

Preventing Unintentional Injuries Among Under 15s

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Introduction

Keeping children and young people safe is a top priority for Government. Children today are, in many ways, safer than in previous generations. Rates of accidents are down, including on the roads. Many childhood diseases can now be prevented or cured. But society today is more complex than in previous generations, and this can bring new risks for children and young people's safety.

We rightly have high expectations for our children today. We want them to be protected from any sort of harm and abuse. But this does not mean that we should wrap children and young people up in cotton wool. Childhood is a time for learning and exploring. Through playing and doing positive activities, children and young people can learn to understand better the opportunities and challenges in the world around them, and how to stay safe.

Our Aim

This Government's ambitions for children and young people are set out in the Children's Plan, published December 2007. This sets out our aim to make this country the best place in the world for children and young people to grow up.

In the Children's Plan we committed to a specific action plan, following the Staying Safe consultation on the first ever cross-Government strategy for improving children and young people's safety. In February 2008 the Staying Safe Action Plan set out the Government's commitment to keeping children and young people safe, right across the range of our responsibilities.

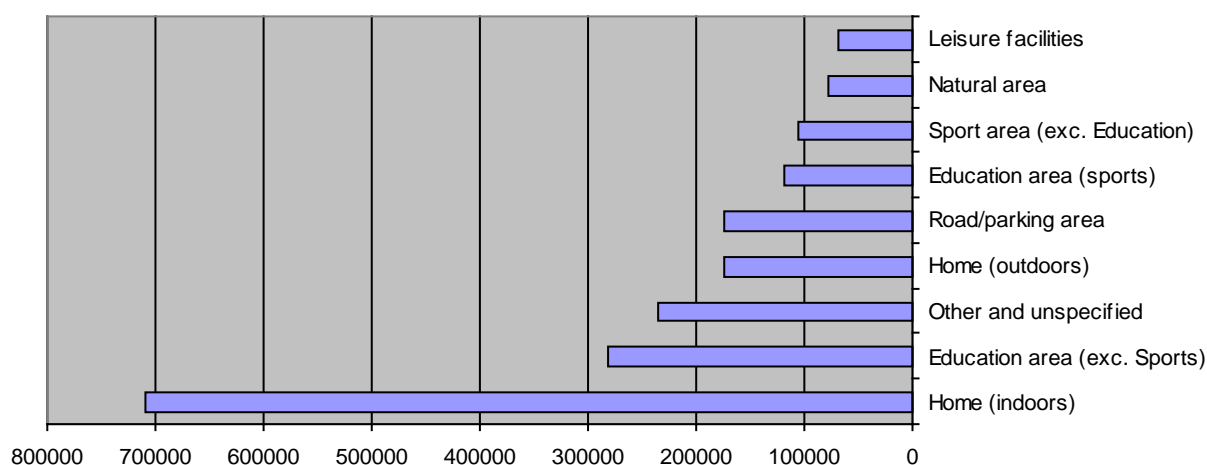
Key Facts

Whilst overall numbers of accidental deaths have reduced, accidents remain a leading cause of death and injury to children and young people.

Most accidents take place in the home (see table 1). The accidents causing the most serious injuries however occur on the roads, where 52% of deaths to children by external causes occurred in 2005. Although good progress has been made in reducing accidents to children aged 0-15, this has been lesser with the 12-15 age group than with 0-11 year olds. Child pedestrian deaths in England remain higher¹ than in many other European countries.

¹ DTI Home and Leisure Accident Surveillance System

Table 1 - Children 0-14 who were victims of accidents, by location of accident 2002 (Source: DTI Home and Leisure Accident Surveillance System)



Social Inequalities

The then Department for Trade and Industry's Home Accidents Surveillance System revealed that rates of unintentional injury were higher in residential areas with higher proportions in children who are from lower socio-economic groups.²

- children of parents who have never worked or who are long-term unemployed are **13 times** more likely to die from unintentional injury, and **37 times** more likely to die as a result of exposure to smoke, fire or flames than children of parents in higher managerial or professional occupations.
- children in the 10% most deprived wards are **3 times** more likely to be hit by a car than children in the 10% least deprived wards
- fatality is **twice** as likely in boys as girls (aged between 1 and 14), a gap that increases with age

It is clear from these statistics that addressing these inequalities should be a priority for Government.

A New PSA to Improve Children and Young People's Safety

In October 2007, Government set out in a new Public Sector Agreement its commitment to driving further real improvements in child safety. The indicators underpinning this PSA reflect the breadth of the issues which need to be addressed to improve children's safety. They include:

- Indicator 1- reducing bullying
- Indicator 2 - improving the time children's social care take to initially assess a child referred to them

² *Better Safe than Sorry, 2007*- Audit Commission/Healthcare Commission.

- Indicator 3 - reducing hospital admissions caused by unintentional and deliberate injuries to children
- Indicator 4 – reducing child deaths

Indicator 3 measures hospital admissions by injury type, which will include both unintentional and deliberate injury to children and young people. The indicator is restricted to counting only emergency admissions (an emergency and is formally admitted to a hospital bed). Our aim is to reduce this figure over the period 2008 - 2011. Early Indications look encouraging with 0-17 admissions for 2008-09 (based on the first three quarters) estimated at 116.8 admissions per 10,000 population, down from 121.5 in 2007-08.

This strategy also supports indicator 4 which aims to reduce preventable child deaths. This indicator also shows encouraging signs of improvement with deaths of 0-17 year olds from external causes falling by 17% in 2007 and deaths from unintentional causes falling by 5% from 419 to 398.

Staying Safe's Key Commitments to Reduce Unintentional Injuries

0-5 year olds

With the majority of accidents happening within the home for this age group, DCSF committed in the Children's Plan to launch a new £18m National Home Safety Equipment Scheme to reduce accidental deaths and injuries among under-fives.

The scheme (known as '**Safe At Home**') provides home safety equipment to the most disadvantaged families in areas with the highest accident rates. There are 354 local authority areas in England. Of these, 141 have accident rates above the average of 88.82.³ Concentrating on the highest 141 geographical areas, Safe At Home will aim to close the gap between each of their accident rates and the current average. The larger the gap, the greater will be the potential for improvement. Safe At Home resources will therefore be allocated in proportion to the gap between the local accident rates and the English average.

Using the same targeting strategy DCSF committed in the Staying Safe Action Plan to a major **communications campaign on child safety**. To date activity has been focused on promoting safety in the home, using such opportunities as the Child Accidents Prevention Trust's (CAPT) Child Safety Week, partnership marketing and media advertising to deliver these messages.

5-15 year olds

For this age group statistics show accidents happen increasingly outside the home as children get more active and independent. That is why November 2008 saw the launch of the DCSF funded **Child Safety Education Coalition** which aims to improve access to and the quality of practical safety education (such as Junior Citizen schemes and Lazar Centres). The Coalition is currently mapping regional accident hotspots for 5-15 year olds to determine what proactive interventions it can take as a Coalition to reduce them over the next two years.

³ Data provided by the South West Public Health Observatory <http://www.swpho.nhs.uk>

CSEC is also promoting a revised Career Professional Development *Personal, Social and Health Education* programme with enhanced safety elements to provide professionals with the skills to deliver the appropriate life skills to children and young people in schools and other settings.

Stakeholders

The Staying Safe Action Plan committed to launching guidance to practitioners on Accidents in the Home which was met in June 2008 through a joint publication with CAPT. To date over 12,500 copies of the guidance has been sent to front line providers.

February 2009 saw the publication of the **Priority Review of Accident Prevention**. Undertaken jointly between DCSF, the Department of Health and the Department for Transport the review fulfilled a commitment within the Staying Safe Action Plan to carry out a Priority Review of local area accident prevention (in England), which considered a small number of local areas in detail to see what accident prevention work is undertaken and which agencies are involved.

The Review made a number of recommendations which are now being taken forward by the PSA's Accident Prevention Working Group. One of the review's key recommendations highlighted how partnership work is a major driver for success. A key issue for local stakeholders is identifying the opportunities, incentives and motivations that lead potential partners to prioritise and collaborate on injury prevention schemes. There was also a demand for improved knowledge-sharing, so that partnership work builds on good practice.

To take this forward DCSF is funding the Child Accident Prevention Trust (Capt) to deliver a two-year programme to build capacity for effective partnership working on child accident prevention.

Next Steps

The totality of the approach outlined in this paper if successful will reduce unintentional injuries to children and young people, and be evident through the PSA indicators. Moreover, it will do so in a sustainable way by empowering children to take care of themselves and provide frontline staff and parents with the information and support to keep children safe when this is not possible.

The success of these interventions will be monitored by the PSA governance arrangements with any success or failure will be dependent on the evidence available to support such claims over the period 2008-2011.

This evidence will not only be available through end-of-project evaluation, but through robust self-assessment of the interventions and data led by the Accident Prevention Working Group.