third area no local planning meeting took place, but a list of contacts was provided. It was notable that this list had a more senior profile, and was less focused on those with unintentional injury as a significant component of their role, than the lists obtained following meetings. It seems likely that this partly reflects the fact that detailed discussion of requirements tends to produce more targeted contact lists, but may also reflect the fact that unintentional injury prevention was less of an explicit focus in the third area, and the network of those involved in such work was less well developed.

Over 200 relevant practitioners, managers and commissioners were identified as potential participants for the fieldwork, from the local planning meetings and desk research. Once the final fieldwork design was agreed (stage 4, above), 155 individuals were allocated to the interview/mini group profile shown in appendix 3, and received letters of invitation.

Letters of invitation were followed up with telephone calls and (where necessary) e-mails, in order to confirm participation and agree appointments for interviews or attendance at mini-groups. For the interviews a mixture of telephone and face-to-face methods were used, but all mini-groups were conducted in person, at a location convenient for fieldwork participants.

There were a total of 80 fieldwork participants, with 27 attending the seven mini-groups, and 53 taking part in the 49 interviews, including four cases in which two colleagues were interviewed.

Very few of those directly invited to participate declined the invitation, though in many cases it was not possible to arrange a convenient appointment during the fieldwork period. Since a number of those originally invited delegated or otherwise passed on the invitation to colleagues, it is not possible to provide a precise response rate to the exercise, but we estimate it to be somewhere in the region of 40%-50% (i.e. the percentage of those originally invited who completed an interview or attended a group discussion).

Those agreeing to appointments were sent an e-mail with two important attachments; a consent form (see appendix 2); a recommendation set, containing specific recommendations appropriate to their role and expertise. Reminder e-mails were sent 48-72 hours prior to the appointment.

All interviews were digitally recorded and transcribed. Interview duration varied, largely due to the variation in the number of recommendations that each individual was asked to consider, with a typical range of between 35 minutes and 70 minutes. Mini group duration varied also, from around 90 minutes up to 125 minutes.

4. Feedback on draft recommendations

This chapter is divided into sections according to the recommendation categories, namely general recommendations, workforce training and capacity building recommendations, surveillance recommendations, home safety recommendations, water safety recommendations, outdoor play and leisure recommendations, and road safety recommendations.

4.1 General recommendations

Recommendation 1 Incorporating the prevention of unintentional injuries in government white papers and policy

Who should take action?

- Department for Children, Schools and Families.
- Department of Health.
- Department for Transport.
- The Home Office.

Summary of feedback

This recommendation was welcomed by participants as important and appropriate. It should be noted that the recommendation requires action from central government, and yet our fieldwork participants were primarily locally based, and this is reflected in some of the response themes.

There was concern about the data collection aspect of the recommendation and recognition that it was not always possible to obtain high-quality information from A&E departments. There was a call to avoid overburdening practitioners and a request for "no more paperwork", and the use of existing data collection systems, and/or simple "user friendly" systems to be established.

Clarity of recommendation

The recommendation was found to be clear and free from jargon. One respondent identified concerns about the language used to describe the subject matter. The terms ‘non-accidental injury’ or ‘preventable injury’ were considered to be more appropriate terms.

Relevance and usefulness

There were differing views regarding the relevance and usefulness of the recommendation. Participants felt that the recommendation was relevant – and important - as a foundation for effective prevention work to reduce the number of unintentional injuries, but felt that putting the recommendation into practice was more challenging.

"Government policy is always useful when commissioning services because that's where you look at the national policies and then the local drivers when we write our contracts, to ensure that services meet the national guidance, so it's useful as a commissioner to have that there. It is a great lever."
PCT Commissioner

Nevertheless, there was some concern expressed that this could be a "paper exercise", with an unclear rationale, and unclear benefits.

Factors affecting implementation
The prospect of a new emphasis on unintentional injury on children and young people, and linking government policy to existing child health programmes was seen as a very positive development.

One participant linked this recommendation to recommendation 3 (appointment of a local coordinator), and thought that the two recommendations would streamline central government strategy with local strategy through the safeguarding children board, within a broad perspective across all relevant services.

The negative opinions expressed focused on the perceived lengthy time required to put recommendations into policies and white papers, and concern that this was possibly a token or paper exercise.

Whether the necessary information, knowledge, skills and resources exist
Participants expected that civil servants and others responsible for implementing this recommendation would have the necessary skills and knowledge. One respondent commenting on the data collection section reported that there was likely to be considerable variability about the collection and reporting of data at a local level, due to concerns about the consistency of coding, which is discussed in more detail on the recommendation 9.

How much will this recommendation help their efforts to prevent unintentional injury?
There was considerable negativity about the likely impact of this recommendation. Participants anticipated that there was real potential for it to become just a paper exercise, and that for it to have impact, it would have to be very clear and direct, and would require other actions – including publicity, training programmes and a good understanding of the practicalities of implementation on the front line.

"… very worthy and laudable … one reads them when they come out, then one puts them on the shelf … in order for anything to be effective it's got to be really simple."
Health Visitors Manager

Is action required by organisations not listed as taking action in the draft recommendation?
No – the Government departments identified were considered to be the most appropriate.

Recommendation 2 Incorporating the prevention of unintentional injuries in the local 'Children and young people's plan'

Who should take action?
Children's trust board, in consultation with local safeguarding children boards.

Summary of feedback
This recommendation was welcomed by participants as important and appropriate. Most participants felt that this recommendation would help to prioritise prevention of unintentional injuries among children and act as a driver for change. There was agreement that national and local strategies should mesh and the Children and Young People's Plan (CYPP) was considered the best place to locate efforts on this topic. Some participants felt this recommendation was important because currently different approaches exist across unitary authorities and metropolitan boroughs. Some participants were not familiar with the term CYPP but supported the idea of including a recommendation on this topic in a local plan of action.

Clarity of recommendation
In general, the recommendation was found to be clear and understandable.

One respondent did not find the wording clear, stating they considered it to be the kind of wording that could be inserted into "any document in any organisation, well meant but not sure it really means anything." The phrase, "includes the provision of suitably trained staff and opportunities for initial and ongoing multi-agency training and development" was a particular concern.

Use of the term "unintentional injuries" was questioned. Some participants felt that this was the register of language used in strategy papers, but that "on the ground" other terms (e.g. "accidents") were more common – and that the recommendation should reflect this reality.

Relevance and usefulness
The recommendation was felt to be relevant but there was some concern at the cost of implementing it.

Several participants felt this recommendation was "essential" and that it would serve to focus attention and coordinate activities on prevention.

Some participants were concerned that the recommendation should include more detail and firm commitments – "more meat on the bone". By this they tended to mean more practical examples of how recommendations would apply on the front line.

Factors affecting implementation
It was felt that the commitment and motivation of health professionals would be a positive force in making this recommendation happen. The involvement of the Safeguarding Children Board was thought to be appropriate.

Inclusion in the CYPP was thought to be beneficial, in terms of raising the profile of unintentional injury work. There was a hope that this would lead to consideration of unintentional injury in commissioning plans, just as there is currently consideration of child protection criteria.

The main concerns related to capacity (who would take on this function), time and cost, because "a commitment to workforce development comes with time and money implications". In particular, there were practical concerns about the involvement of the diverse workforce, involving seasonal staff, foster carers etc.

There was also some scepticism about multi-agency working, because of a history of poor experiences of sharing of information and shared training across agencies. In particular there was concern over the commitment from health professionals, who were not perceived to have prevention as the focus of their role and who might be difficult to motivate to take on new responsibilities.

Concerns were expressed about the requirement to take on monitoring of training for staff employed in direct payment settings, children's homes etc.

In terms of the action point relating to regulatory frameworks and inspection programmes, some participants were not clear on how this would work, and were concerned about the amount of time and effort it would take, in relation to benefits achieved.

Whether the necessary information, knowledge, skills and resources exist
Several participants raised a concern about this and reported that currently the required information and skills did not exist, and that there was need for external support. Some participants suggested sources of information should be signposted, so that at a local level it was clear what information should be considered, what kind of information was available and how to access it. Participants from the voluntary sector in particular were concerned that training and resources should be made available for their involvement in this.

There was a sense from some participants that if the CYPP led on this, resources would be made available, but this was not shared by all participants – several of whom identified a major concern on resources.

How much will this recommendation help their efforts to prevent unintentional injury?
Most participants felt that the inclusion of this recommendation was a pre-requisite for efforts to prevent unintentional injury, but felt that taken on its own, it was strategic and therefore necessarily aspirational.

"It will have an impact - by being in the CYPP it adds to the strength and raises awareness. On its own it is not going to have an impact but the more we cross reference with national policy the more it becomes a priority and the more it becomes embedded within the local CYPP with national authority."
PCT Commissioner

Is action required by organisations not listed as taking action in the draft recommendation?
Some participants reported that in their opinion this was a collective responsibility and that multi-agency involvement and duties should be strengthened. PCTs were specifically mentioned because of their "high-level expertise", and one participant suggested representation from Disabled Children's Services.

However, others felt content with the agencies identified in the recommendation, particularly since the Children's Trust has all the relevant organisations "at the table".

Recommendation 3 Appointing a local child injury prevention coordinator

Who should take action?
Children's trust board, in consultation with local safeguarding children boards.

Summary of feedback
This recommendation was largely received positively in principle, though with a good deal of concern about whether it would be viewed as a funding priority in a challenging financial climate, and about the potentially very wide scope of the role, and the practical difficulties that might pose.

Clarity of recommendation
Most participants felt that this was a clear recommendation. Those expressing reservations about clarity tended to focus on one of the following issues:

- where the role would be located (e.g. PCT , local authority or other arrangement), and whether it would be at a strategic or operational level
- wanting more detail about the role's responsibilities, such as whether it would have an auditing/inspection role, whether it would be providing safety advice directly to other organisations, whether it would analyse and disseminate surveillance data, etc
- questions about the geographical area covered, particularly within organisationally complex areas, such as London and large counties with a mix of unitary and two tier local government

Relevance and usefulness
Most participants welcomed this recommendation, with a number of specifically suggesting that the role of this nature was necessary to "make things happen", though some recognised that it would require a clear focus and determination from the post holder, in managing the sometimes competing demands of multiple partner organisations. Indeed, in agreeing with the relevance of this role, there were indications of widely different

expectations in terms of the kind of tasks undertaken by such a coordinator (despite seeing the list of actions provided with the draft guidance), with one participant envisaging a training/development focus, another talking of an audit approach with partners, Paediatricians hoping that it could involve a liaison role around individual cases, and a Social Worker believing that the role should have a close operational link to specialist services, such as special schools.

A significant minority did not feel the role was particularly relevant or useful, and a wide variety of reservations were expressed. One strand of thought was that the role was "another level of bureaucracy", and that resources should be focused on the front line. There were doubts about the potential impact of a role and associated scepticism about whether the recommendation was based on good evidence of effectiveness. These sceptics wondered whether the role would add significant value, particularly where elements of the role were already being undertaken, albeit possibly in a fragmented structure.

One suggestion was that the role would better be labelled as an "Adviser", since some people would associate the term "Coordinator" with a role that didn't add very much value. In the current financial climate, this could be unpopular.

The recommendation that this post should sit on the Local Safeguarding Children Board (LSCB) drew a number of sceptical comments about relevance and usefulness. Unintentional injury was thought to be outside the main focus of such boards, and there were doubts over whether the post would be at a sufficiently senior level to justify a permanent place on the board. This latter comment was made by a Safeguarding Manager who was currently trying to reduce the size of this board.

> *"To have somebody then having a place on the board when other key players…. including assistant directors, are being thrown off the board at the moment, it wouldn't fit for us"*
> Safeguarding Manager

Factors affecting implementation

Participants were asked to tell us what they thought would be the factors influencing implementation of this recommendation, through the appointment of a Coordinator. By far the most commonly mentioned issue was the availability of funding, both in terms of the Coordinator post itself, and availability of resources in partner organisations, to enable the Coordinator's work to come to fruition.

Positive factors included the following:

- This role would help to improve the profile of unintentional injury, which currently has a low profile in most organisations
- Partner organisations would benefit from this dedicated focal point
- Those working on unintentional injury tend to specialise (housing, schools, roads etc), with relatively little knowledge of what each other is doing, and will benefit from the wider perspective and sharing of expertise that this role could provide
- Private sector leisure providers welcomed the role, and envisaged it advising on best practice and alerting them to trends in surveillance data

- The post will be most effective if it works closely with the LSCB
- There should be consultation with children and young people about this role
- The post needs to have its own budget, for example to pilot initiatives in order to produce effectiveness evidence that partner organisations will require when considering their own investment
- A role of this nature will be essential if these recommendations are to succeed

There was also a suggestion that the post should be a joint appointment between key partner organisations, to ensure commitment from those bodies, though others warned against this arrangement, viewing joint funding arrangements as insecure, and because of the difficulty of managing the diverse and sometimes competing demands of individual funders.

Related to this, some participants pointed to the difficulties of establishing credibility across a diverse range of local agencies involved in unintentional injury work, given that each has its own area of expertise, organisational arrangements and ways of working, and may view the coordinating role as being imposed upon them. This might particularly apply in situations where existing post holders already do elements of the coordination role. As one participant said of this role:

> *" they (would) have to be fairly gutsy individuals... you have to have someone who holds the… goals in mind and stop people, other people trying to develop their own priorities or dominate … the agenda"*
>
> Senior PCT manager

A number of participants identified the complexity of coordinating partners as a major challenge for the role. To some extent this could depend on the geographical coverage of the role, with a county like Lancashire being particularly challenging, because of its size and the mix of two tier and unitary local government. For London, one participant wondered whether the position(s) might be most effective if operating under the Mayor's auspices, at the GLA, in an organisation in which coordination is a common function.

There was some debate about whether the coordinator role should be a single post, or be made up of contributions from a number of other positions. This view was based partly on the belief that there needs to be a very senior position with special responsibility for injury prevention among children and young people, but that it would not justify 100% of a position at a senior level.

The other rationale for this proposal was based on the fact that the Coordinator role needed to have a number of discrete skill sets, including data analysis, networking/partnership management, social marketing etc, and that these may be difficult to find in one individual. Similarly, the tasks specified can be interpreted as a mix of both strategic and operational tasks, suggesting that it may be difficult to identify a single level/position at which the Coordinator sits.

A small number of people doubted whether the Coordinator role would need to be a full-time job, even for one person, and a similar number envisaged a full-time but limited

duration position, aimed at improving the effectiveness of partnership working, and establishing initiatives which could become mainstream activities, after the Coordinator role ceased. However a more common view was that the Coordinator role was a "massive job", for the various reasons specified above, and one Voluntary Sector participant with considerable relevant experience doubted whether 2-3 years was a long enough period for an effective strategy, given what he (and others) saw as the difficult task of embedding unintentional injury prevention into mainstream service provision.

Whether the necessary information, knowledge, skills and resources exist
The majority of those expressing a view felt that there was a considerable body of knowledge and skills already in the workforce, around unintentional injury prevention, though there was recognition of the fact that it will be difficult for one individual to be a "font of all knowledge" across the wide range of service areas. A more realistic role was thought to be one which began by mapping the activity undertaken and workforce skills, in order to identify gaps that need to be filled.

Almost all participants identified the availability of good quality data on unintentional injury as a significant limitation on their ability to plan, direct resources, and make the case for this work. The absence of reliable A&E data was the most commonly cited problem. A number of participants also cited lack of data analysis skills as another limiting factor.

As noted above, the availability of resources was a key concern. A number of participants mentioned that they were already struggling to find sufficient resources, particularly in terms of delivering home safety services to those hardest to reach, and often most in need.

"... at the moment we deliver home safety sessions for families but as we all know we don't actually reach out to those…. needier families…. to do the home safety in the home. And you know we don't have staff that can actually do those home visits"
Children's Centre Manager

How much will this recommendation help their efforts to prevent unintentional injury?
As noted above, the main reservations about this recommendation related to the likelihood of it being regarded as a funding priority, and the challenges of coordinating such a wide range of partner organisations, but there was little doubt expressed about the potential positive impact, if these barriers could be overcome.

No participants felt able to attempt to quantify the potential positive impact, and one suggested piloting the recommendation before wider implementation. Nevertheless, it was generally felt that improved, coordinated multi-agency working was a very positive goal.

Is action required by organisations not listed as taking action in the draft recommendation?
A number of participants believe that the PCT should be specified on the action list, and one commented that Disabled Children's Services should be consulted, but the great majority of participants had no additional suggestions.

Recommendation 4 Identifying and responding to multiple emergency department attendances

Who should take action?

- Liaison health visitors.
- Emergency department staff, including triage nurses.

Summary of feedback

The overall response to this recommendation was supportive and positive, but several participants identified concerns. These included the lack of adequate infrastructure, the focus on multiple attendances, the narrow focus on emergency departments to the exclusion of other treatment settings, and the focus on awareness as opposed to action.

Clarity of recommendation

The recommendation was felt to be clear. Some participants stated that what was less clear was how the recommendation would be implemented.

"Not clear on how this information would reach the school. Would like a clear line of responsibility, perhaps through the school nurse."
School Assistant Head

The following quote from a Paediatrician indicates that the recommendation is vulnerable to a narrow interpretation, and it needs to be made clear that this is not intended to reduce concern about serious, single incidents injuries. Although this participant was the only one to take such an interpretation, it may be worth addressing in the final, published recommendation.

"I'm not comfortable with the fact that it needs to be multiple or repeated attendances. If a child comes in with a 'preventable injury', then it should trigger an immediate and appropriate response, rather than wait for… another injury".
NHS Consultant Paediatrician

Another interpretation was that the recommendation is aimed only at raising awareness, and not at triggering action (education and facilitation). Though some might see such action as being implied in the current wording, this is clearly not a universal interpretation.

Relevance and usefulness

The recommendation was felt to be both relevant and useful.

"Absolutely - because many people working in hospitals find it very difficult to have these conversations with families and this recommendation makes it very clear about the procedures and processes to take."
Children's Centre Area Coordinator

Some participants, who felt that their roles were perhaps more peripheral to the subject of the recommendation, felt that this recommendation was not relevant to them, but would be to others.

Several participants felt that this recommendation was now common practice, but that any area that did not have this as common practice would benefit from it.

It was noted that Emergency Departments are not the only relevant settings for this data collection. Walk in Centres, Minor Injury Units, Ambulance Services and GP Clinics were cited as other appropriate locations.

Factors affecting implementation

The recommendation was felt to add credibility to, and so increase the status of, the liaison role of the Health Visitor, which was felt to be important.

Several participants commented on the need for clear and timely communication, involving fit-for-purpose computer systems.

"Data should be noted on a computer system as and when the incident occurs, to ensure efficiency and accuracy of data transfer"
Health Visitor

A number of challenges to successful implementation were identified. Firstly, there was thought to be a lack of effective systems for data recording and sharing, and significant additional funding would be necessary to improve these systems. Secondly, there could be poor communication between health professionals. Thirdly, there were concerns over potential parental reaction as a consequence of such action by A&E staff.

There were also sensitivities relating to data protection and the involvement of schools, and the resources necessary to ensure that action would follow.

"Where a child attends at different hospitals, there can be a problem. The only person who, theoretically, should have all this information is the GP, but it is unlikely that the GP will take action on this. I think it unlikely that School Nurses would be involved in home safety; the most useful person would be the Health Visitor but their funding has been cut so much. And there is no satisfactory data sharing as yet".
NHS Consultant Paediatrician

Whether the necessary information, knowledge, skills and resources exist

Several participants felt that while the recommendation appeared straightforward to implement, there were resource implications for ensuring that those who use the system are competent and trained in its use.

"I think more information is needed because there is a training issue there about making sure that everybody knows the process from beginning to end, and that there is some sort of feedback mechanism and then there is carrying out the home safety assessment itself and where does it go from there, who else needs to be involved to take it forward?"
Children's Centre Area Coordinator

How much will this recommendation help their efforts to prevent unintentional injury?
A number of participants who worked in areas where this recommendation was in place already, questioned the impact of the approach. They felt that while it would appear that it ought to be effective, to their knowledge there was no evidence that it had resulted in fewer injuries.

"I'm not convinced it will make big difference - have we got any evidence that it will (make a significant difference)?"
PCT Medical Director

This view was not shared by all participants, and there was a suggestion for how to improve analysis of the impact of the approach.

"It has clearly helped. We need to look more closely at the percentage that are severe injuries because a lot of families use A&E for minor ailments because of problems with GPs so that could affect our figures."
Consultant Paediatrician

The discrepancy between these two opinions from senior clinicians may in part be due to differing views on the effectiveness of prevention work in general, but another factor is likely to be down to the variation between areas in the collection and analysis of emergency department data. During fieldwork we came across one example of a hospital trust that was unable to effectively analyse its own emergency department data because of software limitations, and yet was aware of much more sophisticated data output being available in one of its neighbouring trusts.

Is action required by organisations not listed as taking action in the draft recommendation?
As it stands, the recommendation envisages action from Liaison Health Visitors and A&E staff, but from the comments of participants it is clear that improved structures and systems need to be put into place. This suggests that more senior, strategic roles in Hospital Trusts, PCTs and local authorities may also need to be involved.

Several participants identified a range of agencies they felt should be involved, in addition to those identified in the recommendation, including Housing, Safeguarding Children's Boards, Social Care agencies and "Police, Ambulance, everybody".

4.2 Workforce training and capacity building recommendations

Recommendation 5 Funding injury prevention training

Who should take action?

- Department of Health.
- Department for Children, Schools and Families.

Summary of feedback

This recommendation was welcomed, and a number of participants stressed the importance of a multi-disciplinary approach. There was some scepticism that it would be regarded as a funding priority, and it raised a lot of comment and questions, which varied substantially, often reflecting the particular perspective of the participant's role.

Many participants did not think in terms of course development and course delivery being separate stages, and this led to some confused feedback.

Clarity of recommendation

As mentioned above, many participants tended to focus on course delivery, rather than course development, and it may be helpful to combine the relevant recommendations in a way that spells out the stages, and clarifies the rationale for those taking action on each.

Many participants had questions about the meaning of this recommendation, and the common themes were around defining "the children's workforce" and defining training content.

The children's workforce is such a large body of people, and participants would welcome clearer guidance on targeting priority groups of workers, because it seems financially unrealistic to train everybody. Nevertheless, it was also suggested that people outside the obvious definition of children's workforce had influence on risks faced by under 15s, and therefore professions such as Planners and Construction Managers should be trained. Similarly, there were suggestions that parents and young people should be included.

In terms of training content, there were a number of concerns, including the need to avoid promoting a risk averse culture, and the need to avoid "airy fairy" content. The recommendation raised a number of questions in people's minds: Is "unintentional injury" the most appropriate terminology, since it is not clear to many people? Will this lead to a qualification such as an NVQ? Will it be a one off, or ongoing training? Will it be for new staff, or apply also to experienced staff? Will it fit with existing guidance, such as that on health and safety in classrooms? Will it be mandatory or optional? Could we train volunteers to do injury prevention work?

Relevance and usefulness

This was seen as relevant and useful by the majority of participants. It was sometimes specified that the work should be multi-disciplinary and multi-agency in its coverage. Sexual

health and teenage pregnancy were cited as issues on which similar training has helped, by getting different services to convey a consistent message.

"Absolutely, there is (a need)... what this would do is link …everybody's job roles and (show) how (much) … more impact, their work can impact on each other… and support each other"
PCT Commissioner

One reservation about usefulness concerned hard to reach groups. A couple of participants noted that the children most at risk were in households in which the adults did not engage well with the children's workforce, and therefore the better trained staff would have limited impact on them.

Factors affecting implementation
Most participants were very positive about this recommendation. It was thought to be helpful, because the presence of such a recommendation in NICE guidance helped the business case for funding training of this nature.

For some participants, there was a desire for the training to include evidence on the scale of childhood injury, the groups at risk, the context in which injuries were commonly incurred, etc.

Funding and release of staff for training were both recognised as problematic. A number of participants suggested that the training should be mandatory, and one suggested incorporating injury prevention into Safeguarding training, which is already mandatory.

There was thought to be limited scope for integrating injury prevention training into existing courses without additional cost.

It was thought to be important to embed injury prevention knowledge across the varied childcare workforce, and this will require tailored courses for different roles, with everybody receiving the basics, and the option being available to specialise further.

Note that our GP participant felt that this would not be appropriate training for GPs.

E-learning was suggested as a possible means of delivery without excessive costs, though opinion was divided, with an alternative view being that e-learning was not particularly effective, since time was rarely set aside in the way that it is for face-to-face training.

Negative comments about this recommendation were in a minority, and largely concerned scepticism about funding. One participant questioned whether the evidence was strong enough to show that injury prevention was a large enough problem to justify such a large training programme. An alternative approach, suggested in one of the mini-groups, was for a mass media campaign on injury prevention, direct to parents and young people. The suggestion was that this could be more effective, given limited capacity among the workforce, and the massive cost of training the childcare workforce.

Whether the necessary information, knowledge, skills and resources exist
Much of the expertise on the subject is held by those in the field, not in universities, royal colleges and so on. The development and delivery of the training should acknowledge this and include contributions from practitioners. A participant from Further Education commented that it would be good to have national standards and a core national approach, but that some regional variation should be allowed for, and that this could be developed in consultation with the Sector Skills council.

How much will this recommendation help their efforts to prevent unintentional injury?
Most felt that this would make a significant contribution.

Is action required by organisations not listed as taking action in the draft recommendation?
This work should include consultation with practitioners in the field, and with the Sector Skills council. Some participants mentioned that good training and information was already available, from organisations such as Child Accident Prevention Trust and RoSPA.

Recommendation 6 Developing standards for injury prevention

Who should take action?
- Children's Workforce Development Council (CWDC).
- Faculty of Public Health.
- Royal colleges and professional bodies.
- The voluntary sector.
- Universities.

Summary of feedback
This recommendation was generally welcomed, and some participants saw it as a pre-requisite for the establishment of a wider workforce training programme. It may therefore be worth considering swapping the order of recommendations 5 and 6, or possibly integrating them to make the connection explicit.

There was uncertainty around what such standards would comprise of, how they would be applied, and how they would work alongside existing standards which would overlap in coverage. To be effective the standards would need to be monitored to ensure compliance.

Clarity of recommendation
A number of participants were unclear as to what such competencies would look like, how they would be applied, and whether they would focus on knowledge or behaviour. These comments came primarily from those working in health and education.

"I mean what sort of standards, what sort of metrics would you use, how would you set those standards, …is it about how often we train people or is it about how often people have accidents, how often are you going to review and measure those metrics, are they standards

for pavements in the high street which is local government… is it about standards for flooring in schools…I think it is quite a complex field really"
GP

Relevance and usefulness
Some participants welcomed this recommendation because they felt that there is lack of clear guidance in this area, at the moment. The development of such standards would help to avoid the sort of confusion and "reinventing the wheel" that had apparently happened in the development of child protection plans by individual Sure Start Centres.

"(Would like)..... guidelines about what to say to people when they left hospital, because at the moment it is all a bit woolly. So you know a child comes in with some major injury and then people do sort of little chit-chats, but there's nothing set out very clearly."
Paediatrician

Factors affecting implementation
Standards need to be appropriate to different jobs, and different levels of specialism. Though containing a core of common standards across this multidisciplinary field, there needs to be clarity on where responsibility lies for specific actions.

One participant stated that it would be a major challenge just to get agreement among the long list of groups cited as taking action, on what should constitute appropriate standards.

For the standards to be designed appropriately, research is needed to establish the causes and context of unintentional injuries. Since some organisations and professions already have their own standards, some may not "buy in" to standards specifically designed for injury prevention. Similarly, there would be crossover with health and safety legislation and practice.

Participants from Further Education pointed out that it would be helpful to ensure that Ofsted included reference to these competencies when inspecting schools and childcare establishments, since Ofsted interest tends to ensure that the matter is taken seriously.

One schools related participant was concerned that the development of a new set of standards would be a worry to teachers, and increase reluctance to be responsible for school trips.

One participant stressed that the training should make people think about injury prevention, and needs to avoid the tendency for organisations to do the minimum in order to claim that they have met the standard.

Whether the necessary information, knowledge, skills and resources exist
As with other recommendations, there were concerns about whether resources would be made available to introduce new standards.

How much will this recommendation help their efforts to prevent unintentional injury?
It was thought that effectiveness would largely depend on to what extent standards were monitored, and levels of compliance.

Many participants did not comment on potential impact, but there was recognition among some that this was a pre-requisite for a national training programme.

Is action required by organisations not listed as taking action in the draft recommendation?
It was noted that there is a long list of bodies taking action, and it was suggested that it would be advisable to have one body specified as leading. There is potentially an even longer list of relevant bodies to be consulted, including those in housing, manufacturers and retailers, Royal College of Nursing etc.

Recommendation 7 Training for child injury prevention coordinators

Who should take action?
- Children's trusts and local safeguarding children boards.
- The voluntary sector.

Summary of feedback
This was difficult for some participants to engage with, because of questions still unresolved from the debate over recommendation 3 (appointment of the Coordinator).

Much will depend on the background from which the individual Coordinators come. Some envisaged that it would need to be regional or national level training, given the relatively small workforce in question. The ability to network with other Coordinators was thought to be just as important as formal training, according to a current Accident Prevention specialist.

Clarity of recommendation
Several participants found this recommendation difficult to address, because of unresolved issues from recommendation 3, such as the seniority of the role, whether it had a strategic or operational focus, what sort of background the Coordinator would come from, and so on.

Relevance and usefulness
Nobody disputed that the Coordinators would need training, but people found it difficult to envisage what would be required, in any detail, due to the clarity issues mentioned above. Consequently discussion of the relevance and usefulness of training for Coordinators often reverted to discussion about recommendation 3.

Factors affecting implementation
Across England there would perhaps be only around 150 Coordinators, and this is a small, specialist workforce. Training would therefore best be organised at a regional or national level.

People will be drawn to the role from a variety of backgrounds, including health, social work, road safety, housing, health and safety and so on. This makes the content of the

training complex to design, and might best be arranged as "bolt on" credits relating to other qualifications.

One participant had been an Accident Prevention specialist for 14 years, but had no training specific to that role. Her background included Nursing (Health Visiting and A&E/Trauma roles), and she had a Masters in Health Education, which included training on campaign design and management. Her view was that the ability to network with others in similar roles was just as important as formal training. This allowed her, for example, to learn about housing related safety education from injury prevention specialists in other areas, where the focus was somewhat different from her own.

Whether the necessary information, knowledge, skills and resources exist
Nobody doubted the ability to put appropriate training together, but it would need to be designed flexibly, allowing for post-holders from a wide variety of backgrounds. As with many recommendations, there were concerns about the availability of resources, particularly in the voluntary sector.

How much will this recommendation help their efforts to prevent unintentional injury?
This was not discussed in detail, because of the issues of clarity, described above.

Is action required by organisations not listed as taking action in the draft recommendation?
No other organisations were specified.

Recommendation 8 Injury prevention training for the wider childcare workforce

Who should take action?
- Children's trusts.
- Local safeguarding children boards.
- NHS, social care and education practitioners.
- Primary care trusts (PCTs), commissioners and managers.
- The voluntary sector.

Summary of feedback
This recommendation was welcomed by most, as it is recognised that many practitioners have little or no training on unintentional injury prevention.

A major concern is around the definition of the childcare workforce, which is potentially huge, and would be a major challenge in terms of logistics and resources. There is a debate around whether this training is best applied universally, or targeted at certain practitioners working with those most at risk. Similarly, there is a debate over whether it should be mandatory or optional, if rolled out widely.

The private sector is not specifically mentioned in the recommendation, but is a major provider, and one which may not currently have unintentional injury "on the radar". The

very large number of small organisations in the private and voluntary sectors will present a challenge to delivery.

An interesting suggestion was made to apply this training to those parts of the adult social care workforce working with parents of very vulnerable children, such as adults with mental health and substance use issues.

To have a lasting impact, the training needs to be followed up with appropriate support, frameworks and protocols.

Clarity of recommendation
Some participants felt that the recommendation was clear, but a number asked for more clarity, particularly around the definition of the childcare workforce and the content of the training.

In terms of responsibility for delivering the training, it was felt that there needs to be more clarity of whether this would be a local or regional task.

Private sector leisure operators did not understand what was meant by the "wider child health remit", and wondered whether the training might include specialist skills such as climbing wall safety.

It is not currently clear who would be responsible for the monitoring and evaluation.

Relevance and usefulness
As with many recommendations, assessment of relevance and usefulness drew remarks about the absence of conclusive evidence on the scale of the unintentional injury problem.

> *"It is difficult to make the economic case ... when we don't actually know how big the unintended injury problem is"*
> Senior PCT Manager

A clear point of contention is the suggestion that this training should go to everyone in the childcare workforce. There was a strong feeling expressed by a number of senior participants that the training should be more targeted, specifically on those working in particular jobs, in particular areas of greatest need.

> *"Our model at the moment is saying if you're engaging in this specific piece of work, then it's mandatory... rather than everyone in the workforce should do it"*
> PCT Commissioner

Among people expressing this view, the universal approach was seen as "spreading it thinly".

A number of participants pointed out that the recommendation, as currently written, covers a massive workforce, potentially including unpaid carers and volunteers, and it was

suggested that the scale of the task was "too ambitious", particularly in the current resource climate.

The voluntary sector is specified amongst those to take action, but the private sector is not, despite providing a considerable proportion of childcare, particularly in early years. It needs to be made clear whether the private sector is to be included, particularly since it was felt that there is a lack of focus on injury prevention in this sector presently.

"I suspect from the questions they ask me about other topics, that accident prevention is not on their radar at all."
PCT commissioner

It is worth noting that there seemed to be an implicit assumption from most participants, that the training would be designed around their own service needs, and thus relevant to their staff. Very few identified the fact that this was not specified in the recommendation, and those remarking on its absence stressed the importance of the training being tailored to their needs, and not generic across all jobs in the childcare workforce.

Factors affecting implementation
The points noted above, around workforce definition and the targeted versus universal approach, were seen to have massive implications for implementation. One senior PCT manager remarked that they were already struggling to deliver the universal safeguarding training.

In one mini group discussion, there was an aspiration for an integrated approach to be developed around related training, on injury prevention, health and safety and possibly safeguarding, which could address the "manager's nightmare" of releasing staff for a whole series of individual training sessions.

There were different views on whether this training should be mandatory or optional. For some sectors, particularly the private sector, it was felt that the training would not happen if it was not compulsory, but this needs to be balanced against concerns that mandatory training for the whole of the children workforce would be very difficult and resource intensive to deliver.

Participants based in education were keen that employers and the Sector Skills council were effectively engaged on this recommendation, because its success would be enhanced if employers were to actively look for qualifications from this training, when employing staff. In order to appeal to both employer and worker, it is important for the training to result in a recognizable qualification (such as an NVQ) or credit towards a qualification.

The nature of the voluntary sector is that it consists of many small organisations, and the prospect of running a training programme of this nature, in this sector, was considered a massive logistical undertaking. Presumably similar challenges would exist with the private sector.

Many Nursery workers are well-placed to deliver opportunistic interventions, but they are not professionally trained, and one participant remarked that they would need ongoing support, beyond initial injury prevention training, if they were to deliver such interventions.

Many of the children most at risk from unintentional injury have parents who are receiving adult social care services, including those with mental health and substance use issues. It was therefore thought by one participant that this training could be applied to parts of the adult social care workforce, who would be in a good position to target delivery very effectively.

Our group discussion amongst Health Visitors and Children's Nurses warned against a "one size fits all" method. They expressed the view that the training should teach a variety of approaches to delivering safety education, since different approaches work better with different individuals.

Whether the necessary information, knowledge, skills and resources exist
Training of this nature does exist already, but is not being rolled out to such a wide audience as recommended here.

How much will this recommendation help their efforts to prevent unintentional injury?
This recommendation was generally welcomed as helpful, but the absence of a clear understanding of the scale of the unintentional injury problem meant that few attempted to quantify its impact.

One participant did comment that there would need to be follow up with a clear lead from the relevant central government departments, with the necessary framework and protocols.

"(Otherwise) it will just sit there and… it won't get delivered"
Senior PCT Lead on unintentional injury

Is action required by organisations not listed as taking action in the draft recommendation?
It was noted that the action list is quite long, and the question was raised about which organisation would take the lead.

One participant believed that the LSCB should be removed from the list, as it is the Children's Trust that has the obligation to implement a children's workforce plan.

The Children's Workforce Development Council was suggested as an additional body.

4.3 Injury surveillance recommendations

Recommendation 9 Establishing a national injuries surveillance resource

Who should take action?

- Department of Health, acting as the lead government department.
- Other government departments including: Department for Children, Schools and Families, Department for Transport, Department of Communities and Local Government and the Home Office.

Summary of feedback

This recommendation was strongly welcomed, though it should be noted that some participants were not clear on whether this covered sharing of individual case data, as well as aggregated surveillance data.

It was expected that the recommendation would make demands on local resources, and this caused some concerns. The other key concern was around quality assurance for the coding of injuries, which was thought to be a very challenging task.

Clarity of recommendation

The aims of the recommendation were well understood, though the various mechanisms by which it is achieved were not clear to all. It should be noted that our participants were not selected for their expertise in systems design, and to that extent, this finding is not surprising.

There was a strong tendency for participants to discuss this recommendation primarily with reference to emergency department data, which the majority view as the most important source of injury data.

It may be useful if the recommendation specifies more clearly that it will build on existing systems, and enable data to be directly uploaded onto the national database, without requiring significant additional local coordinating resources.

Some participants envisaged this recommendation as covering the sharing of data on individual cases, and perhaps the recommendation text needs to be clearer on whether or not this is to be included.

Relevance and usefulness

Throughout this fieldwork the absence of robust, authoritative data on unintentional injury was cited consistently as a major problem for those working in the field. This recommendation was therefore received extremely positively, as having high relevance and potentially great utility, and described in terms such as "absolutely critical". The national approach was seen to be very important, ensuring consistency, and addressing matters that would not be practical to set up in individual areas.

Factors affecting implementation

This recommendation was widely welcomed, but seemed to be a very ambitious aspiration to many participants. A degree of scepticism was evident, sometimes accompanied by references to the failure of other ambitious government computer systems.

"It's clear on what it's trying to do; it's not clear on how it's going to do it".
"…I don't know how achievable it is"
Participants in group discussion with senior LSCB & PCT Managers

There was often debate about the implications at a local level, both at the front line, and in administrative positions, where it was envisaged that there may be a need for local resource to assemble data and supply to national level, and there may be implications for computer systems in PCTs and local authorities. The process for collecting the data must be designed to be as simple as possible.

".. . Such a lot of work, … whether … you need to be providing extra resources to enable people to do it, because there would be a lot (of data to record) "
Paediatrician

Those with some experience of this sort of work pointed out that the coding of raw information is a difficult job, which needs to be covered by detailed protocol, and carried out by well-trained staff. Concepts such as "severity" and "unintentional" will be particularly tricky to code consistently. Poorly applied, inconsistent coding could undermine the whole objective, though in reality we have to accept that human "error" can never be eliminated completely.

"falling downstairs is a cause of an injury but actually falling downstairs because you are drunk, or actually your house is appalling and you have no light in it are two other issues, so which ones do you code, all three or just one? I think that is an issue."
GP

When introducing initiatives like this to staff, the rationale needs to be made clear in order to avoid the risk that the work will be seen as "paperwork" to provide information for performance management.

One participant (from a Health and Safety perspective) was concerned that there could be duplication of effort if the system did not streamline collection and submission of other data, for example RIDDOR.

There was some expectation that the system to be developed might facilitate better sharing of data on individual cases, for example between health professionals, Social Workers and Schools.

A number of participants questioned whether funding would be made available for this initiative, and with that doubt in mind, one suggestion was to pilot the new systems in a number of areas, in order that their impact could be measured, before future decisions were made about wider roll-out.

Whether the necessary information, knowledge, skills and resources exist
Those who had worked with (or attempted to work with) injury data in the past were conscious that support, training and specialist skills were needed to help with the interpretation of the data.

How much will this recommendation help their efforts to prevent unintentional injury?
If implemented, this recommendation would not in itself prevent any unintentional injury, but it was seen as a fundamental requirement for the future planning and delivery of unintentional injury prevention. To actually achieve significant impact there needs to be a clear link between the priorities identified through these data sources, and the development of interventions with proven effectiveness.

Is action required by organisations not listed as taking action in the draft recommendation?
The suggestions for additional bodies to take action were the Royal College's Paediatric Surveillance Unit, and the Public Health Networks.

It was also suggested that the Home Office and Youth Justice Board could possibly be included, as the issue of unintentional injury during criminal activity would be of interest to them.

Recommendation 10 Establishing a robust national emergency department minimum commissioning dataset

Who should take action?
- Department of Health.
- The NHS Information Centre for Health and Social Care.

Summary of feedback
This recommendation was strongly welcomed by most participants. There was recognition of a number of potential barriers, and acknowledgement that the system would not be perfect, but would be a big advance on what is currently available.

The main challenges were perceived to be around resources, computer systems and skills. In particular, it was important that adequate resources were available in emergency departments to enable data to be collected, without jeopardising the four-hour patient

target, and without adding to stress on the staff. As with recommendation 9, the concerns around skills were in relation to the complex coding task and the availability of analysis skills to make the most of the data output.

Clarity of recommendation

In general this recommendation was well understood, though there were a number of participants who pointed out that terms like "minimum commissioning data set" and "data submission indicators quality" were unfamiliar to them.

Relevance and usefulness

There is a widespread recognition that injury prevention work suffers from a lack of good quality data surveillance, and the biggest single gap is data from emergency departments. Therefore this recommendation was welcomed strongly by most participants.

"I mean data is something that we desperately need to get more of … I think within health particularly we've not always been as robust, we've been a bit fluffy around our data"
Head of Children's Services, PCT

Factors affecting implementation

It was pointed out that emergency departments are not the only facilities from which data should be collected, for a comprehensive picture. Walk in Centres, Minor Injury Units, Ambulance Services and GP Clinics were cited as other appropriate locations. However, it was understood that realistically, a compromise would need to be found, which captured as much relevant data as possible, and was achievable in practice.

"... you're not going to get a perfect system. (We need to) acknowledge that "
"…work out what you <u>can</u> capture really robustly …. which is going to provide you the sort of information that you need"
Discussion between Senior PCT Managers

It was thought to be very important to make the systems as easy to use as possible, and to provide appropriate resource where additional work was incurred. Otherwise, the data collection could be seen as the latest in a long line of additional duties, which though they may be minor in themselves, add up to a significant extra workload, and cause stress. The implication of this was that compliance may be poor. In the worst-case scenario, there is a risk that the new data collection actually reduces time available for prevention work. This concern was summed up concisely by one senior manager:

"Not another blooming dataset... (services are being) monitor to death"
Senior PCT Manager

A number of participants identified the emergency department four hour target as a potential barrier to implementation. If emergency department staff feel that their ability to meet the target will be jeopardised by the additional data collection tasks, there is a danger that compliance will be poor.

As with recommendation 9 there were concerns over the complexity of the coding task and about whether existing computer systems could cope with the demands of the dataset. A specific mention was made of the need for the system to be able to identify multiple attendances with minor injuries, and not just focus on major injuries. (This suggestion relates to recommendation 4).

Whether the necessary information, knowledge, skills and resources exist
The concerns expressed were largely around resource issues at the data collection stage, and skills issues in terms of analysing and interpreting the data output.

A small number of participants made reference to the fact that computer systems vary across different hospitals, and this may require investment to ensure that all can comply.

How much will this recommendation help their efforts to prevent unintentional injury?
As noted on recommendation 9, this recommendation will not, in itself, prevent unintentional injury, but it was seen as an extremely important step in improving the planning of preventative work.

Is action required by organisations not listed as taking action in the draft recommendation?
Our water safety specialist participant was keen that "industry bodies" were consulted, particularly around the development of coding.

Most participants tended to focus on responsibility for actions arising from the availability of such data, rather than establishment of the dataset in the first place, hence there were mentions of Public Health Observatories and Children's Trusts analysing the data and making it available for use by services.

Recommendation 11 Establishing an enhanced emergency department dataset

Who should take action?
- College of Emergency Medicine.
- Department of Health.

Summary of feedback
Some participants did not find this recommendation significantly different from recommendation 10, on first inspection. The opinions expressed applied equally to recommendations 10 and 11. This is largely because the recommendation text does not give sufficient information on how the "minimum" and "enhanced" datasets would differ. The only substantive comments specific to recommendation 11 were that its success will depend on being able to identify a sample of emergency departments that could produce a nationally representative picture, and that funding would need to be made available given the resource implications of what could be a substantial data collection exercise.

Clarity of recommendation
Some participants could not easily understand the difference between recommendations 10 and 11. As it stands, insufficient detail is provided in the recommendation text to explain how the "minimum" and "enhanced" datasets would differ.

Relevance and usefulness
As noted above, most participants did not differentiate between recommendations 10 and 11, in the opinions expressed.

Factors affecting implementation
The difference between recommendation 11 and recommendation 10 was discussed in detail at only one fieldwork session. This was a mini group comprising senior PCT and LSCB Managers. The idea of asking only a limited, representative sample of hospitals to complete the enhanced data recording was thought to be a very good idea, in terms of a sensible compromise between the front line resource implications and the need for high quality data. However the identification of this representative sample was thought to be a very difficult challenge. Note also the assumption that each individual PCT area would have one emergency department within the sample.

"the key then is which of our emergency departments they're going to choose to make sure that they're fully representative in terms of socioeconomic and all the variety of diversity... geographic... demographic factors..."
Safeguarding Manager

Those hospitals chosen to complete the enhanced dataset would have significant concerns about the additional work and resource implications.

"Ambulatory or paediatric emergency department colleagues would have quite strong views... about resources and time... but also because of the impact it has on the service "
Senior PCT Manager

A clear view was that these hospitals would need to have extra funding made available in order to take on the potentially substantial additional data collection responsibilities.

Whether the necessary information, knowledge, skills and resources exist
These were considered to be the same as for recommendation 10, but with even greater concerns about resource implications at the data collection stage.

How much will this recommendation help their efforts to prevent unintentional injury?
There was no detailed discussion about potential additional impact of recommendation 11, over and above what was said about recommendation 10, since the recommendation text does not provide sufficient information to understand the degree of difference.

Is action required by organisations not listed as taking action in the draft recommendation?
There will be a need to consult suitably qualified statisticians on the selection of the emergency departments for the enhanced data collection.

Recommendation 12 Gathering high quality data on injuries from emergency departments

Who should take action?
PCTs and hospital trusts.

Summary of feedback
Local arrangements for data collection and sharing do exist, and it was not clear to our participants that this recommendation was improving on those arrangements. The prospect of having a central, national organisation providing guidance and training did appeal, but there were also concerns about duplication of work between new systems and existing ones.

Clarity of recommendation
Opinion was divided on the clarity of the recommendation, with some participants feeling it was understandable, and others wanting more detail. Note that a number of participants were not familiar with the NHS Information Centre.

A suggestion was made by a Lead Nurse from a Hospital Trust that recommendations 10, 11 and 12 should be combined.

Relevance and usefulness
Some local arrangements are already in place, and it was not clear to participants that this recommendation would improve on these. This may be because some local arrangements are very effective, or it may be because the recommendation text does not communicate the added value that the recommendation is attempting to achieve.

Factors affecting implementation
Discussion in the PCT mini group began with positive statements about the usefulness of data currently available, but in discussion a number of shortcomings began to emerge. One participant said that she had only recently realised that patients treated in A&E but not admitted to a ward were excluded from the data, and concerns were raised about the quality of data collected.

"I'm actually in A&E at the moment doing an audit…. so you've got a million tick boxes which the clerical staff have got to do as soon as (patients) come in... and there are so many mis-coded"
Accident Prevention Coordinator

There was agreement that good quality training was needed for the administrative staff in the emergency department, in order to ensure accuracy. For example, an injury may have been incurred during a fight, but it is relevant to know whether the fight was fundamentally caused by alcohol consumption.

Emergency department staff tend to obtain their information from parents/carers, rather than engaging the child directly. This raises concerns about the "reframing" of abuse and neglect as accidents. Again, training is needed for the appropriate staff.

It was also agreed that there was no easily accessible, centrally collated dataset for child injuries. The mini group attendees were interested in the idea of a national coordinating centre that could standardise data collection protocols and collate information, to improve accessibility. However none of those present had heard of the NHS Information Centre.

Concerns were raised by another participant about what she saw as the failure of the recommendation to acknowledge existing arrangements, and the possible underestimation of the complexity of establishing new systems and protocols.

As noted for recommendations 10 & 11, there were some indications that participants assumed that individual case data would be produced by the actions under this recommendation.

Whether the necessary information, knowledge, skills and resources exist
Fieldwork participants had concerns around skills and training. Firstly the need to train the relevant staff in the complex task of interpreting information about injuries, and coding accurately at identifying the underlying health related causes. Secondly, the need to train staff to engage directly with injured children, rather than taking the parent's interpretation of events.

The Lead Nurse from a Hospital Trust was concerned about resource implications from this recommendation, and believed that it would not happen unless the Department of Health made additional funding available. She was sceptical about whether this would materialise, in the current financial climate.

How much will this recommendation help their efforts to prevent unintentional injury?
This recommendation was seen as a means to an end, and would not directly contribute to the prevention of unintentional injury.

Is action required by organisations not listed as taking action in the draft recommendation?
There were no suggestions for other organisations needing to take action, but it was expected that the Department of Health would make resources available.

Recommendation 13 Sharing data among agencies

Who should take action?
- Government agencies.
- Local authorities.
- Local strategic partnerships.

Summary of feedback

This recommendation was welcomed by most participants, though it needs to overcome some cynicism that it may duplicate existing local data sharing arrangements, without adding significant value. There is also a need to make the benefits clear to those staff for whom enhanced data collection, and better sharing of data, means additional work. This should involve evidence that procedures are in place to make sure that the data is used effectively.

Clarity of recommendation

Comments on recommendation clarity were generally positive, though it was pointed out that the current text does not make it clear whether this is referring to individual case data, or strategic/surveillance data. This meant that there was much discussion on data protection issues, with the assumption of individual case data being shared.

Relevance and usefulness

A number of participants unreservedly welcomed this recommendation, but others did so with the qualification that it would only be useful if the information shared was acted on effectively.

"It is a good idea as long as it doesn't cost too much and in the hope that people actually use it."
Paediatrician

Some areas have existing data sharing protocols. This recommendation needs to demonstrate that what it is proposing will learn from, and add value to, existing arrangements.

Factors affecting implementation

A number of comments were made, suggesting that certain services were unwilling to share data, but another perspective identified unsuitable technological infrastructure as the cause of the blockage. The task of achieving an integrated technological infrastructure was considered to be "a massive job".

"The difficulty is that there is not an infrastructure that can even pull out accurate information even where it is already collected"
Senior PCT Manager

As has been noted earlier in this report, most well-informed participants identified A&E patient data as the most valuable source of information on unintentional injury, but the national indicator has been set on hospital admissions. This has not helped in the quest to obtain the investment necessary to access high quality, consistent A&E information. Even where limited data is available, comparisons can be difficult, because some A&E departments "admit" patients to an assessment unit, meaning that the admissions data is inconsistent from area to area.

It was acknowledged that the work involved in collecting, processing and sharing data can be significant. One PCT reported that they were pleased with the improved data sharing

around Maternity services, in terms of workforce planning and identification of vulnerable groups, but that there was a need to share the intelligence with the workforce, in order to avoid it being seen as pointless bureaucracy.

One long-standing Accident Prevention worker said she would like to see a return to data of the type collected in the former Hospital Accident Surveillance Survey and Leisure Accident Surveillance Survey. She noted that these surveys provided dedicated administrative support in order that the A&E staff did not have to record the data.

One participant was particularly critical of the recommendation. Her area had developed data sharing protocols across various public services, and she knew this to be a hugely complex task, and was concerned that the new recommendation would duplicate, rather than learn from existing experiences. She felt that the recommendation text was inadequate in describing the challenge, and would add little value to what existed already.

> *"… it is very limited, I mean it is like me describing the Every Child Matters in two paragraphs…. they need to consider the complexity of the issues, all the partners that we are talking to, so if I was re-writing this I would say it has to be … a lot more in-depth, a lot more acknowledging what already exists"*
> Strategic lead for Children's and Maternity services, PCT

A participant from a Social Work background was very positive about the recommendation, and noted that data sharing was of "paramount" importance in social care. Her interpretation of the recommendation was that it would provide information at individual case level, across a range of agencies.

Whether the necessary information, knowledge, skills and resources exist
As noted above, it is believed that there will need to be significant investment in improving the technological infrastructure. There may also need to be additional resources to support data collection, processing and dissemination.

Data sharing protocols do exist in some areas, and lessons can be learned from these when developing national protocols.

How much will this recommendation help their efforts to prevent unintentional injury?
As noted with other Surveillance recommendations, they are seen as a means to an end, and participants tend to remark that Surveillance in its own right will not prevent any injuries. Nevertheless, most participants believe that improved data sharing is an important goal.

Is action required by organisations not listed as taking action in the draft recommendation?
The main organisation thought to be missing from the action list was the NHS. Voluntary sector organisations were also suggested. It was suggested that Public Health Analysts would be needed to analyse and disseminate the data.

4.4 Home safety recommendations

Recommendation 14 Introducing a regulatory framework for fitting and maintaining permanent safety equipment in social and rented housing

Who should take action?

- Department for Children, Schools and Families.
- Department for Communities and Local Government.
- Department of Health.

Summary of feedback

The majority of participants strongly welcomed this recommendation, with specific references to the inclusion of private rented accommodation, and to the responsibility placed on central government for taking action. Effective engagement with the private rented sector will be challenging, but is very important to success. Availability of funding is the other major concern.

Clarity of recommendation

Most participants regarded this recommendation as clear, though there were a number of issues requiring clarification. These were around the definition of "permanent" safety equipment, uncertainty whether equipment such as stair gates could be included, and a suggestion that although it was clear at the strategic level, the "devil will be in the detail", with some difficult challenges ahead in terms of implementation.

It is not clear whether the public sector would pay for equipment installed in private property. Similarly it is not clear whether public agencies would have to inspect equipment fitted privately.

Relevance and usefulness

This recommendation was regarded as relevant and useful by most of those commenting on it, with terms used including "absolutely brilliant" and "extremely important". The absence of statutory duties in this area means that the idea of a regulatory framework is considered a very important step forward. The recommendation was also seen as having the potential to help to embed a safety culture amongst those responsible for rented housing.

The focus on families with children under five years old should be extended to include families with children with developmental delay, and other disabilities. Such children can face additional risk, because of physical limitations and/or poor awareness of risk.

Factors affecting implementation

Social landlords, such as housing associations, were viewed as being likely to co-operate fully with this recommendation, notwithstanding the issue of funding availability. Indeed, it was thought that some social landlords were already well on the way to implementing many elements of this recommendation.

The key challenge for implementation is perceived to be in the private rented sector. A number of participants identified this sector as having a dual challenge, with many landlords not prioritising safety (e.g. reluctant to fit stair gates because of possible damage to paint work), and a high proportion of very vulnerable tenants, such as very young single parents.

" (Private sector) are the homes that we always have more trouble with, and are in the worst condition."
Safety Equipment Specialist, Voluntary Sector

The willingness of private sector tenants to come forward and take up the scheme was also questioned, since many are extremely vulnerable, and their prime concern tends to be "keeping a roof over the child's head".

"I'll be honest, you know if you complain to the council about your landlord, the chances are he will try and kick you out"
Housing Improvement Manager

Effective engagement with the private sector will therefore be very important to the success of this recommendation. Participants made suggestions for both "carrot and stick" approaches. One suggested establishing "accredited landlord" schemes, in which the local authority gives regular briefings and support to private landlords, and those complying with good practice are given the right to advertise their "accredited" status. An alternative to this was the suggestion that housing benefit should not be paid on properties where the landlord had failed to install the appropriate safety equipment.

One participant said she was disappointed not to see the inclusion of safety glass, or reference to the increased dangers of open plan accommodation, which is increasingly common, particularly in high density developments. This participant also emphasised the need for the recommendation to be "joined up" with current new-build regulations.

The most commonly cited concern about this recommendation related to the availability of funding, and there was some scepticism as to whether it would be a funding priority. It was thought that this recommendation could lead to "massive expense" in terms of fitting and maintaining equipment, possibly including liability for ongoing maintenance in private rented property.

A number of participants mentioned that precise targeting of resources was difficult, because equipment may be fitted for a specific family, who may move out of the accommodation. They may then require new equipment in their new accommodation, and there will be an obligation to continue maintaining equipment in the previous accommodation, even though the new residents may not have children.

To some, there seemed to be an implicit assumption behind the recommendation, that by targeting social and privately rented households, this work would effectively target those in poverty. Some participants did not believe this to be an effective method of targeting those in poverty, since many in social and privately rented households were not poor.

In terms of effectiveness, one voluntary sector participant stressed the importance of providing ongoing support for families receiving this equipment, and noted that this is not specified in the recommendation.

> *"(You should not just) buy the safety equipment, hand it to the family and say, 'bye, bye'...You need to make sure that … the family actually are able to fit the safety equipment themselves without causing more harm, that the equipment is installed correctly, and that …they can maintain it ….and how to spot when it has gone wrong to an extent that it is no longer fitting its function of keeping their child safe."*
> Safety Equipment Specialist, Voluntary Sector

One participant (a Housing Association Manager) was particularly critical of the recommendation, and had serious concerns that the targeting of social and rented housing (and exclusion of owner occupied housing) would cause resentment. Another participant was concerned that the "stringent requirements" would discourage owners from considering private renting, and reduce the available rental stock.

Another Housing Manager, though generally very supportive of the recommendation, was disappointed that it made no reference to owner occupied accommodation, since current legislation does not allow action to be taken, even where clear dangers exist.

> *"I've got some awful owner occupied (in my area) with very, very vulnerable people in them, but I haven't got anything to back it up like I have with the housing act (for rented accommodation) "*
> Housing Improvement Manager

Partnership working will be required to deliver this recommendation, and it should be noted that current arrangements differ from area to area. This is partly because of local government structure (i.e. two tier and unitary areas), but also because different organisations act as lead bodies (e.g. Environmental Health, Fire Service). In considering implementation nationally, this diversity needs to be taken into account. One suggestion put forward was to review progress after a period of perhaps three years, to see which model of implementation has been most effective.

Given the variable and localised nature of the relevant partnerships, one participant was interested to know whether lead organisations in each area would have to write their own protocols, or whether there would be some central guidance.

Whether the necessary information, knowledge, skills and resources exist

One issue specified by the Housing Improvement Manager was the need to consider the Hazard Rating System in the light of this recommendation, since as it currently stands, the system can be quite restrictive in what it will allow to be prescribed.

As noted above, a key concern was the availability of funding. A number of participants pointed out that this recommendation had significant financial implications. In particular, the focus on permanent equipment implies the need for qualified tradesmen, in order to avoid errors with electrical, gas and water supplies, and the danger of asbestos.

How much will this recommendation help their efforts to prevent unintentional injury?
Most participants believe that this recommendation would make a significant impact on the prevention of unintentional injury.

Recommendation 15 Delivering information to accompany regulation and guidance on fitting and maintaining permanent safety devices

Who should take action?

- Department for Communities and Local Government.
- Department for Children, Schools and Families.
- Department of Health.

Summary of feedback
This was viewed as an essential part of recommendation 14, and the suggestion was made to combine the two recommendations.

Clarity of recommendation
This recommendation was viewed as clear in principle, though there were calls for more detail on how it would be implemented, and which roles were covered by the term "practitioners". This could include those working in Fire Services, Social Work, Environmental Health, the NHS, the Voluntary Sector etc.

It was suggested that this recommendation would benefit from a clearer statement of what it needs to achieve, to meet its goal.

Relevance and usefulness
This recommendation was perceived to be very important in delivering recommendation 14.

Factors affecting implementation
Comments on this recommendation tended to focus on the campaign with members of the public, rather than landlords.

It will not be easy to produce a campaign that can successfully make the key messages stick in the minds of tenants. One participant with experience of communicating with similar groups stated that tenants are suspicious of authority, and often do not envisage staying for long in their current property. In his view, the campaign needs to focus strongly on benefits to the tenant, and avoid any impression of measures being imposed upon them. Another participant believed there was a danger that tenants might be resentful of being targeted, with an implicit message that they could not look after their children.

An innovative suggestion was to also target children, perhaps through schools. The idea is that children should know what equipment they should have, and can help to convey the message to their parents.

It was thought that the campaign should use housing providers to help them target information to the public audience. Similarly, the voluntary sector could be very helpful in engaging the audience, particularly for audiences with limited English and cultural minorities. One group requiring particular attention is those living in temporary accommodation, many of whom are very vulnerable, often because of limited English, social isolation and unfamiliarity with UK products, buildings and public services.

A further suggestion was that the Fire Service should play a prominent role in the campaign, because they have the expertise and credibility. Where possible, one to one advice should be given to residents, as this is thought to be most effective.

The recommendation (as with many in the draft guidance) needs to recognise the position of Looked After Children, who do not always have "parents" able to engage with services on their behalf.

In terms of getting the message across to landlords and residents, practitioners were thought to need a forum in which they can share information about best practice.

> *"Quite often you can have best practice established and it is only known to a small number of people… they don't mention it to someone who then feeds it through to the regulation developers or standard developers"*
> Safety Equipment Specialist, Voluntary Sector

The recommendation calls for an evaluation of the effectiveness of the campaign. This is regarded as important, but concern was expressed that it will be difficult to establish a benchmark, given that there already exists a well-established, though less formalised, patchwork of related schemes around the country. One participant commented that establishing effectiveness (particularly final outcomes) is extremely difficult, as indicated by the problems that DCLG have had in establishing the effectiveness of smoke alarms.

Whether the necessary information, knowledge, skills and resources exist
It was thought that the Fire Service should play a leading role in the campaign, but it should also use the voluntary sector to reach cultural minorities, and schools to inform children who could then pass the message to their parents.

How much will this recommendation help their efforts to prevent unintentional injury?
This was seen as a requirement for the delivery of recommendation 14, which was expected to make a significant impact.

Is action required by organisations not listed as taking action in the draft recommendation?
Housing providers, the Fire Service, voluntary sector and schools should be involved in the campaign.

Recommendation 16 Incorporating home safety assessments in the Healthy Child Programme

Who should take action?
Department of Health.

Summary of feedback
This recommendation was warmly welcomed, although assessments were thought to be happening for under fives, but in a less formalised way, possibly without documentation. Health Visitors support the recommendation but do not think it is always appropriate for them to conduct the assessments, and a number of participants believed that there is merit in enabling a range of different services to conduct assessments.

Some participants noticed that recommendations 16-18 appear to make a universal offering, rather than being targeted at those most in need. This discussion is described in recommendation 18.

Clarity of recommendation
This recommendation was generally thought to be clear, though it does need to clarify what is involved in a "home safety assessment", since it is not a commonly understood term across all relevant services. It should also consider whether an assessment needs to involve home visits. The rationale for an option for home assessments without visits is described below.

Relevance and usefulness
This recommendation was thought to be highly relevant and very useful. One participant said it was the single most important recommendation she had seen, and another emphasised that the interaction facilitated by a home assessment is one of the most effective opportunities that practitioners have to communicate important safety information.

"The Healthy Child programme is key and we need to join it all up. (This) needs to be high on the agenda and needs to be part of our service level agreement, part of what our commissioners are commissioning and there needs to be a clear performance indicator. We are already looking at incorporating Home Safety Assessments"
Head of Children's Services, PCT

The focus on under fives was questioned by a small number of participants. They argued that circumstances change within households, and that older children would also benefit, particularly those with developmental delay and other disabilities.

It may be helpful for this recommendation to reference the appropriate Every Child Matters outcomes.

Factors affecting implementation

As noted above, it was generally thought that much of this work is already going on, though in a less formal manner, without official documentation. Health Visitors and Children's Centre staff were actively engaged in "assessments" though they did not necessarily involve a home visit.

In reality it is not possible to do a home visit in all cases. This is partly because Health Visitors now only visit up to the age of 18 months, and because parents are increasingly encouraged to engage with services at the Children's Centre. Some parents would not accept home visits, and could not be forced to have them unless there were safeguarding issues at stake. Indeed our group discussion among Health Visitors and Children's Nurses was clear in stating that they would prefer not to do home safety assessments on a visit, as it can be perceived as a "policing" function, and potentially undermine the relationship that they have worked hard to establish.

> *"I think it might sit comfortably within another organisation because we seem to have worked for years … to … get rid of a role where we go in and check cleanliness (etc)… Because it feels to me like it's doing a check on the parents instead of working in partnership with them to improve their health in a way that evolves in a relationship between a professional and a family."*
> Health Visitor

Though possibly problematic for the Health Visitor's relationship, other services believed that such an assessment could have a positive influence, because the assessment can facilitate delivery of practical help.

> *" (it can create)... a better relationship for that family with their key worker with their local children's centre, they have more trust in the other professionals because we've done something very practically different and so that then has a link into the educating system"*
> Child Safety Equipment Specialist, Voluntary Sector

The idea of a best practice checklist was thought to be very positive, and could be used by a range of practitioners, including Children's Centre staff, Housing staff and Voluntary Sector services, either on home visits or in a public service setting. This approach should not be mistaken for a simple "tick box" exercise, and needs to be supported with appropriate training, appreciation of contextual factors, provision of leaflets/advisory information and protocols on appropriate pathways.

As noted above, household circumstances change and it is therefore particularly important for a range of services to be focused on, and have the ability to deliver Home Safety assessments, so that they can be conducted at appropriate points in time, such as after an accommodation change, or a change in a disability or health condition. For this to happen effectively, different organisations need to use the same "checklist" or system.

It was pointed out that recommendation 16 follows on from recommendation 14, in the sense that there will be limited value in conducting assessments, if the framework for delivery is not established.

Barriers to implementation were thought to be primarily around funding and staff time, particularly for Health Visitors. There were also concerns about the ability of health services to link effectively with other services, such as Housing. It was also noted that some families will be difficult to engage with any such assessment, as they will regard it as intrusive.

As with many recommendations in this draft guidance, the absence of effectiveness evidence was raised as a potential barrier to implementation. On a similar note, another potential barrier was identified as the lack of awareness among policymakers, about the relatively high risk of serious unintentional injury, and the underestimation of this issue, compared to intentional injury.

One local authority manager expressed concern that the offer of a home safety assessment might be perceived as "Big Brother-ish", but this was a lone voice among our participants.

Whether the necessary information, knowledge, skills and resources exist
This recommendation was seen to be building on established practice, though this practice may vary from area to area, and service to service. Participants believed there was an important role in identifying best practice and standardising around this.

Resources were specified as the most likely barrier to implementation.

How much will this recommendation help their efforts to prevent unintentional injury?
This recommendation was believed to have very significant potential impact, by most participants. One participant was from a voluntary project involved in fitting home safety equipment, and he reported that their own research suggests that two or three unintentional injuries are prevented within the three months following a fitting.

Is action required by organisations not listed as taking action in the draft recommendation?
PCT Commissioners will need to take action within service level agreements, in relation to both governance and capacity building. Other suggestions for inclusion were the Fire Service, Housing and Environmental Health, and the various services right across the children's workforce.

Recommendation 17 Incorporating home safety assessments in the 'Children and young people's plan'

Who should take action?
Children's trust boards, in consultation with local safeguarding children boards.

Summary of feedback
Recommendation 17 did not generate a great deal of discussion, and to a great extent this was because people were not clear how much it added to recommendation 16.

Some participants noticed that recommendations 16-18 appear to make a universal offering, rather than being targeted at those most in need. This discussion is described in recommendation 18.

Clarity of recommendation
The recommendation was clear for those familiar with the Children and Young People's Plan.

Relevance and usefulness
Some participants were not clear on what recommendation 17 added to recommendation 16, and doubt was cast on whether this level of detail should be in the CYPP, which is meant to be a strategic level document.

"It doesn't need to be (included)…the plan it doesn't go down to specific service provision. It talks about and should be a strategic plan… so going down to this sort of detail is not what I would expect to see."
Strategic Lead for Children's and Maternity Services

Factors affecting implementation
These factors were thought to be the same as those discussed for recommendation 16.

One participant believed that the commitment to home safety assessments should be explicit in the Local Area Agreement, as well as the Healthy Child Programme and CYPP.

Whether the necessary information, knowledge, skills and resources exist
These issues were thought to be the same ones applying to recommendation 16.

How much will this recommendation help their efforts to prevent unintentional injury?
No participant made any contribution to this question, beyond what they had already said at recommendation 16.

Is action required by organisations not listed as taking action in the draft recommendation?
One London-based participant suggested that the Greater London Assembly and/or the London Mayor should be included among those taking action.

Recommendation 18 Commissioning home safety assessments

Who should take action?
PCT commissioners.

Summary of feedback
Some participants noted that recommendations 16-18 appear to offer a universal service, to all families/households with a child under five. There was a strong feeling that a universal

approach was unrealistic in financial terms, and contradicted other elements of the draft guidance which encouraged targeting on those most in need.

Provision of home safety assessments is currently very fragmented, with multiple organisations conducting assessments, each from particular perspectives (e.g. prevention of fire, crime, for child protection, housing or health purposes, using different criteria. Some participants could see an opportunity for more efficient working through a co-operative approach.

Clarity of recommendation

Most participants consider this recommendation to be clear and understandable, though it should be noted that the universal nature of the offer does not come across on first reading, to most people. There seemed to be an automatic assumption of prioritisation, and a number of participants commented that this was missing from the text.

One participant believed that the text was very long, and suggested that the role of PCTs should be clear in the recommendation title, that the text should use more sub-headings, and there should be more references to World Class Commissioning.

Relevance and usefulness

The relevance of home safety assessments is widely accepted, but the universal nature of the offer is considered by some to be an inefficient and unrealistic characteristic of this recommendation.

Factors affecting implementation

As with the previous Home Safety recommendations, recommendation 18 was generally welcomed, but there were a number of reservations about how it would work in practice.

A number of participants felt very strongly that home safety assessments discussed in recommendations 16-18 should be targeted at those most in need, rather than being offered as a universal service. They feared that a commitment to universal provision would not be matched by adequate increases in resources to deliver, and services would be overwhelmed. In this scenario "those that need it most will seek it least".

Only one participant specified that the universal application was a good thing, because it would remove the targeting of those renting their accommodation, which (as noted earlier) she believed would cause resentment.

Another participant had concerns related to the traditionally fragmented model delivery. In his view, different agencies have approached home safety from somewhat different angles, as summed up in the following quotation:

"The coordinating bodies at the moment (don't) have…. the wider view yet of all areas ...safety in the home …. seems to fall as a subject between various places, child protection is in one area...crime in another area, perhaps fire safety in another area, health visitors in another …there are quite a lot of gaps between those areas of work"

Senior Community Safety Officer, Fire Service

If this analysis is correct, there is much work to be done in identifying and applying the optimal models of delivery to ensure common standards across the country. As one participant pointed out, the commissioning body (the PCT) will have a difficult job in mapping all the relevant activity taking place in an area by a wide range of different organisations.

On a more positive note it was also mentioned that there is potential to increase efficiency in systems and protocols such as the suggested "checklist" (see recommendation 16, factors affecting implementation), which could be developed in a way that is suitable for all relevant services. This could potentially reduce multiple visits to individual households, which are inefficient and unpopular with the public.

It was pointed out that many local authorities have been contracting out their home safety assessments for some years, and much of the expertise now lies in the voluntary sector.

When asked to identify issues that could negatively influence implementation, participants mentioned resources, in terms of anticipated budget cuts, and in terms of lack of capacity if no prioritisation is applied. In designing an efficient delivery model, consideration will need to be given to the significant cost differences between "uniform" and "non-uniform" staff.

Another concern was that, unless a streamlined, cooperative way of working was developed, there could be multiple visits to the same households, raising all sorts of practical problems and appearing very inefficient.

Another potential barrier, as mentioned in relation to recommendation 14, is the possibility that private landlords will prove difficult to engage.

Whether the necessary information, knowledge, skills and resources exist
With so many agencies already involved in doing related work, there was a consensus that the knowledge is well-established, though there is clearly work to be done in producing a streamlined, efficient and co-operative approach.

As noted above, the availability of human and financial resources is a key concern.

How much will this recommendation help their efforts to prevent unintentional injury?
As noted earlier in this section, home safety assessments were welcomed by most participants and expected to make a significant contribution to the prevention of unintentional injury.

Is action required by organisations not listed as taking action in the draft recommendation?
There was some disagreement on whether delivery of this recommendation would be best located with the PCT, or the Children's Trust. There should be a clear lead body, taking action in consultation with the various partners.

4.5 Water safety recommendations

Recommendation 19 Providing water safety information and education

Who should take action?

- Injury prevention practitioners.
- Lifeguards.
- Schools.
- Swimming instructors.

Summary of feedback

The recommendation is clear, but views on its relevance varied according to the roles held by our participants. There is a wide variety of organisations delivering water safety information across varied settings, and this needs to be reflected in the list of those taking action. Some perceived the current list of action takers as unrealistic.

Water related risks vary according to local geographical and cultural factors. A social marketing campaign is needed, based around a core of common information, but with the flexibility to accommodate key local issues. Local authorities are likely to be best placed to deliver this, and a creative approach is needed for the campaign to be successful in targeting key groups, at appropriate times.

Clarity of recommendation

This recommendation was regarded as clear and understandable.

Relevance and usefulness

Views on relevance varied according to the type of organisation. For some participants it was highly relevant, but for others less so. For example one of the private sector participants had only a paddling pool on site, so regarded it as having limited relevance. A school-based participant was wary of schools being seen to have responsibility for this issue, since the risks were almost entirely away from the school environment.

Factors affecting implementation

Water safety was seen as a difficult issue to target effectively, particularly with children and young people. The view was expressed that water safety tended to be "ignored" in a lot of child safety education.

Part of the difficulty is around variation in risk factors, according to local circumstances. One suggestion was for a core set of safety information messages to be conveyed nationally, but for local flexibility to be allowed, reflecting the localised nature of the risks. Newquay was cited as an example, having specific geographical and cultural factors to deal with, such as a high level of school trips, and alcohol use among its many young visitors, in close proximity to the sea.

Given this local variation, it was suggested that local authorities have a key role to play in delivering social marketing campaigns around water safety. Campaigns should be timed at key points in the year, such as the beginning of the summer holidays. Water safety is not a

particularly easy issue on which to engage the general public, and careful thought and creativity are needed in targeting appropriate groups at the relevant times.

There was some scepticism about the degree to which lifeguards, teachers and swimming instructors could deliver water safety information.

> *"Lifeguards when they're on duty aren't going to have time to be delivering that sort of information. Schools I shouldn't think have got time in their curriculum to squeeze anything else in, and swimming instructors could,…. but if they were doing that, then…the parent might actually think, oh, my child didn't learn much there."*
>
> Water Safety Education Manager

Schools related participants, from an area with river frontage and canals, believed that there was a variety of safety information available locally from a range of organisations, but were reluctant to accept too much responsibility for schools in delivering water safety. They were worried about getting access to swimming facilities, the associated cost and timetabling implications, and generally felt that they could not accept a great deal of responsibility in relation to risks that applied away from the school and outside school time.

One of the private sector leisure providers noted that his current water safety policy accommodated most of the points in the recommendation, but he had not previously included "seasonally adjusted" information (e.g. about ice and cold weather) as recommended. He thought this was a very good point, which he intended to act upon immediately.

A number of participants mentioned the need for simple language, and pictorial illustrations, to make it accessible to young people and adults with limited literacy skills.

One participant was concerned that the requirement to provide information and education appropriate to the "household's particular needs and circumstances" was unrealistic, because of the resource implications of assessing individual households.

It was suggested that the water locations listed under the second bullet point should also include parks and canals.

As with a number of other recommendations, there was a desire that this guidance was complementary to existing guidance on health and safety, and information from bodies such as the National Water Safety Forum.

How much will this recommendation help their efforts to prevent unintentional injury?
This recommendation was regarded as relevant by most, but no participants expressed a view on its likely impact on injury prevention. This may be due to a number of factors, including the need to think again about those taking action, the very diverse range organisations delivering information about different water settings, and the absence of reliable baseline data.

Is action required by organisations not listed as taking action in the draft recommendation?

The National Water Safety Forum and the Child Safety Education Coalition were mentioned as relevant partners for action. One of the private sector participants also suggested that holiday companies should be included, and another participant emphasised the importance of engaging waterside property developers, who in his experience rarely provided adequate water safety information to their customers.

A wide range of organisations provide water safety information, relating to a wide variety of water settings, and it was believed that clear leadership and a transparent and open approach are essential for the successful development and implementation of this guidance.

Recommendation 20 Developing water safety skills

Who should take action?

- Injury prevention practitioners.
- Lifeguards.
- Schools.
- Swimming instructors.

Summary of feedback

Though welcome, there were some key reservations about implementation of this recommendation. Schools did not believe that they would be able to make a major contribution on this front, partly because it would not be seen as a priority for their resources. There were concerns about swimming lessons being expensive, and about the failure to properly target funding for free swimming lessons on those most in need. It was pointed out that learning to swim in a heated swimming pool was not adequate preparation for the hazards of open water.

An example of an effective intervention was suggested, but it was noted that funding had been withdrawn as it was not a priority for the education authority.

Clarity of recommendation

This recommendation was considered clear and understandable, though there was some confusion around the meaning of the final bullet point. Is this saying that swimming is in itself an activity to improve health and reduce obesity, or is it saying that other activities exist which can help people to access swimming pools (e.g. achieving weight loss, and then feeling more confident in wearing a swimming costume)?

Relevance and usefulness

Most participants thought the recommendation was relevant and useful in principle, but there were some key reservations. Schools thought is unlikely that water safety would be considered a priority, and other participants noted that learning to swim in a heated pool did not necessarily prepare children and young people for the hazards associated with

canals, rivers etc. There was a belief that swimming lessons were not being accessed by those most in need.

Factors affecting implementation

It was thought that there is already quite a lot of activity encouraging people to learn to swim, but that those most in need are not being targeted effectively. Swimming lessons are perceived as expensive, but even free provision is not reaching the right people. One local authority Leisure Manager mentioned the DCMS funding for free swimming lessons, which his authority had taken up for older people, but not for under 16s, because the money available was insufficient. New money was now available for those aged 11+, funding 7000 free swimming lessons, but he believed that non-swimmers and the vulnerable were not coming forward, and that these lessons were likely to deliver "stroke improvement" for existing swimmers.

The participants from the Navigation Authority had a strong concern that learning to swim in a heated swimming pool did not adequately prepare people for the risks associated with other water environments, such as open water, canals etc. These environments contain a range of different hazards, and there was a danger that swimmers could become over-confident in certain situations. They were consequently very pleased to see the reference to helping people assess and manage risk in a range of different water environments.

One Accident Prevention specialist recommended life skills events targeted at Year 6 pupils, as one of the most effective methods she had used. The events would cover a number of different scenarios (rail safety, road safety, water safety etc). Unfortunately funding was withdrawn, since the delivery of such sessions was not a priority for the Local Education Authority.

> *"...it was hands on … a situation would be acted out by the professionals. I mean children had to deal with the situation… (but no longer funded in her area)…. which is really sad because again they were very effective, and by targeting year six children … just before they went on their school holidays. That age group are just about to go onto secondary school and are given a bit more free rein during the summer holidays"*
>
> Accident Prevention Specialist

Those involved in Schools management were also sceptical that water safety would be given a priority by the local authority. One school interviewed was actually located next door to a swimming pool, but envisaged it being difficult to get access to pool time. They also had concerns over cost, the risk assessment process and timetabling complications.

How much will this recommendation help their efforts to prevent unintentional injury?

No participants felt able to say to what extent this recommendation would prevent unintentional injury, but the Accident Prevention specialist strongly believed that the life skills events she had previously operated had prevented a lot of accidents.

Is action required by organisations not listed as taking action in the draft recommendation?
It was suggested that local authorities and leisure providers should take the lead, and that holiday providers should be on the list. It was also mentioned that land owners had a duty of care.

Recommendation 21 Water safety – advice for leisure providers

Who should take action?
Leisure facility providers such as hoteliers, holiday companies and tour operators.

Summary of feedback
There were serious concerns about how effectively this recommendation could be implemented. This was partly because the necessary skills are not thought to be common among these providers, but also because it is difficult to engage the public with this kind of information, whether through signage or other publicity.

Clarity of recommendation
The term "leisure facility providers" is possibly too broad. Only after reading the full recommendation did our local authority participant feel clear that his leisure centres were not included.

Relevance and usefulness
The recommendation is relevant, but this is regarded as a very difficult issue, and there are doubts about effectiveness.

Factors affecting implementation
Participants from both the Navigation Authority and the major holiday provider believed that it is very difficult to engage the public on these issues. Signage was an obvious possible solution, but of limited effectiveness. It is possible to identify the most appropriate locations for signage, but people pay little attention to it, and making sure it remains in place can be resource intensive, given the very large areas that need to be covered.

"we certainly find that providing information can be completely ineffective, a lot of people will just choose to ignore that information no matter how you put it out there…. We know from experience signs will go up and they will come down in the same day"
Navigation Authority Manager

Whether the necessary information, knowledge, skills and resources exist
For many relevant businesses, such as pubs and hotels adjacent to water, there was believed to be a significant knowledge/skills gap, and the guidance should consider how this sector can be better equipped to fulfil its obligations.

"water related safety can be quite a specialised area, and certainly when we have dealt with some partners in the past we have found that their knowledge has been …limited, and I

would ask whether there needs to be some (capacity building) work done .....it can be very difficult for these groups to actually get a good understanding or be able to recognise what they need to put in place."
Navigation Authority Manager

How much will this recommendation help their efforts to prevent unintentional injury?
The seriousness of the reservations around effectiveness meant that no participants suggested any degree of likely impact for this recommendation.

Is action required by organisations not listed as taking action in the draft recommendation?
Navigation authorities, boat hire companies and caravan parks (with water environments) should be added to the list.

4.6 Outdoor play and leisure recommendations

Recommendation 22 Promoting cycle helmet use – government

Who should take action?

- Department for Children, Schools and Families.
- Department of Health.

Summary of feedback

This recommendation was met with a range of significant concerns around implementation. Chief among these were the difficulties of getting children and young people to wear safety helmets, uncertainty over which agencies were best placed to address this issue "on the ground" and the lack of available funding for campaigns and safe routes.

Clarity of recommendation

Most participants regarded this recommendation as clear and understandable, but some questioned the focus on off-road cycling.

Relevance and usefulness

This recommendation was considered to be relevant in principle, though a number of reservations were expressed about its likely usefulness.

Factors affecting implementation

Road safety professionals thought that a major benefit of promoting cycle helmet use among children and young people was to instil a safety mindset at an early age. However there was disagreement among participants in terms of how easy it would be to deliver the promotional message.

A senior police officer said that the necessary means to do this were in place, and envisaged it working through his community safety teams, as part of their regular work on issues identified as priorities by local communities, since road safety is always one of the top local priorities. Indeed he felt that this was an increasingly important focus for his service, with new Department for Transport targets coming in on pedestrian and cycling injuries, though he also noted the difficulty faced in enforcement, without cycle helmet legislation. Others though had concerns about the human and financial resources to deliver such a campaign, at a time when road safety partnerships were facing budget reductions.

As with other cycle helmet related recommendations, a minority of participants questioned whether the effectiveness evidence was strong enough to justify this recommendation. They were aware of individuals and organisations that were critical of cycle helmet effectiveness, and of concerns about potential impact on cycling participation if a firmer line is to be taken on cycle helmets.

Given the off-road focus of this recommendation, there was some concern that it was not clear who would take responsibility for addressing this issue "on the ground". In the road safety professionals mini group, the main problem was identified as informal off-road

activity, and it wasn't clear which service would be able to address safety issues with young people in these situations.

"So the difficulty… is that off-road… cycle riding takes place long before the parents even know about it… at night and just happen to go off into a field or into the woods… just kids messing around… low level activity… in a little bit of mud and make a jump for themselves."
Road Safety Partnership Manager

Two participants mentioned the possibility of accommodating these messages at school, in PSHE lessons, but others felt that this subject matter was unlikely to be a priority for PSHE teachers.

This is a difficult message to get across to young people, many of whom regard cycle helmet usage as "uncool", but one suggestion was to work with local radio stations as an effective means of targeting the relevant age group. Another suggestion was made to give away cycle helmets and other cycle safety equipment, particularly in more disadvantaged areas.

Whether the necessary information, knowledge, skills and resources exist
The campaigning skills do exist, but there were significant doubts over whether funding would be available to enable implementation. As noted on other recommendations in this fieldwork report, there is a widespread view that reliable injury data is difficult to obtain.

How much will this recommendation help their efforts to prevent unintentional injury?
No participants identified this recommendation as producing a major impact on prevention of unintentional injury, largely due to scepticism about the likely success of implementation.

Is action required by organisations not listed as taking action in the draft recommendation?
School travel planners should be included, and need to be specified explicitly, since they are located in a variety of different local authority departments. The Department for Transport, Community Safety teams and Local Authority Environment Departments were also mentioned.

Recommendation 23 Promoting fireworks safety – government

Who should take action?
- Department for Business, Innovation and Skills.
- Department for Children, Schools and Families.
- Department of Communities and Local Government.
- Department of Health.

Summary of feedback
This recommendation was generally welcomed by most, but its focus on government activity elicited varied responses from our largely "local" participants. Some were keen to see a national campaign, given increasing difficulties in obtaining funding for local

prevention campaigns. An alternative view was that serious fireworks related problems now tended to be highly localised, and that a national campaign may therefore not be the most efficient approach.

Clarity of recommendation

This was considered to be clear and understandable by most participants, but one individual wanted more clarity on which organisation(s) would lead on this.

Relevance and usefulness

The recommendation was considered very relevant and useful, though one participant pointed out that the specification of government responsibility meant that the relevance to local agencies was possibly questionable.

Factors affecting implementation

There was some debate as to whether recommendations 23 and 30 (government and local agency campaigns) should be combined into one recommendation. As one participant pointed out, fireworks safety campaigns have existed across the country for many years, without any definitive agreement on where lead responsibility lies.

"Quite how much we put into it and quite how much we are supported from CLG and local partners, there has always been a question mark about literally whose job is that"
Senior Fire Officer

This recommendation was generally seen as "uncontentious", and was welcomed by most for a number of reasons. As noted elsewhere in this report, fireworks safety messages need to reach a new cohort of young people each year, and one Healthy Schools Manager believed that such campaigns had not been "in your face" in recent years. The idea of a government funded mass media campaign was welcomed particularly since participants had concerns that funding for local preventative campaigns would be difficult to obtain in the next few years. A key factor in this difficulty was cited as the lack of available data to evaluate campaign impact.

There were some reservations expressed about the requirement for fireworks safety campaigns around Diwali and Chinese New Year, since there is little evidence that these celebrations are associated with an increase in unintentional injuries.

"(The recommendation has)... mentioned New Year and Diwali... is that backed up by some data... (demonstrating)... a problem around those periods, because I don't know... I might not invest in that. I don't know that we actually receive a great deal of complaints around those."
Senior Police Officer

There was a view from one participant that unintentional injury from fireworks has reduced substantially, and serious fireworks problems are now highly localised. This analysis calls into question the efficiency of a national campaign, and there were suggestions that a more localised approach was more appropriate, and at least one participant would welcome the capacity to impose fireworks bans in areas with high rates of injuries.

Whether the necessary information, knowledge, skills and resources exist
Several participants pointed to the lack of data available, particularly in terms of Emergency Department treatments that do not lead to hospital admissions. Without this data services cannot estimate the scale of the problem, and therefore cannot plan their investment effectively. As noted above, the absence of data also makes it difficult to evaluate campaign impact, leading to problems in justifying local prevention campaign expenditure.

How much will this recommendation help their efforts to prevent unintentional injury?
The absence of reliable data (as discussed in the section above) makes this question difficult to answer. Nevertheless, it seems unlikely that this recommendation would lead to a major reduction in fireworks related injuries, at least in the short term, because there are well-established campaigns in most areas. If however, as suggested above, these local campaigns are experiencing funding difficulties, the national campaign may have an impact by replacing some local activity.

Is action required by organisations not listed as taking action in the draft recommendation?
There was a perception from one Senior Fire Officer that the Department of Health and its agencies should be more involved with this issue than has been the case in the past. He suggested that the Department of Health should have equal status with DCLG in leading on this recommendation. Suggestions for other relevant bodies included the Home Office, the Health and Safety Executive, Environmental Health departments, Leisure Services departments, Trading Standards and fireworks suppliers.

Recommendation 24 Developing play policies – for public play and leisure facilities

Who should take action?
All outdoor play and leisure providers in the public, private and voluntary sectors. This includes the leisure industry, parish and town councils and early years providers.

Summary of feedback
Some participants believed that the guidance was not saying anything new, though most were pleased to see explicit recognition of the need to balance risk with benefits. It was thought that many providers were very cautious because of the fear of bad publicity resulting from injuries incurred on their facilities.

A number of considerations for implementation were raised, including the importance of engaging with parents, the difficulty of communicating with the large and diverse community of play providers, the need to work in co-operation with other guidance providers, and the concern that policies of this nature are difficult to write, and many smaller providers may not have the necessary skills to do so with confidence.

Clarity of recommendation

No participants had any difficulty in understanding this recommendation.

Relevance and usefulness

Some doubt was cast on the relevance and usefulness of the recommendation, because it was not perceived as saying anything new, but the explicit acknowledgement of the need to balance risk with benefits was welcomed by most.

Factors affecting implementation

As noted above, the acknowledgement of the need to balance risk and benefits was welcomed by most participants, but there was also a recognition that providers tend to "err on the side of caution", and there is considerable fear of negative publicity following playground injuries.

For private providers there needs to be thought around the language and the rationale used to promote the recommendation, since their motivations can be quite different from those in public services. As one private provider explained:

"We don't look at what we do as a public service to enhance the development and the motor skills and the sociability of young children; we do what we do because people want days out and kids want to have fun and enjoy themselves"

Operations Manager, Visitor Attraction

A number of participants mentioned the need to engage with parents and carers around the development of policies, and the need to ensure that they understood the issues around balancing risk and benefits. As one Play Development Officer said, "otherwise it (the policy) is just about covering our backs". A number of participants said that they would like to see explicit recognition that responsibility for safety during play was shared with parents and carers.

Communication with play providers was thought to be difficult, since there are so many, diverse organisations in the sector. The guidance will need to be communicated in simple, summary form, otherwise it risks being ignored.

It is important that providers are not given the impression that the guidance is going to increase "red tape". At implementation stage, NICE should be aware that some providers will fear that new guidance will be used as a tool by those wanting to blame, or indeed sue, play providers.

There will be a need to spell out in more detail exactly which British and European standards will apply.

In terms of identifying and addressing hazards not covered by existing standards, one participant suggested that the guidance should explicitly say that such hazards should be removed, or action taken to mitigate the risk.

Some participants were aware of existing guidance, and keen for NICE to work with, and complement guidance provided by organisations such as RoSPA (the "Oracle playground policies") and the Institute of Safety and Health.

Whether the necessary information, knowledge, skills and resources exist
It was pointed out that many providers are small organisations, which might not have the specialist skills required to write such a play policy with confidence, particularly given the difficulty of specifying the issues around balancing risk and benefits. Even smaller local authorities do not necessarily have specialist staff with appropriate skills and experience.

"... small town councils, leisure industry, early years providers... have they got the skills to write a policy? And I guess there are some fine line judgements in there when you're talking about the balancing of risk and encouraging children to take risk but having, you know, the obligations to keep them safe. I mean that's quite complex stuff, isn't it?"
Local Authority Parks & Playgrounds Manager

As with most recommendations, resources were considered to be a potential problem, both in terms of availability of new investment in more appropriate playgrounds, and the cost of inspection and maintenance. A view was expressed that more challenging play facilities tended to require a higher degree of inspection and maintenance.

How much will this recommendation help their efforts to prevent unintentional injury?
There were no clear views expressed on the extent to which this recommendation would help to prevent unintentional injury. This was possibly because of the difficulty of quantifying the impact of a recommendation that will take a long time to make a significant difference to existing provision.

Is action required by organisations not listed as taking action in the draft recommendation?
There were no suggestions for additional organisations taking action.

Recommendation 25 Developing play policies for private play and leisure facilities used by the public

Who should take action?
Private providers of play facilities that are open to the public, such as pubs and hotels.

Summary of feedback
Most participants felt that this recommendation was useful, though there was a call to tighten up the wording around equipment/environment not covered by relevant standards, and doubts over the quality of inspection and maintenance regimes at hotels and pubs. The most common response to this recommendation was that it should be combined with recommendation 24.

Clarity of recommendation
This recommendation was clear to participants, but there was some confusion as to why it was separate from recommendation 24, since private sector providers are mentioned in both.

Relevance and usefulness
Most participants believed this would be better incorporated into recommendation 24. However most thought it appropriate that private providers such as pubs and hotels should operate their facilities under guidance of this nature.

Factors affecting implementation
One participant was a Health and Safety Manager for a major holiday/leisure company, and he was concerned that some private sector operators try to avoid obligations, by claiming that their play facilities were not covered by established standards. He therefore wanted the wording tightened up, to reduce the scope for such claims, primarily by providing more detail on which British and European standards would be applied.

The same Manager advised that this the actions should specify that play facilities should be restricted in certain conditions, in particular during the hours of darkness.

As for recommendation 24, it was suggested that the guidance should explicitly state that parents and carers share responsibility, when children use such facilities.

One local authority manager doubted whether pubs, hotels and similar small private sector providers would have adequate inspection and maintenance regimes. He suggested that the guidance advise that they liaise with their local authority for advice and support.
As noted on recommendation 24, the private sector will not necessarily respond to broader social policy objectives on children's social development, since the nature of their responsibility towards children and families is quite different from that in the public services. When communicating the guidance to private sector providers, this needs to be considered.

One participant, from the voluntary sector, was consistently opposed to formal, official guidance and policies, throughout his interview. His belief was that, although well-meaning, they had the effect of reducing people's willingness to volunteer, and consequently had an adverse effect on the lives of children and young people. In terms of private sector play providers, he thought that the potential bad publicity arising from injury incurred on their facilities was sufficient incentive to operate the facilities safely, and that new guidance would not improve this situation significantly.

How much will this recommendation help their efforts to prevent unintentional injury?
As noted on recommendation 24, no clear views were expressed about the likely scale of impact of this recommendation on the prevention of unintentional injury.

Is action required by organisations not listed as taking action in the draft recommendation?
No additional suggestions were made.

Recommendation 26 Promoting cycle helmet use – retailers

Who should take action?
Retail outlets and cycle hire centres.

Summary of feedback
We interviewed one major retailer of bicycles for children, and one small scale cycling business, involved in sales, cycle hire and cycle training. Both were generally supportive of the recommendation, though the large scale retailer was cautious about the introduction of a Certified Retailer Trade Association scheme, and the smaller retailer was not familiar with such schemes.

Clarity of recommendation
This recommendation was considered to be clear and understandable.

Relevance and usefulness
Both found the recommendation very relevant, since they already provide advice to purchasers, both in store and online, and they always encourage the use of cycle helmets.

Factors affecting implementation
The large scale retailer believed that two conditions needed to be met, to facilitate implementation of the proposed Trade Association type scheme, namely that clear evidence of cycle helmet effectiveness will be presented, and that there would be no significant additional costs for retailers. In terms of the effectiveness evidence, this would need to take into account any negative impact on levels of cycling participation associated with greater promotion of cycle helmets.

If a scheme of this nature were to be introduced, he was keen that it should be with the existing Bicycle Association. However, he did not believe that there was a problem with "grey traders" selling children's bicycles and cycling equipment, and was confident that he would be aware of such a problem, if it existed at a significant level.

"any scheme that involves costs to the retailers we have to look at very carefully...If it can be proven that it would really benefit in some way materially, we'd seriously consider it"

"there is already a Bicycle Association that we belong to and (if introduced, the scheme) might be something that they might be able to take up ... at a minimal cost to the retailers."
Senior manager, leading cycle retailer

The smaller business participant was not familiar with such trade schemes, and did not therefore comment in any detail. His main concern was that businesses such as his were not forced to insist on cycle helmet usage. As with the large scale retailer, he did not believe that the evidence in favour of cycling helmet usage was clear, and indeed thought helmets could be a distraction for some children.

"In my view I think it is worth the risk and everyone should wear a helmet, but I can see why some people don't wear helmets and also I can see when it comes down to children with certain disabilities and things like that, they can become a distraction, take away people's concentration"

Small scale cycle retail, cycle hire and cycle trainer

On a practical level he also pointed out that bicycle purchase for children was often made by an adult, for example as a surprise birthday present, and the child was not available to have the helmet fitted. This is clearly a limitation on the effectiveness of pro-helmet point-of-sale advice.

Whether the necessary information, knowledge, skills and resources exist
Both participants thought that these factors were not problematic, with staff able to provide good advice at the point-of-sale.

How much will this recommendation help their efforts to prevent unintentional injury?
Despite general support for the recommendation, there was scepticism about its effectiveness from these retailers, and from other participants. To some extent this scepticism was based on doubts about the strength of the pro-helmet evidence, but also referred to the difficulty in getting children to wear helmets on a regular basis.

Is action required by organisations not listed as taking action in the draft recommendation?
No other organisation was specified as needing to take action, though there is a clear implication for the involvement of a trade association.

Recommendation 27 Promoting cycle helmet use – local agencies

Who should take action?

- Schools.

Summary of feedback
Road safety professionals welcomed this recommendation, but with some concerns around implementation. Others were less clear on its benefits, and particularly focused on the reluctance of children and young people to wear helmets, and problems with providing safe cycling routes to school.

Clarity of recommendation
The recommendation was generally clear, though some questioned the focus on off-road routes, and the term "cycling proficiency" is not up to date, since the introduction of the National Standard, which is known as "Bikeability" in England.

Relevance and usefulness
Nobody disagreed that this was a relevant recommendation, though there were significant reservations around more fundamental issues that were perceived to undermine its likelihood of success.

Factors affecting implementation
Road safety professionals welcomed the recommendation, particularly its implications for school travel planning, which they did not believe always prioritised safety issues.

"I welcome the link between road safety and school travel plans… travel plans vary between primarily encouraging children to walk and cycle…. and getting them to do it safely …the balance actually shifts quite a lot depending on which local authority, and there are some school travel plan advisers who … don't promote road safety, just promote the walking"
Road Safety Partnership Manager

Other participants tended to be more sceptical. It was felt that schools would be cautious about promoting cycling to school in the absence of significant investment in safe routes, shortage of space for bicycle parking at some schools, the lack of a legal requirement, and the inability to enforce cycle helmet usage among young people who viewed it as "uncool".

"Whether the kids actually wear the helmets is another thing. Most of the time I see them on their way to school with the helmet over the handlebars."
Owner of a cycle retail, cycle hire and cycle training business

One school felt the recommendation put too much responsibility on the schools, despite their limited ability to make this recommendation succeed. This school had already implemented a cycling safety policy, but it was not perceived to have succeeded in changing behaviour.

Some participants questioned the emphasis on cycle helmet usage, asking for proof of effectiveness, and suggesting that cycling organisations were not united in support of promoting cycle helmet usage. This perceived lack of consensus was thought to make it very difficult for a school to promote this message.

In terms of positive ideas for getting the pro-helmet message across, there was a suggestion that more could be done in the PSHE curriculum, and that school sports staff could be a positive influence. It was also suggested that a campaign delivered through social networking sites would be an effective method of conveying the pro-cycle helmet message.

Whether the necessary information, knowledge, skills and resources exist
A concern was expressed over the absence of a consensus among cycling organisations about the benefits of cycle helmet usage. The lack of funding for safe routes to school, and limited space for bicycle parking, were barriers to schools' willingness to engage children and young people on issues around cycling to school.

How much will this recommendation help their efforts to prevent unintentional injury?
No participants expressed the view that this recommendation would make a major contribution to preventing unintentional injury. This was largely due to concerns about barriers to effective implementation.

Is action required by organisations not listed as taking action in the draft recommendation?
Local authority road safety teams clearly have a role to play. School travel planners are essential to this action, and need to be specified precisely, since they tend to be located in a variety of local authority departments. The School Travel Expert Panel should also be specified, since this is the Department Of Transport's relevant working group. Police and PCTs were also mentioned as having a role in relation to this recommendation.

Recommendation 28 Promoting cycle helmet use – event organisers

Who should take action?
- Organisers of off-road cycling events, competitions and training.
- Cycle hire centres.

Summary of feedback
There was general support for the recommendation, notwithstanding some practical concerns around enforcement and the willingness of children and young people to wear helmets.

Clarity of recommendation
It was assumed that the recommendation would mean that wearing a helmet was legally compulsory at off-road cycling events. There is a strong preference for short, concise recommendations, otherwise there is a risk that they will be ignored.

Relevance and usefulness
The recommendation was thought to be relevant and useful, at least in principle.

Factors affecting implementation
In principle this recommendation is welcomed, and the cycle event organiser could see that it was important for such events to contribute to developing a safety mindset in young people.

There needs to be clarity on exactly whose responsibility it is to enforce helmet usage - for example whether organisers would have a duty to prevent people starting the event if they were not wearing a helmet. This is not an easy rule to enforce, particularly since many adults do not set a good example.

Although the requirement for cycle helmets could be set out in the event registration rules, some people would turn up without helmets, and there will be a need for organisers to work with cycle hire businesses to deal with this.

On a positive note, it was thought that most children and young people participating in a recent event did wear a helmet.

> *"… there were probably more people with helmets than not….. and we did have the youngsters taking part where the minimum age was 8, so we did have quite a few youngsters"*
> Cycle Event Organiser

Whether the necessary information, knowledge, skills and resources exist
The event organiser was concerned that organisers would not have the necessary knowledge around cycle helmet standards, to know what constituted an appropriate helmet. She would want to work with a cycle hire business for advice on appropriate head-gear.

How much will this recommendation help their efforts to prevent unintentional injury?
This could help to develop a safety mindset among children and young people, by associating cycling with helmet use.

Is action required by organisations not listed as taking action in the draft recommendation?
British Cycling Organisation acts as an umbrella body for cycling events, and it would be sensible to work with them. There are also specialist event companies who should be consulted and involved in implementation.

Recommendation 29 Fireworks safety – local agencies

Who should take action?
- Trading standards officers.
- Police and fire service.

Summary of feedback
This recommendation was not particularly well received. It is suggested that the recommendation is based on a mistaken interpretation of the current legislation. A number of additional concerns were expressed, particularly around the scale of necessary resources against likely minor impact, and the absence of any measures to tackle illegal sales.

Clarity of recommendation
It was suggested that the recommendation that the vendor's trading licence should have a condition involving distribution of the Fireworks Safety Code is based on a misunderstanding of the current legislation.

Relevance and usefulness
In addition to the potential legal misunderstanding specified above, there were a number of significant reservations expressed around its usefulness.

Factors affecting implementation

The key concern expressed about this recommendation came from a Trading Standards Officer, specialising in fireworks control. He questioned the terminology used in the recommendation, stating that a " 'vendor's trading licence' is not a phrase terminology that means anything to me". Current legislation applies to the *storage* of fireworks, and limits retail sales to a period from October 15 to November 10, unless an additional "suppliers licence" is obtained for sales outside this period.

"we can impose conditions…relating to storage, (but) we couldn't impose a condition .....that they have to provide (the) Fireworks Safety Code...we can always maybe recommend (to) shopkeepers (that) they should provide it, but as the law stands at the moment, if they don't .... there's nothing further we are going to be able to do to do that"

Trading Standards Officer

In addition to this legal restriction, the Trading Standards Officer had a number of other reservations about this recommendation. Firstly, he was sceptical about the strength of evidence indicating that such measures would reduce fireworks related injuries, since the elimination of "pocket money fireworks" had already had a big impact amongst children and young people. Secondly he thought that retailers would expect Trading Standards to provide copies of the code, and this could require the printing and distribution of tens of thousands of copies in large local authority areas, with no guarantee that they would be given to customers.

Although some participants welcomed the recommendation, and indeed would like to see even stronger wording, other participants in the Fire & Rescue service and Healthy Schools teams were disappointed by the absence of any recommendation aimed at tackling illegal sales.

One other Fire Service participant commented that the recommendation seemed vague, and failed to address many of the relevant issues, which range across manufacturing, transport, storage, (legal and illegal) usage, enforcement and education.

On a practical level there were concerns about the ability of Trading Standards to apply this recommendation, with additional resources seemingly very unlikely in the foreseeable future.

It was pointed out that within the Fire Service, responsibility would be split between the Prevention and Enforcement divisions.

One innovative suggestion was for a pilot project in which targeted areas could be subject to increased campaign and enforcement activity, to test the potential impact of stronger intervention. The idea was likened to the use of "alcohol free zones" in some areas.

Whether the necessary information, knowledge, skills and resources exist

As noted above it has been suggested that this recommendation is founded on a mistaken interpretation of current legislation. There were also concerns about the resource

implications of applying this recommendation, in terms of Trading Standards personnel and printing and distribution costs.

How much will this recommendation help their efforts to prevent unintentional injury?
Though some participants welcomed this recommendation, nobody thought that it would have a major impact on prevention of unintentional injury, and a number specified that they felt this was a reasonably well-established area of prevention work, so would not expect significant added value.

Is action required by organisations not listed as taking action in the draft recommendation?
The most relevant organisations are already listed, but there were suggestions that Local Authority Environmental Health departments (with responsibility for bonfires), PCTs and Schools should be listed also.

Recommendation 30 Conducting local safety campaigns on the use of fireworks

Who should take action?
- Fire service.
- Injury prevention coordinators.
- PCTs.
- Police.

Summary of feedback
This recommendation was seen mainly as a statement of good practice, because campaigns of the type described are well-established in most areas of the country. Nevertheless, the evaluation element of the recommendation was seen as valuable, as there is thought to be very limited data on effectiveness.

Clarity of recommendation
This recommendation was considered to be clear and understandable, but it should be noted that the term "surveillance data" is not widely understood (or at least has the potential for different interpretation) across the relevant partner organisations.

Relevance and usefulness
Firework safety campaigns are well-established in most parts of the country, and therefore this recommendation was viewed as relevant and useful, but not particularly seen as adding value to existing practice.

Factors affecting implementation
Since most parts of the country have well-established firework safety campaigns, the delivery mechanisms were perceived to be in place, through bodies like Fire Service and Police community safety teams. Such campaigns are considered very important, because each year a new cohort of young people is at risk. The concern however, was around

funding in the foreseeable future, since a number of participants said that preventative campaigns are currently "not a priority", as indicated by the recent budget reduction for DCLG's "Fire Kills" campaign.

Despite the fact that such campaigns are well-established, some participants noted that there was a shortage of evaluation data on which to assess campaign impact, and believed that the evaluation component of this recommendation was extremely important.

This area of work is a good example of shared responsibilities and partnership working, with the Fire Service typically taking the lead, but Police dealing with antisocial behaviour issues, Schools facilitating safety education, Environmental Health responsible for bonfire safety, and Trading Standards dealing with the retail sector. There was a perception that the NHS should be doing more, particularly since they would be a major beneficiary of any reduction in fireworks related injuries.

As noted on recommendation 23, some reservations were expressed about the need for campaigns around Diwali and the Chinese New Year, since these were not thought to be associated with increased risk from firework injuries.

The availability and analysis of relevant data to help plan investment was considered a problematic issue, as discussed in the section below.

Whether the necessary information, knowledge, skills and resources exist

The availability of emergency department surveillance data was repeatedly raised as a problem, when discussing various recommendations, throughout this fieldwork. It is a two-fold problem, with an absence of robust data particularly on injuries not requiring hospital admission, and the lack of specialist data analysis skills within the relevant organisations.

How much will this recommendation help their efforts to prevent unintentional injury?

Local fireworks safety campaigns were seen as a well-established activity in most parts of the country, and therefore recommendation 30 was considered unlikely to produce any major gains, as summed up in the following quote:

"I think we can probably improve coordination…possibly more efficient in terms of joint work rather than duplication of work, probably raise awareness, but in terms of outcomes it would be hard to…estimate more than a marginal improvement."

Fire Service Senior Officer

Is action required by organisations not listed as taking action in the draft recommendation?

It was suggested that the Local Service Partnership would be a good forum in which to take this recommendation forward. Other suggestions for agencies to be included were the Local Authority Children's Services department and Hospital Trusts.

4.7 Road safety recommendations

Recommendation 31 Child road safety reviews and consultation – government

Who should take action?
- Department for Transport.
- Government Offices for the Regions.

Summary of feedback
There was a strong welcome for this recommendation, which was seen as a well-designed attempt to encourage the adoption of best practice, which is currently applied inconsistently.

Clarity of recommendation
This recommendation was considered to be clear and understandable.

Relevance and usefulness
This recommendation was considered to be relevant and useful, with participants declaring their support for it, and one going as far as to say "I thought this recommendation was fantastic, very clear and easy to understand, definitely relevant and useful".

Factors affecting implementation
This recommendation was seen to embody best practice, which is currently not applied consistently, in all areas.

"I really thought this one really sort of hit the nail on the head and was well founded…. I wouldn't say this is done across the board, I think there are authorities that do very good jobs but that perhaps there are others that could improve, and I think a recommendation like this would help that to happen."
Road Safety Manager

One participant was keen to emphasise the importance of covering the whole process, and not just the physical infrastructure.

"I think the only thing that's not included… (is to) address both physical and soft choices, smarter choices about the Road Safety Education for instance, when carrying out a road safety review, is the right road safety education provided as well as providing zebra crossings and pelican crossings and bus services."
Road Safety Partnership Manager

The recommendation on community consultation was seen as particularly positive.

"I like the issue about consulting with children and young people…. that's important …. you could look at a main road and there seems to be very few casualties on that road... (but) it

might be a very dangerous road but nobody has actually crossed it because it is too dangerous, so you have got to get into the local communities and actually assess"
Road Safety Partnership Manager

There was disagreement with the recommendation for conducting reviews "at least every two years". Our participants said that a rolling 36 month calendar was a normal reference period, for themselves and the police.

The London-based Road Safety Manager emphasised that London had a different mix of bodies with relevant responsibilities, including Transport for London. The unique London context will need to be considered within any more detailed implementation guidelines.

Whether the necessary information, knowledge, skills and resources exist
It was felt that the necessary knowledge and skills were available, but there was inconsistent practice. To address this, there was support for the idea or standard template document, on which to base Child Road Safety Reviews.

It was noted that a move from reviews every three years, to reviews every two years, would have resource implications.

How much will this recommendation help their efforts to prevent unintentional injury?
Participants were positive about this recommendation. It was expected to have a beneficial effect by ensuring that best practice was adopted more widely and consistently.

Is action required by organisations not listed as taking action in the draft recommendation?
Highways Authorities were mentioned, but it was thought that these were implicitly included under the headings on the existing list.

Recommendation 32 Increasing police involvement in child road safety

Who could take action?
- Her Majesty's Inspectorate of Constabulary.

Summary of feedback
This recommendation needs some work to improve its clarity in a number of respects.

Opinions were divided on the extent to which the actions recommended were already in place.

Clarity of recommendation
There were some concerns around the clarity of this recommendation.

The recommendation title refers to "increasing police involvement" but the text on the second action point says "review police involvement". One interpretation was that increasing police involvement should be justified by the reviews required by recommendation 31. Clarity on the relationship between recommendations 31 and 32 would be welcomed.

A number of participants were unsure how to interpret about the second bullet point, referring to "reviewing police involvement... specifically on speed limit enforcement". One participant interpreted this as working with young people around their own compliance with speed limits. Another participant questioned whether this element of the recommendation was suggesting involving young people in attempts to influence driver behaviour, or simply using statistics about injuries to young people as part of safety education for drivers.

The term "report cards" is used in the first action point, and one senior police officer requested clarification on exactly what this meant. His working assumption, for the purposes of the interview, was that it referred to HMC report cards.

There was also some uncertainty as to whether the recommendation was suggesting greater police involvement in safety education directly with children and young people (e.g. in schools), or greater involvement in speed limit enforcement activity.

Relevance and usefulness

No participants doubted that there was a role for police involvement in road safety for children and young people. Nevertheless there was an interesting difference in views on the extent to which this work was already being undertaken, between some of the road safety professionals and police officers, which is summed up in the following contributions.

"There is a worry nationally about the police's lack of enforcement of a lot of road safety rules at the moment, so I think people would welcome that."
Road Safety Partnership Manager

"We are already doing it… it would (only) make a difference if there was a police force in which they weren't doing it".
Police Officer, Youth Safety Team

These quotations came from participants in different areas of the country, and may therefore indicate different practice, but it is possible that the discrepancy is down to different perceptions of what constitutes appropriate involvement.

Factors affecting implementation

It would be useful for the recommendation to say something about effective targeting, to ensure that resources are directed at locations known to be relatively high risk, such as outside schools, or places identified as having a high number of incidents.

Police participants were of the view that new legislation would be required if a major cultural change in driving behaviour were to be achieved, in relation to speed.

One police participant noted that the targets they work to are primarily in relation to "killed and seriously injured", rather than all road traffic incidents.

Whether the necessary information, knowledge, skills and resources exist
These were considered to be in place, though as noted above, police participants believed that legislative change would be necessary in order to achieve a major change in driving culture in relation to speed.

How much will this recommendation help their efforts to prevent unintentional injury?
Opinions were divided, with some participants believing that this recommendation simply reflected what was happening in most areas. Some of our road safety specialists, however, had concerns about the current degree of police involvement, and saw this as a potentially important recommendation.

Is action required by organisations not listed as taking action in the draft recommendation?
The Home Office and Department for Transport were suggested. Police participants suggested involvement from Fire & Rescue, Schools, and Highways. One police participant also suggested the NHS/PCTs, which he felt had traditionally failed to engage sufficiently on road safety issues.

Recommendation 33 Establishing and managing road safety partnerships

Who should take action?
Local highway authorities.

Summary of feedback
Participants thought that this recommendation was clear and thorough. Partnerships are well-established in most areas, and this was seen as seeking to refocus their activities towards prevention. The recommendation was welcomed as supportive of partnerships, but challenges remain for the future, including the engagement of health services and financial sustainability.

Clarity of recommendation
This recommendation was generally considered very clear and comprehensive.

There was a query about the mention of "safety", rather than "road safety", in the fourth action point. Clarification on this would be welcomed.

We received one request for inclusion of illustrations/examples of the type of the "programmes" referred to in the fourth action point.

One participant said they would like the recommendation text to acknowledge that partnerships are well-established in many areas of the country.

Relevance and usefulness
The recommendation was seen as relevant and useful, and welcomed as "the way forward" for road safety partnerships. It was seen as refocusing the partnerships, with a greater emphasis on prevention than has hitherto been the case.

Factors affecting implementation
This recommendation was seen as being well thought through, and described in terms such as "thorough" and "comprehensive".

A number of participants were pleased to see the recommendation encouraging a more strategic approach, drawing on data and community consultation to develop plans.

> *"I think that what we don't do is look at data…. for example we have a spike in (school) year seven of pedestrian accidents, so what are we actually going to do about that transition from primary to secondary (school)….. At the moment we are talking about it but we are not actually doing it."*
> Police Officer, Youth Safety Team

A senior police officer also identified the need for sharing of best practice across partnerships.
The task of forming and maintaining an effective partnership is not perceived to be easy. In particular, a number of participants pointed to the difficulty of engaging the "health sector", which it was felt should be an important partner.

> *"…we struggle to find health sector partners on a regular basis… we want Director of Public Health or something like that to support it at a high level."*
> Road Safety Partnership Manager

Partnerships also tended to suffer from staff changes in the represented bodies.

The financial sustainability of the partnership was also called into question. Members of the road safety partnership interviewed in our group discussion were already facing financial cutbacks, and had concerns over the resources they would have available for a number of these recommendations. In contrast, the senior police officer interviewed believed that road safety partnerships were in a better financial position than most public services, because of the "self funding" basis on which they operate.

Whether the necessary information, knowledge, skills and resources exist
Road safety partnerships already exist in most areas of the country, and this was thought to be a "refocusing" rather than a major change to arrangements. As noted above, there was a call for better knowledge sharing between partnerships.

How much will this recommendation help their efforts to prevent unintentional injury?
Since partnerships exist in most areas of the country, this recommendation was seen as a subtle change, and unlikely to have a major impact on injury prevention in the foreseeable

future. Nevertheless, given the uncertainty around future funding, it was seen as beneficial that road safety partnerships were the subject of a recommendation from NICE, as this may help to reinforce justification of their role.

Is action required by organisations not listed as taking action in the draft recommendation?
It was not thought appropriate that the only bodies identified were Highways Authorities, not least because most Road Safety Teams are not always based in these bodies. Most participants had suggestions for additional organisations to be specified, and these tended to be the organisations that they believed should form the ideal partnership, namely Fire & Rescue, Police, Road Safety Teams, the Local Education Authority, the Local Children and Young People's Department, and the NHS/PCT. It was also suggested that the local authority Chief Executive's Department should be represented, because this is the department with the authority-wide policy making responsibility.

Recommendation 34 Local child road safety reviews and consultation

Who should take action?
Local highway authorities and their road safety partnerships (see recommendation 33).

Summary of feedback
This recommendation was considered clear, relevant and useful. Potential barriers to implementation were identified as the availability of reliable hospital data on injuries, and uncertainties over future funding.

Clarity of recommendation
This recommendation was regarded as very clear.

Relevance and usefulness
This was seen as a relevant and useful recommendation, and it was felt that the requirement to review and analyse data in order to develop initiatives neatly tied together some important activities referred to in earlier recommendations.

"The nice (thing) about this, is it has an outcome to use the review as the consultation findings to inform local initiatives…. so there is a closed circle there if you like"
Road Safety Partnership Manager

Factors affecting implementation
A major barrier to implementing this recommendation was perceived to be the availability of hospital data.

"Shouldn't you actually be including something in here about hospital data… it's a biggy isn't it for us, because of the way they keep their data is so different to ours, but we know that (there is) an awful lot of underreporting"
Casualty Reduction Manager

The problem with hospital data was not just its availability, but the perception that the detailed coding of the data was not robust, containing considerable inconsistency, such as for definitions of "serious injury". (Note that these participants had not seen the recommendations on Surveillance, but when informed, were pleased that the draft guidance was addressing this important issue).

As noted on recommendation 31, there was a preference for reviews to be undertaken every three years, rather than at least every two years. An interval of three years would be in line with common practice for road safety teams and for the police.

The other significant concern about the ability to implement this recommendation effectively related to future funding.

Whether the necessary information, knowledge, skills and resources exist
There was thought to be appropriate levels of knowledge, skills and resources available, perhaps with a need to improve data sharing/coordination. The worry though, was that changes in government policy would reduce the effectiveness of the network, before this guidance could be implemented.

"There is an excellent network of expertise in partnerships at the moment which is good… the danger is how long it will last?"
Road Safety Partnership Manager

How much will this recommendation help their efforts to prevent unintentional injury?
As noted on recommendation 33, this recommendation in itself was unlikely to have a major impact on the prevention of unintentional injury, though inclusion in NICE guidance was very welcome, as it is helpful in making the case for the work of road safety partnerships.

Is action required by organisations not listed as taking action in the draft recommendation?
The specification of local highways authorities was not thought to be helpful for this recommendation. Instead it should specify the road safety partnership, the local authority and the local education authority.

Recommendation 35 Aligning local child road safety policies

Who should take action?
Children's trusts' board, in consultation with the local safeguarding children board.

Summary of feedback
This recommendation was welcomed as a positive move to encourage good practice, which exists in some areas, but not all. It was recognised that the setting of common goals can be challenging, but is achievable.

Clarity of recommendation
One respondent questioned whether the community safety plan identified in the recommendation referred to the county plan, or the district/borough plan. The guidance therefore needs to accommodate the two-tier local government arrangement.

Other than this point, the recommendation was considered clear and understandable.

Relevance and usefulness
The recommendation was considered to be relevant and useful.

Factors affecting implementation
There was general support for the goal of aligning local child road safety policies. Coordination already exists in some areas, but this recommendation was seen as helping to raise standards by spreading the practice more widely.

It was noted that this recommendation is similar to recommendation 2, in that it was about the coordination of policies at a local level and some participants questioned whether the two recommendations should be amalgamated, by adding "Transport" and "Environment" as key partners. However, there was appreciation of the fact that road safety teams focus on roads, and that broader child safety concerns are not their priority, and consequently separate recommendations may be appropriate.

Participants felt that a positive factor to this recommendation was that it would not require additional resources to implement. It was coordination of existing documents that was required rather than new activity.

There was some debate about how easy it would be in practice to organise the setting of common goals in this area, but participants felt that this was something that could be achieved if there were effective partnership working between relevant agencies

Another respondent questioned whether all child safety plans and policies should be brought together and common targets established.

"Basically it is requesting really a holistic road safety strategy that everybody signed up to rather than a particular one, so maybe as part of that I would just ensure all appropriate safety policies are coordinated together and have common aims."
Road Safety Partnership Manager

Whether the necessary information, knowledge, skills and resources exist
As noted above, this recommendation concerns coordination of existing plans, rather than new requirements for information, knowledge, skills or resources.

How much will this recommendation help their efforts to prevent unintentional injury?
It was believed that this recommendation has the potential to improve the effectiveness of existing activities.

Is action required by organisations not listed as taking action in the draft recommendation?
It was felt appropriate that Children's Trust Boards should take the lead in implementing the recommendation, but that a number of other agencies would be required to be involved if it were to be implemented effectively. These would include agencies responsible for highways, police and health.

Recommendation 36 Promoting and enforcing road safety initiatives

Who should take action?
- Local highway authorities and their road safety partnerships.
- Local authorities.

Summary of feedback
In common with some other recommendations, this recommendation was seen as formalising what was likely to be taking place in many areas of the country already. For some, this was positive, but others were frustrated that the recommendation did not provide more practical guidance.

Some participants wondered whether a number of the recommendations relating to road safety should be combined (e.g. 32, 33, 36)

Clarity of recommendation
The overall view was that the recommendation was clear. However some participants felt that the sentence that reads "use the education media campaigns to promote other initiatives" needed to be clarified.

Relevance and usefulness
Views on this recommendation were divided, as the following quotations demonstrate.

"excellent … it actually brings everything together"
Road Safety Partnership Manager

" ….. we could probably say that we are doing that…. so in that sense it wouldn't add anything to us."
Safer Communities Manager

Factors affecting implementation
Participants would welcome more advice on how to optimise the effectiveness of existing partnerships, and in particular on sharing best practice, use of the media in communicating road safety messages and evaluating impact.

Police participants' views were sometimes influenced by the issue of 20 mph zones, which is clearly a contentious topic at the moment. The police perspective is that they do not have the resources to enforce these zones, and if they are to be introduced, there needs to be new legislation and/or funding to "engineer out" non-compliance.

One respondent identified the importance of this recommendation to the Casualty Reduction Team, and said it would fit well within their remit.

As noted on earlier recommendations, the key potential barrier to implementation is insecurity around future funding and resources.

Whether the necessary information, knowledge, skills and resources exist
There were few comments on this aspect. However, there was a call for more evidence on best practice and for more evaluation of initiatives to inform practice.

"We need more information on best practice, what works, to inform local initiatives."
Senior Police Officer

How much will this recommendation help their efforts to prevent unintentional injury?
Some participants questioned whether this recommendation would have significant impact, since it was thought to reflect existing practice in most areas.

Is action required by organisations not listed as taking action in the draft recommendation?
Participants believed that the agencies identified in the recommendation were appropriate and that this recommendation required action on a multi-agency basis, but some would welcome more clarity on who should lead.

5 Conclusions

In general there was a warm welcome for the draft recommendations, amongst the 80 participants in this fieldwork study. Many commented that unintentional injury has not been a high-profile issue in the past, and that this is often compounded by the fragmented nature of service delivery, involving Hospital Trusts, NHS Community Services, Environmental Health, Housing, Social Services, Police, Fire & Rescue, Transport, the Voluntary Sector and others.

Evidence

A number of participants took a slightly more sceptical view, asking where the evidence was to show that unintentional injury should be a priority issue, and that effective interventions had been developed, and could realistically be applied. However, even amongst these participants, there was an acknowledgement that the necessary data is simply not available. None of these sceptics were asserting that unintentional injury should not be afforded a significant degree of priority.

The implementation of the guidance during a period of public expenditure restraint will not be a simple task, and the relative lack of evidence may make it more difficult to justify funding on some recommendations. The authors of this report would suggest that one option would be to recommend piloting specific recommendations, in order to reduce the initial outlay and produce evidence of effectiveness. A number of the recommendations would seem to be quite suitable to be developed as pilot studies, on which costs and outcomes would be measurable in "test and control" areas, before committing to a full national roll-out. Suitable recommendations for local piloting might include 10-12 (surveillance data), 14-18 (home safety), 27 (promotion of cycle helmets by local agencies), 28 (promotion of cycle helmets by event organisers), 29 & 30 (local fireworks safety initiatives).

Availability of resources

Perceptions of the relative importance of unintentional injury are very important, as we enter a period of public expenditure restraint. By far the most common concern expressed by participants was that resources would not be available to fund the actions specified in recommendations. The majority of participants were in services that were in the process of identifying substantial savings for the next financial year. It seems highly likely that this will impact particularly strongly on those recommendations calling for (or implicitly requiring) new investment, whether that be in people (as with recommendation 3), technology (as with the surveillance data recommendations), equipment (as with the home safety recommendations) or campaigns (as with recommendations 15, 22, 23, 27, 29 and 30).

Targeted and universal provision

A key strand within the current debate on public expenditure is around the targeting of resources. This is not a new debate, and many services are already targeted on particular socio-economic, demographic or geographically defined social groups. The draft recommendations made numerous references to the need to identify those most at risk, and to target interventions on these groups. For these reasons, the apparently universal nature of the home safety assessment offering ("all families with a child under five")

contained in recommendations 16, 17 and 18 came as a surprise to some participants, who were currently delivering such services but targeted on families identified as vulnerable.

The idea of providing home safety assessments for all families with a child under five raised a number of concerns for these managers. Firstly, it would require a substantial increase in funding for this programme, which nobody thought was a realistic prospect in the current financial climate. This led to the fear that services would become overwhelmed with demand. Parallels were drawn with other public services where a universal offer is made, but with limited delivery resources, and it was believed that these resources often end up being spent on people who would not otherwise have been prioritised. As one participant put it, "those that need it most will seek it least". This scenario could lead to substantial deadweight costs in delivering free public services to those at lower risk, whilst failing to reach those at higher risk, and with no access to alternative provision.

It should be noted that similar considerations apply to the workforce training and capacity building recommendations. Most participants agreed that additional training raised cost concerns among service providers (both direct costs and the cost of releasing staff for training). In a time of limited resources, consideration will need to be given to whether new training should be carefully targeted at those in roles which offer the greatest opportunity to make a positive impact on injury prevention.

Age criteria

This guidance is clearly aimed at those aged under 15. Many participants queried this specific age threshold, as it was not believed to fit well with more typical thresholds on policy and service criteria, such as school-age, under 18 etc. In terms of implementation this may cause unhelpful "boundary issues" within organisations trying to address the recommendations.

Though age criteria is commonly, and necessarily applied to service eligibility, a number of participants pointed out that young people in certain minority groups have specific vulnerabilities which simple chronological thresholds often ignore. In terms of this guidance the relevant concern is in relation to recommendations in which information or advice is to be targeted at parents and carers, with the implicit understanding that they take responsibility for their children. The guidance needs to consider the positions of children whose parents and carers cannot effectively fulfil this role on their behalf. A good example would be for young people leaving the care system and moving into rented accommodation, very often without the guidance and support that others can take for granted, through a family network. Another group in a similar situation is the children of parents with limited English, and/or who have recently arrived in the country from very different cultural backgrounds.

Similarly, services aimed at families with children under five should arguably be extended to include those with children with certain disabilities and/or developmental delay.

Appointment of a local child injury prevention coordinator

No recommendation triggered more debate than this one (recommendation 3). To some extent the varied responses reflected historical arrangements in the participants' area and

organisation. Some perceived the role to be essential, whilst others saw risks from other professionals off-loading existing injury prevention responsibilities on to the new position.

The breadth of services potentially to be covered by the role is very wide, spanning organisations with quite different cultures and relationships. Though everybody thought that suitable candidates would be available for such a role, almost all participants commented that very few candidates would have significant experience in all, or even most, of the relevant services.

In finalising recommendation 3, NICE needs to consider the extent to which the Coordinator role should be standardised across the country, for consistency purposes, and the extent to which local flexibility should be allowed. If the latter route is taken, we can expect to have Coordinators with very different roles, at different levels, located in different services. This is because the history of injury prevention work has been locally driven, with some areas being led by Health, other areas being led by the Fire Service, and so on.

Similarly, there were widely differing views on the content of the Coordinator position. Some envisaged a single, full-time post. Others observed the need for a range of different skills, and thought the role may best be filled by a number of specialist positions, each with a proportion of their time dedicated to child injury prevention. Some envisaged a strategic role, supporting those delivering injury prevention services, and others assumed it would be a more customer facing position. It may therefore be that clearer guidance needs to be set out in the recommendation, in terms of what NICE believes the shape and content of the role should be.

"Joined up" guidance

Though generally positive towards the prospect of new guidance on unintentional injuries, a number of participants had concerns about the way in which this guidance would fit with existing guidance, provided by other bodies. Essentially, the question was "is this additional guidance, or does this guidance underpin existing guidance?" It is clear that, although guidance is developed to assist professionals working with children and young people, there is confusion about which guidance takes priority, and a danger of being perceived as "red tape". There is also a fear (particularly in Education and Leisure) that innocent mistakes or misinterpretations can be exploited by the public and by lawyers, and an associated danger that this leads to a risk averse culture, in which staff reduce opportunities for children and young people, in order to avoid exposing themselves to complaints, or even legal action.

In implementing the guidance, NICE must identify existing guidance from other bodies which could be perceived as overlapping, in order that any conflicting advice can be addressed, and the relationship between the two sets can be made clear to practitioners.

Appendices

1. Discussion guide
2. Consent form
3. Description of fieldwork participants and recommendations discussed with them

Appendix 1 Discussion guide for groups and interviews

	Theme	**Notes/probes**
2 min	**Introduce yourself** **On behalf of NICE, thank all for attending** **Rules for the session** (if mini group): everyone has the right to be heard, respect each others opinions and confidentiality Please don't talk over other people - not least because we are trying to record/note discussion **Pre-Task** Hopefully you have all read the recommendations we sent through, and jotted down some initial thoughts. The purpose of today is for us to discuss those points, interactively, and thereby help us to understand better. If you haven't read the recommendations, don't worry. We will discuss them one by one, starting with a clear description of the recommendation. **The draft guidance** contains over 30 recommendations, covering the home environment, play and leisure, water safety, road safety and general recommendations covering issues such as workforce training and data collection/surveillance. This is too many to discuss in individual interview/group discussion, so we have had to divide them up into themes, each with a manageable number of recommendations for discussion.	
2 min	**Remind people of the scope** This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at ○ PCTs ○ Children's Trusts ○ Road safety, highways & planning ○ Environmental health ○ Education ○ Children's services ○ Police, fire and rescue services ○ Youth, sports, cultural and social clubs ○ It will also be of interest to children, young people, parents and carers This guidance will focus on: design and modification to **highways, roads and streets**, the supply and/or installation of **home safety equipment**, **home risk assessments** and **prevention activities in the external environment**. It will cover the following measures: • Primary and secondary legislation • Regulation and standards • Enforcement The guidance will also cover compliance with the above and supporting mass-media campaigns. In addition, it will cover the following:	Take any questions on the scope at this point

	• injury surveillance, data collection and analysis • workforce training, support and capacity building. The focus of this guidance is at a higher level, on strategic measures. NICE is also working on developing related guidance which will aim to be more focused on specific interventions.	
2 min	**Explain public health guidance procedure** NICE has an ongoing programme of public health guidance development, and this follows established processes. This involves scope definition, calling for evidence, reviewing evidence, drafting guidance and then validating the draft guidance through consultation with registered stakeholders, and fieldwork with practitioners, managers and commissioners. This meeting is part of the fieldwork process. Once the guidance is drafted, it enters the "validation phase", in which registered stakeholders are consulted and fieldwork is undertaken with practitioners, managers and commissioners, working in relevant fields. That is what today's meeting is about. We are conducting fieldwork in three areas of the country, including a mixture of discussion groups and individual interviews. The feedback you provide today is very important and will provide useful insights into the relevance, usability, acceptability and implementability of the NICE draft recommendations.	This demonstrates NICE'S commitment to listening to people who will have to work with their guidance. It would be really helpful if you could illustrate your feedback with practical examples
2 min	**Reporting, consent & ethics** I hope you have all brought your sign consent forms. Please pass them to me, or leave them on the front desk. If you do not have the form, you can e-mail them to me following the meeting. Alternatively I have some blank forms that I can give you know. We are recording the discussion so that we can check back later, for accuracy. However only the researchers and transcribers will hear these tapes or read the transcripts from them. These will not be passed to NICE or anybody else. In our report nobody will be named, opinions expressed will be presented in anonymised form. The report should be publicly available on the NICE website from November 2010 http://guidance.nice.org.uk/PHG/Wave17/12 If NICE personnel present: introduce them, emphasising their observer status at the fact that they will respect confidentiality	Please do not attribute anything to particular individuals were discussing today's session with people who are not here.
2 min	**Group introductions - mini groups only** (most mini group members know each other already, so only do this section if necessary) Ask everybody to state name, organisation and describe role and relevance to the subject matter	
	Recommendation 1 description Describe the recommendation, being explicit about "who should take action?" and "what action should they take?"	

	TO BE USED WHEN DESCRIBING VERY LONG RECOMMENDATIONS Probe: this is a very long recommendation. Is everybody clear on the list of actions? Would you like us to re-cap any points?	
	Recommendation discussion **Ensure recommendation number is clear on recording**(if time-limited, focus on questions in **bold**)Is this recommendation clear, easy to understand? Probe - which aspects clear, which ones less clear? Overall, do you think it is relevant and useful? **What factors might impact (either positively or negatively) on implementing and delivering the recommendation in your locality/work** **Does the necessary information, knowledge, skills and resources exist to enable you to implement?** How much will this help your efforts to prevent unintentional injury among under 15s, in your organisation? **Is action required by anybody other than those specified?** Note: some participants may not currently be engaged in any work related to the recommendation. If so, they may find these questions difficult to answer, and it may be better to ask the questions below before asking the main questions, or instead of them: How will this be received in your organisation? It is clear where responsibility would lie, in your organisation?	Probe: clear and less than clear aspects Probe: useful & less useful aspects Probe:, funding, staff, skills/training, timescale etc Probe: if not, what problems will this cause? Probe: how much will it help/ improve/change? Probe: by whom?
	Summarise recommendation discussion Note points of consensus and disagreement Note any association between particular opinions and particular roles/types of organisation	
Next Recommendation description **Ensure recommendation number is clear on recording**(if time-limited, focus on questions in **bold**)		
Repeat discussion session		
Repeat recommendation summary section		
5 min	**Overview of the whole session** We have covered each of the recommendations individually. Thinking of them as a package... What is your overall view? Probe is anything missing, disappointing?	

	Do you think are the main benefits to you in your job, to your organisation and your clients? What you think are the main challenges/barriers in terms of implementation? The way the recommendations are presented and styled - could they have been grouped/ordered in a better way? In what ways got the guidance be changed to better promote equality of opportunity, relating to age, disability, gender, gender identity, ethnicity, religion and belief, sexual orientation or socio-economic status?	
2 min	**Summarise the main points of the whole session** Acknowledge consensus points and differences	
	Thank everybody and close the meeting, if necessary reminding people to hand over any remaining consent forms.	

Appendix 2 Consent form

Consent to participate in NICE Fieldwork

Dear Sir/Madam

Strategies to prevent unintentional injury among under 15s

This letter explains a number of important details about the fieldwork in which you have verbally agreed to participate. Please read this letter and sign at the end to indicate consent. Please hand this over to the interviewer at your appointment.

As part of the NICE fieldwork process, we are carrying out fieldwork in your area, to find out your views as a practitioner so that NICE's recommendations on strategies to prevent unintentional injuries among under 15's are relevant, appropriate, useful, feasible and implementable. NICE is an independent organisation and is responsible for providing national guidance on promoting good health and preventing and treating ill health.

Interviews will last approximately 45 minutes. We may suggest a joint interview with some colleagues and/or people in similar roles with other organisations, in which case the duration may be longer.

We will be using a digital recorder to record the discussion and to refer to when preparing our report. The recordings will be handled in accordance with best practice, as set out in the NICE methods manual and transcripts will be held securely and destroyed after five years.

The final report produced as a result of the analysis will be used by NICE to produce a final version of its recommendations to relevant professionals, and the fieldwork report will be published on the NICE website. Your identity will not at any point be revealed in the report or any final products, and although we may quote you, all comments will be anonymised within the research report.

We will provide you with a copy of the draft NICE guidance closer to the appointment.

If you have any questions regarding this research or your role as a participant, you can contact the project manager, Graham Kelly, at Graham@womresearch.org.uk

Your signature indicates that you have read and understood the information provided above, that you willingly agree to participate, that you understand that you can discontinue participation at any time, without being required to give a reason and without penalty, and that you have received a copy of this form.

Please fill in the details to indicate consent

Your name…….

Your signature…….

Your organisation……

Date……

Please give this to the fieldwork staff at the interview/group discussion

Appendix 3 Description of fieldwork participants and recommendations discussed

A total of 80 participants were included in this fieldwork, in either a "mini group" discussion, or an interview.

Discussion groups

Attendance at these "mini group" discussions varied from two to seven, with a total of 27 participants, thus averaging about four participants per discussion. All discussions were conducted face-to-face.

Roles/organisations	Area	Recommendations discussed
Officials from PCT, LSCB & local authority Children's Services	South East London	1-11
Officials from PCT & LSCB	Sussex	1-3, 5, 8, 9, 16, 35
Officials from Road Safety teams	Lancashire	22, 27, 31-36
Officials from PCTs	Lancashire	12-20
Managers of Health Visitors & Children's Nurses	South East London	3-6, 8,10, 11 & 16
Managers of leisure related services	Sussex	2, 3, 5-7, 19-21, 24 & 25
Officials from Environmental Health & Housing	Sussex	2-3, 14-18, 24

Interviews

A total of 49 interviews were conducted, using a mixture of face-to-face and telephone methods. In five interviews their work to participants, meaning that 53 participants undertook interviews.

Roles/organisations	Area	Recommendations discussed
Health Visitors Manager	South East London	1-8
Designated Safeguarding Nurse	Lancashire	1-3, 5, 8, 9, 17, 36
Social Worker	Lancashire	1-3, 9-13
Senior Children's Services Manager, PCT	Sussex	1-3, 5, 8-9, 13, 17, 36
Health & Safety Manager, Children's Services	South East London	1-3, 5, 8-9, 13, 17, 36
Children's Centres, Health Adviser	Sussex	3-6, 8
Children's Centres, Area Manager	Sussex	3-6, 8
Children's Centres, Development Manager	South East London	3-6, 8
Road Safety Manager	South East London	22, 27, 31-36
PCT Commissioner	Sussex	1-3, 5-6, 8, 16-18
PCT Commissioner	Sussex	2-4, 9, 12-13, 16-18
Accident Prevention Specialist	Sussex	3-8, 13-14, 19-20
Healthy Schools Manager	South East London	3, 8, 22, 23, 27, 29, 30
Healthy Schools Manager	Lancashire	3, 8, 22, 23, 27, 29, 30
Healthy Schools Manager	South East London	3, 8, 22, 23, 27, 29, 30
Paediatrician	South East London	2-6, 9, 13, 16
Paediatrician	Yorkshire	2-6, 9, 13, 16
Paediatrician	Lancashire	2-6, 9, 13, 16

Health Visitors Manager	Sussex	3-6, 8, 10, 11, 16
Health Visitors Manager	South East London	3-6, 8, 10, 11, 16
GP	Sussex	4-6, 10, 11, 16
PCT Medical Director	South East London	4-6, 10, 11, 16
Lead Nurse, Hospital Trust	Sussex	3, 4, 6, 9-13
Senior Police Officers (2)	Lancashire	22-23, 27, 29-30, 32-33, 36
Safer Communities Manager	Sussex	2-3, 22-23, 30, 32-33, 36
Police Youth Safety Officer	Sussex	2-3, 22-23, 30, 32-33, 36
Fire Service, Area Manager	Lancashire	2, 14-15, 18, 23, 29, 30
Fire Service, Community Safety Manager	Sussex	2, 14-15, 18, 23, 29, 30
Fire Service, Community Safety Manager	Suffolk	2, 14-15, 18, 23, 29, 30
Leisure Services, Private Company, Health and Safety Manager	National	2, 3, 8, 19-21, 24 & 25
Leisure Services, Private Company, Operations Director	Sussex	2, 3, 8, 19-21, 24 & 25
District Commissioner, Scouts	South East London	2, 3, 8, 19-21, 24 & 25
Managers in Navigation Authority (2)	National	2, 3, 8, 19-21, 24 & 25
Assistant Head, School	South East London	3-6, 8, 19-20, 27
School Governor	Sussex	3-6, 8, 19-20, 27
Schools Health & Safety Managers, Commissioner and Provider (2)	South East London	3-6, 8, 19-20, 27
Voluntary Sector, Children's Services manager	National	1-3, 8, 13-17
Voluntary Sector, Children's Services manager	Sussex	1-3, 8, 13-17
Voluntary Sector, Home Safety Advisory Service (2)	London	1-3, 8, 13-17
Housing Improvement Manager	Lancashire	2-3, 14-18, 24
Health & Safety Manager, Housing Association	Lancashire	2-3, 14-18, 24
FE College, Curriculum Managers (2)	Lancashire	5-8
FE College, Curriculum Manager	Sussex	5-8
Cycle Retailer	National	26
Trading Standards Manager	Lancashire	2, 3, 29, 30
Cycle Hire & Safety Training	Sussex	22, 26-28, 31-36
Cycling Events Organiser	National	28
Play Services Manager	Sussex	1-8, 24
Youth Services Manager	South East London	

Appendix 4: Full recommendation text

General recommendations

Whose health will benefit?

Children and young people aged under 15, their parents and carers (some of the recommendations may also benefit the wider population).

Recommendation 1 Incorporating the prevention of unintentional injuries in government white papers and policy

Who should take action?

- Department for Children, Schools and Families.
- Department of Health.
- Department for Transport.
- The Home Office.

What action could be taken?

Ensure targets to reduce unintentional injuries among children and young people are included in all government white papers and all policy plans of relevance to children's health. The white papers and policy plans could include:

- strategies for cross-government working to support the targets
- consideration of inequalities in terms of which groups of children and young people have higher rates of unintentional injury
- support to collect data on incidence, severity, type and place of injury (for example, see 'recommendations 9–13 on injury surveillance').

Recommendation 2 Incorporating the prevention of unintentional injuries in the local 'Children and young people's plan'

Who should take action?

Children's trust board, in consultation with local safeguarding children boards.

What action should they take?

- Ensure the 'Children and young people's plan' (CYPP) includes a commitment to prevent unintentional injuries and to reduce inequalities in unintentional injuries among children and young people.
- Ensure the CYPP includes a commitment to develop a workforce that has the capacity to prevent unintentional injuries. This includes the provision of suitably trained staff and opportunities for initial and ongoing multi-agency training and development.
- Ensure the CYPP defines how partners working with the children's trust will collaborate to deliver the injury prevention commitments in the plan. For example, regulatory frameworks supported by inspection programmes and robust performance management could be used to ensure effective delivery.
- Ensure the children's trust board reports to the local strategic partnership on progress in meeting the commitments set out in the CYPP.

Recommendation 3 Appointing a local child injury prevention coordinator

Who should take action?

Children's trust board, in consultation with local safeguarding children boards.

What action should they take?

- Ensure the children's trust or local authority area has a permanent child injury prevention coordinator. They could be employed by the local authority, primary care trust, or

another local partner such as the fire and rescue service or a housing association. Alternatively, they could be a joint appointment by several local partners.

- Ensure the child injury prevention coordinator:
  - monitors progress made on the injury prevention commitments set out in the CYPP and reports back to the children's trust board
  - promotes unintentional injury prevention programmes within partner organisations
  - raises the profile of unintentional injury prevention with the local safeguarding children board
  - networks at regional and national level with other child injury prevention coordinators
  - helps develop strategies within partner organisations and coordinates them across partner organisations
  - works with local partners to develop a 2 to 3 year injury prevention strategy which is integrated into the CYPP plan
  - coordinates partnership working to prevent unintentional injuries among children and young people and to raise local awareness about the need for prevention activities
  - sits on the local safeguarding children board
  - acts as a local source of information and advice on unintentional injury prevention.

Recommendation 4 Identifying and responding to multiple emergency department attendances

Who should take action?

- Liaison health visitors.
- Emergency department staff, including triage nurses.

What action should they take?

Alert health visitors, school nurses and GPs when a child or young person repeatedly attends an emergency department for treatment for an unintentional injury. The aim is to ensure health visitors, school nurses and GPs are aware of those families which might benefit from injury prevention advice and home safety assessments.

Recommendations for workforce training and capacity building

Whose health will benefit?

Children and young people aged under 15, their parents and carers (some of the recommendations may also benefit the wider population).

Recommendation 5 Funding injury prevention training

Who should take action?

- Department of Health.
- Department for Children, Schools and Families.

What action could be taken?

Fund educational establishments and organisations (such as the Faculty of Public Health, the Children's Workforce Development Council, universities, royal colleges and not-for-profit

organisations) to develop courses, modules and standards relating to the prevention of unintentional injury among children and young people.

Recommendation 6 Developing standards for injury prevention
Who should take action?

- Children's Workforce Development Council (CWDC).
- Faculty of Public Health.
- Royal colleges and professional bodies.
- The voluntary sector.
- Universities.

What action should they take?

Develop standards for unintentional injury competencies. These should take into account the different roles and responsibilities of professionals working within and outside the NHS.

Recommendation 7 Training for child injury prevention coordinators
Who should take action?

- Children's trusts and local safeguarding children boards.
- The voluntary sector.

What action should they take?

- Ensure coordinators understand the importance of preventing unintentional injuries and the range of preventive measures available. Ensure they have the skills to carry out the duties and activities detailed in recommendation 3.
- Provide coordinators with both informal and formal learning opportunities. For example, the former could include using peer support and 'cascade learning' within placements. The latter could include the acquisition of qualifications at different stages of a formal career pathway.
- Ensure specialist education and training is monitored and evaluated to see what effect it has on practitioners' performance. Revise approaches that are found to be ineffective.

Recommendation 8 Injury prevention training for the wider childcare workforce
Who should take action?

- Children's trusts.
- Local safeguarding children boards.
- NHS, social care and education practitioners.
- Primary care trusts (PCTs), commissioners and managers.
- The voluntary sector.

What action should they take?

- Provide everyone who works with (or cares for) children and young people – directly or indirectly – with access to unintentional injury prevention education and training.
- The education and training should:
    - support the wider child health remit
    - develop an understanding of the importance of preventing unintentional injuries and their consequences, and the preventive measures available
    - be equally available to everyone in the wider childcare workforce.
- Ensure specialist education and training is monitored and evaluated to see what effect it has on practitioners' performance. Revise approaches that are found to be ineffective.

Recommendations for injury surveillance

Whose health will benefit?

Children and young people aged under 15, their parents and carers (some of the recommendations may also benefit the wider population).

Recommendation 9 Establishing a national injuries surveillance resource

Who should take action?

- Department of Health, acting as the lead government department.
- Other government departments including: Department for Children, Schools and Families, Department for Transport, Department of Communities and Local Government and the Home Office.

What action could be taken?

- Establish a national injuries surveillance resource covering all populations and injuries to support the monitoring of injury risks and the effects of prevention measures. This could be provided by a network of agencies but it should have a single point of contact or a coordinating agency.
- The resource should include local, regional and national injury datasets and data sources. For example, it should include data gathered from emergency departments, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), Hospital Episode Statistics (HES), coroner reports, ambulance call-out reports, fire and rescue services reports, reported road casualty statistics (STATS19) and data from the child death review process as they become available.
- The coordinating agency or agencies should:
    - identify and develop new data sources
    - provide data-sharing protocols for all injury data submissions, developing protocols where needed
    - collate, manage, analyse and interpret injury-related data
    - provide a secure and reliable information system for recording and interrogating data (compliant with the Data Protection Act 1998)
    - monitor the quality of data submissions and datasets
    - report relevant findings to support the monitoring of emergency department service contracts
    - provide government departments with advice on developing standardised injury data collection and coding across datasets (for example, for data collected by fire and rescue services and emergency departments)
    - respond to the needs of hospital trusts, local safeguarding children boards, police forces, academics and others by: disseminating information locally and regionally; providing a publicly available, searchable database; and supporting the European Commission's work on injury surveillance.

Recommendation 10 Establishing a robust national emergency department minimum commissioning dataset

Who should take action?

- Department of Health.

- The NHS Information Centre for Health and Social Care.

What action could be taken?

- Use publications and data-sharing protocols to ensure all hospital trusts are aware of the data collection requirements for the universal, and mandatory emergency department minimum commissioning dataset.
- Develop additional data submission quality indicators (for example, to support the Department of Health's 'world class commissioning' programme[1]).

Recommendation 11 Establishing an enhanced emergency department dataset

Who should take action?

- College of Emergency Medicine.
- Department of Health.

What action could be taken?

- Promote the development of an enhanced national emergency department dataset based on submissions from a representative sample of hospitals. Ensure it includes additional data on events and activities leading to injuries.
- Promote the development of information technology (IT) systems that can collect enhanced emergency department datasets for submission to the agency or agencies coordinating the national injuries surveillance resource (see recommendation 9).
- Work with agencies involved in national injuries surveillance (see recommendation 9) to develop methods and procedures for collating, analysing and disseminating data and for quality assurance.

Recommendation 12 Gathering high quality data on injuries from emergency departments

Who should take action?

PCTs and hospital trusts.

What action should they take?

- Ensure commissioning contracts for emergency departments (including minor injury units and walk-in centres) stipulate that all required data is collected – and to the required standard. Contracts should also stipulate which data collection and submission methods should be used. In addition, they should include financial penalties for failure to meet the requirements of the emergency department commissioning dataset.
- Ensure all hospital trust injury data are submitted to The NHS Information Centre for Health and Social Care.

Recommendation 13 Sharing data among agencies

Who should take action?

- Government agencies.
- Local authorities.
- Local strategic partnerships.

What action should they take?

- Ensure guidance on data-sharing protocols issued by the DH and Department for Children, Schools and Families[2] is adopted by all agencies that collect local injury data.

[1] www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/DH_083204

This includes emergency departments, coroners, ambulance services, fire and rescue services, police forces and child death overview panels. It also includes the Health and Safety Executive.

- Ensure datasets can be integrated to provide accurate statistics on local injuries and their causes.

Recommendations for home safety

See also recommendations from 'Preventing unintentional injuries among under 15s in the home' (NICE public health guidance – publication expected November 2010).

Recommendation 14 Introducing a regulatory framework for fitting and maintaining permanent safety equipment in social and rented housing

Whose health will benefit?

- Children and young people aged under 15 and their parents or carers.
- Single people and families in multiple-occupied dwellings.

Who should take action?

- Department for Children, Schools and Families.
- Department for Communities and Local Government.
- Department of Health.

What action could be taken?

- Introduce a regulatory framework that incorporates the housing health and safety rating system (HHSRS) and requires the fitting of permanent safety equipment in all social and rented housing. Priority should be given to homes where children aged under 5 are living.
- The framework should include an associated inspection programme and enforcement activities to ensure landlords, social housing providers and local authorities fit and maintain the following equipment:
  - hard-wired smoke alarms
  - thermostatic mixer valves for baths
  - window restrictors
  - carbon monoxide alarms.

Recommendation 15 Delivering information to accompany regulation and guidance on fitting and maintaining permanent safety devices

Whose health will benefit?

- Children and young people aged under 15, their parents or carers.
- Single people and families in multiple-occupied dwellings.

Who should take action?

- Department for Communities and Local Government.
- Department for Children, Schools and Families.
- Department of Health.

[2] See 'Information sharing: guidance for practitioners and managers' (Department for Children, Schools and Families 2008) and 'DCSF standards in data collected around children and young people' [online]. Available from www.standards.dfes.gov.uk

What action could be taken?

- Advertise and provide information on new regulations and guidance for fitting and maintaining safety equipment prior to the introduction of these new standards. Target:
  - groups responsible for social and rented housing, such as landlords and social housing providers
  - practitioners with an injury prevention remit or who have an opportunity to help prevent injuries among children and young people
  - practitioners with a role in enforcing home safety regulations and legislation
  - residents in rented and social housing.
- Evaluate the effectiveness of information provision and advertising on an ongoing basis.

Recommendation 16 Incorporating home safety assessments in the Healthy Child Programme[3]

Whose health will benefit?

Children aged under 5 and their parents or carers.

Who should take action?

Department of Health.

What action could be taken?

Ensure the Healthy Child Programme and any other national initiatives to improve child health have standards for, and guidance on, delivering home safety assessments to all families with a child aged under 5.

Recommendation 17 Incorporating home safety assessments in the 'Children and young people's plan'

Whose health will benefit?

Children aged under 5 and their parents or carers.

Who should take action?

Children's trust boards, in consultation with local safeguarding children boards.

What action should they take?

Ensure the 'Children and young people's plan' offers home safety assessments to all families with a child aged under 5.

Recommendation 18 Commissioning home safety assessments

Whose health will benefit?

Children aged under 5 and their parents or carers.

Who should take action?

PCT commissioners.

What action should they take?

- Commission home safety assessments for all families with a child aged under 5, in accordance with the Healthy Child Programme and the 'Children and young person's plan'. Assessments should be in line with NICE guidance on 'Preventing unintentional

[3] The three Healthy Child Programme core documents are available at www.dh.gov.uk/en/Healthcare/Children/Maternity/index.htm

injuries among under 15s in the home' (NICE public health guidance – expected publication date November 2010).

- Those who carry out home safety assessments and provide home safety equipment should:
  - where appropriate, supply and install suitable, high quality home safety equipment that adheres to the British 'Kite mark' or the equivalent European standard[4].
- Ensure the assessment, supply and installation of equipment is tailored to meet the household's specific needs and circumstances. Factors to take into account include:
  - the developmental age of the children (in relation to any equipment installed)
  - whether or not a child or family member has a disability
  - cultural and religious beliefs
  - whether or not English is the first language
  - levels of literacy
  - the level of control people have over their home environment. (Many people may not have the authority to agree to an installation, for example, tenants of social and private landlords and those who are unable to make household or financial decisions)
  - the household's perception of, and degree of trust in, authority[5].
- Ensure education, advice and information is given during a home safety assessment, and during the supply and installation of home safety equipment. This should emphasise the need to be vigilant about home safety and explain how to maintain and check home safety equipment. It should also explain why safety equipment has been installed – and the danger of disabling it. In addition, useful links and contacts should be provided in case of a home safety problem[9].

Recommendations for water safety inside and outside the home

See also recommendation from 'Preventing unintentional injuries among under 15s: outdoor play and leisure'. (NICE public health guidance – publication expected November 2010).

Whose health will benefit?

Children and young people aged under 15, their parents and carers.

Recommendation 19 Providing water safety information and education

Who should take action?

- Injury prevention practitioners.
- Lifeguards.
- Schools.
- Swimming instructors.

[4] This is an extract from a recommendation that appears in 'Preventing unintentional injuries among under 15s in the home'. NICE public health guidance XX.

[5] This is an extract from a recommendation that appears in 'Preventing unintentional injuries among under 15s in the home'. NICE public health guidance XX.

What action should they take?

- Provide children and young people, their parents and carers with information[6] and education on water safety in play and leisure environments. This should be appropriate to the age, development and experience of the child or young person and should meet the household's particular needs and circumstances.
- Ensure the information and education:
  - helps parents, carers, older children and young people to identify and address the potential risks from water in the home, garden and wider environment. This includes baths, garden ponds, rivers and lakes
  - stresses the importance of proper supervision, particularly for younger children, and describes in detail what this means.
- Provide timely information and advice during the holiday seasons and for dealing with conditions such as heat waves and extreme cold (ice might form on ponds, rivers and lakes during extreme cold spells).

Recommendation 20 Developing water safety skills

Who should take action?

- Injury prevention practitioners.
- Lifeguards.
- Schools.
- Swimming instructors.

What action should they take?

- Know which groups of children and young people are most vulnerable and at high risk of drowning – and of when that risk is increased. For example, children with certain medical conditions may be more at risk, boys are more likely to be at risk than girls. Older children are more likely to drown outside the home.
- Encourage children and young people, their parents or carers to become competent swimmers.
- Ensure swimming lessons include general water safety information. They should also raise children and young people's awareness of how difficult it is to assess and manage the risks posed by water in a range of different environments.
- When encouraging children and young people, their parents or carers to swim, make them aware of local health initiatives to encourage physical activity and reduce obesity, as these may make it easier for them to access swimming pools.

Recommendation 21 Water safety – advice for leisure providers

Who should take action?

Leisure facility providers such as hoteliers, holiday companies and tour operators.

What action should they take?

- Identify and minimise the risk of drowning.
- Ensure timely water safety information is provided for the holiday season and during conditions such as heat waves and extreme cold (ice might form on ponds, rivers and lakes during extreme cold spells). This could include clearly displayed information at appropriate locations.

[6] For example, the RoSPA water safety code for children (www.rospa.com) and the Child Accident Prevention Trust (CAPT) factsheets (www.capt.org.uk).

Recommendations for outdoor play and leisure

See also recommendation from 'Preventing unintentional injuries among under 15s: outdoor play and leisure'. (NICE public health guidance – publication expected November 2010).

Whose health will benefit?

Children and young people aged under 15, their parents and carers (some of the recommendations may also benefit the wider population).

Recommendation 22 Promoting cycle helmet use – government

Who should take action?

- Department for Children, Schools and Families.
- Department of Health.

What action could be taken?

- Promote the use of correctly fitted and fastened cycle helmets for children and young people who cycle off the road. Use information campaigns and ongoing education to encourage this. These activities could highlight the importance of adults wearing helmets to act as role models.
- Evaluate the campaigns and education initiatives by collecting data from a range of settings both before and afterwards. This should provide detail on:
    - incidence of helmet use and cycling (that is, exposure to risk)
    - nature and severity of cycle injuries, including traumatic brain injury
    - variations (and hence, inequalities) in helmet use among different social groups
    - the factors that encourage or prevent the use of helmets.

Recommendation 23 Promoting fireworks safety – government

Who should take action?

- Department for Business, Innovation and Skills.
- Department for Children, Schools and Families.
- Department of Communities and Local Government.
- Department of Health.

What action could be taken?

- Continue the national firework safety campaign for Bonfire Night and run similar campaigns at all celebrations and festivals where firework use is prevalent, such as New Year and Diwali.
- Maintain emergency department surveillance of firework-related injuries. Collect data on the severity, time and place of injuries.
- Ensure local and regional data are used to inform national firework safety campaigns.

Recommendation 24 Developing play policies – for public play and leisure facilities

Who should take action?

All outdoor play and leisure providers in the public, private and voluntary sectors. This includes the leisure industry, parish and town councils and early years providers.

What action should they take?

- Ensure a policy is in place that allows children and young people to participate in a variety of play and leisure activities. The policy should:
  - take a balanced approach to assessing risks and benefits when addressing safety issues
  - promote the need for children and young people to develop skills to assess and manage risks according to their age and ability
  - take into account their preferences.
- Comply with British and European standards for equipment and environments. This includes those covering playgrounds, fairgrounds, toy safety and swimming pools.
- Where equipment or an environment is not covered by standards, play providers should identify and address unnecessary hazards.

Recommendation 25 Developing play policies for private play and leisure facilities used by the public

Who should take action?

Private providers of play facilities that are open to the public, such as pubs and hotels.

What action should they take?

- Take a balanced approach when assessing the risks and benefits of play facilities.
- Comply with British and European standards for equipment and environments. This includes those covering playgrounds, fairgrounds, toy safety and swimming pools.
- Where equipment or an environment is not covered by standards, identify and address hazards.

Recommendation 26 Promoting cycle helmet use – retailers

Whose health will benefit?

Children and young people aged under 15.

Who should take action?

Retail outlets and cycle hire centres.

What action should they take?

- Provide point-of-sale advice on the correct fitting of cycle helmets (this includes online sales).
- Consider setting up a certified retailer scheme like that run by the British Equestrian Trade Association[7].

Recommendation 27 Promoting cycle helmet use – local agencies

Who should take action?

- Schools.

What action should they take?

Ensure travel plans cover off-road routes and encourage children and young people to demonstrate their cycling proficiency and to wear helmets.

Recommendation 28 Promoting cycle helmet use – event organisers

[7] Visit www.beta-uk.org/

Who should take action?

- Organisers of off-road cycling events, competitions and training.
- Cycle hire centres.

What action should they take?

- Ensure the wearing of correctly fitted cycle helmets is obligatory for participation in all off-road bike events, cycle training and competitions even when they are not covered by the British Cycling competition regulations[8].
- Ensure cycle hire centres provide and require the wearing of correctly fitted and fastened cycle helmets.

Recommendation 29 Fireworks safety – local agencies

Who should take action?

- Trading standards officers.
- Police and fire service.

What action should they take?

Ensure the firework safety code is given to adults at the point-of-sale when they buy fireworks. The code should be available in a range of languages and should be provided as a condition of a vendor's trading licence.

Recommendation 30 Conducting local safety campaigns on the use of fireworks

Who should take action?

- Fire service.
- Injury prevention coordinators.
- PCTs.
- Police.

What action should they take?

- Use emergency department surveillance data to inform local firework injury prevention campaigns.
- Conduct local firework injury prevention campaigns for all celebrations and festivals where firework use is prevalent, such as Bonfire Night, New Year and Diwali.
- Evaluate the effectiveness of campaigns.

Recommendations for road safety

See also recommendations from 'Preventing unintentional road injuries among under 15s: road design'. (NICE public health guidance – publication expected November 2010).

Whose health will benefit?

Children and young people aged under 15, their parents and carers (some of the recommendations may also benefit the wider population).

Recommendation 31 Child road safety reviews and consultation – government

[8] Visit http://new.britishcycling.org.uk/zuvvi/media/bc_files/corporate/2009_handbook_06_rules_general_road_track.pdf

Who should take action?

- Department for Transport.
- Government Offices for the Regions.

What action could be taken?

- Specify mandatory criteria for child road safety reviews to ensure consistency among regions. Reviews should:
  - include all road injury data collected by partners
  - include data which can identify whether some social groups experience more injuries on the road than others (inequalities data)
  - include risks to local children and young people
  - cover all journeys, not just those to and from school.
- Ensure local highway authorities, working with their road safety partners (see recommendation 33):
  - conduct child road safety reviews at least every 2 years
  - consult children and young people – particularly those from disadvantaged communities – about their road use and perceptions of risk
  - collate, publish and disseminate the review and consultation findings.
- Ensure local authorities use the reviews to aid decision-making and evaluate the impact on local policies, practice and injuries, including health inequalities policy.

Recommendation 32 Increasing police involvement in child road safety

Who could take action?

- Her Majesty's Inspectorate of Constabulary.

What action should they take?

- Include road safety and enforcement in police report cards
- Review police involvement with local strategic partnerships on road safety issues for children and young people under 15, specifically on speed limit enforcement.

Recommendation 33 Establishing and managing road safety partnerships

Who should take action?

Local highway authorities.

What action should they take?

- Establish a road safety partnership to help plan, coordinate and manage road safety activities. It could include injury prevention co-coordinators, local safeguarding children boards, the police and primary care trusts (PCTs).
- Nominate a member of staff who is responsible for road safety partnership work.
- Work with the partners listed above and also with children and young people's services, relevant voluntary sector organisations and others, to identify and manage road environments that pose a high risk of unintentional injury to children and young people.
- The road safety partnership should develop policies, strategies and programmes which:
  - focus on children and young people from disadvantaged areas and communities to understand how they use (and wish to use their environment) and how their safety can be improved
  - involve other professional partnerships, children's councils and neighbourhood forums to gain local knowledge

  - draw on all available information (such as demographics and risk exposure data) to plan road injury reduction programmes as part of the local community safety strategy.
- Programmes should take into account how injury risk differs according to age and road type. They should be evaluated using a range of outcome measures, including injury figures. A variety of evaluation methods should be used, such as controlled trials, 'stepped-wedge' trials (sequential rollout to all participants) and process evaluations.

Recommendation 34 Local child road safety reviews and consultation
Who should take action?
Local highway authorities and their road safety partnerships (see recommendation 33).
What action should they take?
- Ensure local child road safety reviews are carried out at least every 2 years. Ensure they incorporate the mandatory core elements from guidance issued by the Department for Transport and Government Offices for the Regions to ensure consistency within regions. They should:
  - include all road injury data collected by the road safety partners
  - include data which can identify whether some social groups experience more injuries than others (inequalities data)
  - include risks to local children and young people
  - cover all journeys, not just those to and from school.
- Ensure local children and young people are consulted about their road use and perceptions of risk.
- Use the reviews and consultation findings to inform local initiatives to reduce road injuries among children and young people.

Recommendation 35 Aligning local child road safety policies
Who should take action?
Children's trusts' board, in consultation with the local safeguarding children board.
What action should they take?
Ensure child safety policies, the 'Children and young people's plan' (CYPP), the road safety strategy and the community safety plan share common targets and strategies for reducing the number and severity of local road injuries.

Recommendation 36 Promoting and enforcing road safety initiatives
Who should take action?
- Local highway authorities and their road safety partnerships.
- Local authorities.

What action should they take?
- Use signage, road design and engineering measures to ensure risks in the road environment (such as the presence of a nearby playground or school) are clearly indicated. The need to comply with any resulting safety measures, such as a lower speed limit, should also be clearly indicated
- Use national and local education and media campaigns to promote the benefits of safety initiatives in areas where children are present. Initiatives could include 20 mph zones and limits and the use of appropriate and safe parking. Where compliance with these initiatives is poor, work with the police to enforce them.