

## Public Health Intervention Guidance

### Preventing unintentional injuries among under 15s in the home–Consultation on Evidence– Stakeholder Response Table 19<sup>th</sup> August – 17<sup>th</sup> September 2009

Stakeholder Organisation	Evidence submitted	Document Name	Section	Page No.	Comments Please insert each new comment in a new row	Response Please respond to each comment
Hull City Council, Children and Young People's Services		Report 1	General		<p>Research / evidence available is limited and not always applicable to this country.</p> <p>Could the ROSPA initiative (£18 million targeted at disadvantaged families between 2009 – 2011) be used for further research and gain an evidence base in regard to effectiveness, cost effectiveness and outcomes ?</p>	<p>Thank you for your comments. PHIAAC considered the limitations of the evidence when generating recommendations.</p> <p>Unfortunately, the evaluation of the ROSPA initiative will not be completed in time for this piece of guidance. When this guidance is reassessed (in 3 years post publication) there will be an opportunity to consider this.</p>
Hull City Council, Children and Young People's Services		General	General		<p>Existing practice and provision.</p> <p>What has been done to scope and establish existing practice in relation to:-</p> <ul style="list-style-type: none"> <li>• Education, advice and information</li> <li>• home safety assessments,</li> <li>• provision and installation of equipment (smoke detectors and home safety equipment)</li> <li>• Follow –up where equipment has not been installed through the provider</li> </ul>	<p>Thank you for your comment. NICE guidance is based on the best available evidence of effectiveness. All the areas you outline are covered in the scope. Where studies on effectiveness exist, these will be considered in the review. Experts in unintentional injury in the home were coopted to PHIAAC to provide insights into local practice. In addition, the fieldwork process involves consultation with local practitioners who would be responsible for the implementation of the draft recommendations.</p>
Hull City Council, Children and Young People's Services		Report 2	General		<p>Need to consider the needs, barriers and facilitators in relation to specific groups of families:-</p> <ul style="list-style-type: none"> <li>• BME – cultural issues, access to home, language barriers, male dominated families.</li> <li>• Travelling Communities</li> <li>• Families living in rented accommodation (absent landlords, limited tenancy agreements).</li> <li>• Families with children who have a disability (physical / learning)</li> </ul> <p>Included in this should be information in English only (equipment, installation instructions, written advice/information, educational aspects &amp; language</p>	<p>Thank you for your comments. PHIAAC considered many of these issues in developing the draft guidance.</p>

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					barriers)	

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Hull City Council, Children and Young People's Services		General	General		<p>Data Collation Existing data based upon A &amp; E attendance and hospital admissions. Assessment and coding criteria is poor and subject to misinterpretation.</p> <p>Further work needs to be undertaken to simplify and clarify existing codes and their use.</p> <p>Additional data will be collated through ROSPA initiative and opportunities should be sought to collate data via for example, minor injury units, GP attendance and Parental feedback</p>	<p>Thank you for your comments. Surveillance is being considered by another piece of NICE guidance currently in development on 'Strategies to prevent unintentional injuries among children and young people aged under 15'</p> <p><a href="http://guidance.nice.org.uk/PHG/Wave17/12">http://guidance.nice.org.uk/PHG/Wave17/12</a></p>
Hull City Council, Children and Young People's Services		General	General		<p>Education and information for families needs to be consistent from all key providers (Children's Centres, Health Visitors, schools etc) and at key stages of the child's life and development.</p> <p>Very few home visits are undertaken within Healthy Child Programme and specifically once the child attends school. This would need to be taken into account and guidance should be given in relation to the value of home visits/ home safety assessments and follow-up</p>	<p>Thank you for your comment.</p>
Hull City Council, Children and Young People's Services		General	General		<p>Home safety equipment &amp; Home safety checks/assessments.</p> <p>Further research and evidence is required on the correlation between:-</p> <ul style="list-style-type: none"> <li>• a home safety assessment,</li> <li>• the installation of equipment (either through provider or by family) and</li> <li>• follow-up</li> </ul> <p>in relation to behaviour change and outcomes (reduction in accidents).</p>	<p>Thank you for your comment.</p>

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					Guidance needs to include pre-requisite for home safety assessment prior to issue of equipment and where installation is not undertaken by the provider this is followed up and checked by the provider.	

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Hull City Council, Children and Young People's Services		General	General		<p>Education and information for secondary carers (babysitters, family members) where a child is cared for by proxy or in another home where regulations do not apply (e.g. not within childminder's home).</p> <p>This could be provided by schools/colleges for young carers/babysitters. Information for parents needed within existing core contact.</p>	Thank you for your comment.
Hull City Council, Children and Young People's Services		General	General		Need to review and establish impact of curriculum and other targeted programmes for children and young people 3 – 15 years.	Thank you for your comment. The focus of this guidance is on the supply and/or installation of home safety equipment and home risk assessments. Where education is linked to either of the above activities, it would be included. The impact of curriculum and other targeted programmes for children and young people 3-15 in isolation is beyond the remit of this piece of guidance. There is a facility on the NICE website ( <a href="http://www.nice.org.uk">www.nice.org.uk</a> ) where you can suggest topics for future referral.
Hull City Council, Children and Young People's Services		General	General		<p>This scope is focused on home.</p> <p>This and other supporting proposed guidance does not include issues in regard to garden and garage safety. Locally, there have been child deaths and subsequent need for campaigns and information due to garage deaths (garage fires and falling equipment)</p> <p>Need also to include trampoline and pond safety.</p>	Thank you for your comments. Due to time and resource constraints we have focused this piece of guidance on interventions that are supplied and installed inside the home.
Hull City Council, Children and		General	General		What research and evidence is available on the impact of interagency working and integrated	Thank you for your comment.

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Young People's Services					approach to safety education and provision of equipment?	Interagency working and integrated approaches to safety education and provision of equipment were not explicitly excluded from this piece of work. Some relevant issues are included in the qualitative review on barriers and facilitators.
Hull City Council, Children and Young People's Services		General	General		Guidance needs to be specific to the roles and responsibilities of universal, targeted and specialist services in the public health approach to advice, information and education of parents, children and young people and associated carers.	Thank you for your comment.
Royal College of Nursing		General	General		The evidence seems comprehensive. There are no further comments to make at this stage.	Thank you for your comments.
Royal College of Paediatrics and Child Health		Report 1 – review of effectiveness and cost-effectiveness	General	General	<p>This report suggests that there were unrealistic expectations of what would be possible from this review and emphasises the problems with a specialist review team carrying out the review, rather than specialists in injury prevention. Injury is a very difficult measure to use as an outcome, especially when looking at the numbers of subjects involved in these types of studies. Yes, injury is a common problem, but the wide variety of types and severities of injuries that are possible means that it is almost impossible to use change in injury as a measure of effectiveness of an intervention. This needs to be acknowledged in the summary and more clearly throughout the rest of the document.</p> <p>A useful 'aside' may be a detailed review of the outcome measures that were used and how these contributed to understanding of effectiveness. This would then help to move the area forward.</p>	Thank you for your comments. Whilst the difficulties of using injury as an outcome are acknowledged, injury was identified in the scope as an outcome of interest. Other outcomes included were level of supply and installation of home safety equipment, duration of installation of home safety equipment and changes/differences in home safety knowledge and behaviour. Injury is an outcome that a number of the primary research authors considered worthwhile measuring and it is unfortunate that so few have reported outcome data by type of injury or level of severity of injury. Wherever this was reported the review would have summarized this outcome data.
Royal College of Paediatrics and Child Health		Report 1 – review of effectiveness			It was difficult to draw out cost-effectiveness because of the problem of robust outcome measures.	Thank you for your comment.

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		and cost-effectiveness				

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Royal College of Paediatrics and Child Health		Report 1 – review of effectiveness and cost-effectiveness	5.12.2	129	This section does start to acknowledge the above issue, but more is needed.	Thank you.
Royal College of Paediatrics and Child Health		General	General		There are typos, missing words and grammatical errors throughout all three documents.	Thank you for your comments and observations. We have passed these on to the team that conducted the reviews.
Royal College of Paediatrics and Child Health		General (major gaps in analysis)	General		We did not feel that there were any major gaps in the analysis.	Thank you for your comment
Royal College of Paediatrics and Child Health		General (applicability of the analysis and its usefulness for the development of guidance)	General		As noted above (see first comment), we think that there is work to be done in identifying appropriate outcome measures for use in injury intervention evaluations and that this would be suited for a systematic type approach, with the results being very valuable to future injury research.  As it stands, however, there is little in the review that will add substantially to what is already known and practiced within the field.  Where the findings may be useful is in developing strategies to address the barriers to uptake and use of safety equipment.	Thank you for your comments. Please see our response above.
Royal College of Paediatrics and Child Health		General (issues relating to equality)	General		The reviewers tried to draw out issues relating to equality, but this was hampered by a lack of detail in the studies being reviewed and by the problems of making international comparisons in this area.	Thank you for your comment.
Royal College of Paediatrics and Child Health		General	General		The policy context focuses almost entirely on England with little or no reference to the rest of the UK.	Thank you for your comment. NICE public health guidance applies to England only, but it is understood that there may be lessons to be learnt from policy approaches of other countries.

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Royal College of Paediatrics and Child Health		Scope	General		The scope includes disabled children appropriately.	Thank you.
RoSPA – The Royal Society for the Prevention of Accidents		<b>Report 1: Systematic reviews of effectiveness and cost-effectiveness of home safety equipment and risk assessment schemes</b>	General		RoSPA welcomes NICE's Consultation on the Draft Scope for Preventing unintentional injuries in the home among under 15s and thanks NICE for the opportunity to comment.	Thank you. We welcome RoSPA's contribution.
RoSPA – The Royal Society for the Prevention of Accidents		<b>Report 1: Systematic reviews of effectiveness and cost-effectiveness of home safety equipment and risk assessment schemes</b>	General		<p>The report concentrates on Smoke alarms campaigns and the provision of Home equipment schemes but does not address or represent the main accident areas and the work that is implemented to reduce these accidents.</p> <p>Burns and scalds often cause irreparable damage and are very expensive for the NHS to treat, they account for 5% of the top 4 injuries to under 15s. According to HASS/LASS 2002 data, 95% the top 4 injuries are classified as falls (57%), being struck or striking (30%) and foreign bodies (8%).</p>	<p>Thank you for your comment. This guidance focuses on all unintentional injuries in the home. Specifically it focuses on interventions that supplied and/or installed home safety equipment and home risk assessments.</p> <p>It is unfortunate that there is a lack of evidence about interventions to prevent burns and scalds. PHAC considered the limitations of the evidence when developing the draft recommendations.</p>
RoSPA – The Royal Society for the Prevention of Accidents		<b>Report 1: Systematic reviews of effectiveness</b>	Injury patterns		The report does not appear to take into consideration injury patterns. It risks treating all age groups the same when we know that babies, toddlers and children all have different injury patterns. It also	Thank you for your comment. This guidance focuses on unintentional injuries in the home. PHAC considered age groups and seasonality as well as other factors when

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		and cost-effectiveness of home safety equipment and risk assessment schemes			doesn't appear to take seasonality into account – primary school children have far higher injury rates during summer months because they are enjoying outdoor activities.	developing recommendations.

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RoSPA – The Royal Society for the Prevention of Accidents		<b>Report 1: Systematic reviews of effectiveness and cost-effectiveness of home safety equipment and risk assessment schemes</b>	Socio-economic factors – social disadvantages		<p>There is very little in the report that relates to disadvantaged families in relation to the increased risk of accidents.</p> <p>We know that there is a significant social class gradient in the death rate of children from injury or poisoning. For children of parents in 'routine occupations' (National Statistics Socio-Economic Classification class 7) the death rate is 2.6 times higher than that of children of parents in 'higher managerial and professional occupations' (NS-SEC class 1). However, the greatest difference in mortality is between children of parents who are employed and children of parents who are not. The death rate of children of parents who have never worked or are long term unemployed (NS-SEC class 8) is 13.1 times higher than that of children of parents in NS-SEC class 1.</p>	Thank you for your comment. PHIAAC considered a variety of factors related to risk of unintentional injury ,including different population groups and households when developing the draft recommendations
RoSPA – The Royal Society for the Prevention of Accidents		<b>Report 1: Systematic reviews of effectiveness and cost-effectiveness of home safety equipment and risk assessment schemes</b>			RoSPA appreciates that there may be difficulty in finding suitable reports and that the findings can only be as good as the reporting, particularly where as in many cases evaluation is not built in from the beginning but the comparison of the supply of smoke detectors against the supply of such things as safety gates can give an unjust picture.	Thank you for your comment. PHIAAC considered the limitation of the evidence reviews when developing draft recommendations
RoSPA – The Royal Society for the Prevention of Accidents		<b>Report 1: Systematic reviews of effectiveness</b>	General		Smoke detectors will not stop an accident happening they warn of a fire giving more time to evacuate the building. The installation of a safety gate can actually stop the accident happening. The implementation of	Thank you for your comments.The scope of this guidance excludes the technical efficacy of products and focuses on the initiatives to get them installed. It also covers education

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		and cost-effectiveness of home safety equipment and risk assessment schemes			<p>an education programme is important in any scheme but even more so in the supply and fitting of smoke detectors.</p> <p>Evidence considered in any smoke alarm programme is not about whether smoke alarms work but whether programmes giving them away works</p>	that is delivered alongside to support installation, use and maintenance.

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RoSPA – The Royal Society for the Prevention of Accidents		<b>Report 1: Systematic reviews of effectiveness and cost-effectiveness of home safety equipment and risk assessment schemes</b>			<p>The studies vary so much in supply and fit and the provision of education and are also from different countries it is therefore impossible to show consistency across the delivery.</p> <p>All the reports have different criteria,:</p> <ul style="list-style-type: none"> <li>• Provision of equipment in isolation</li> <li>• Equipment, and installation</li> <li>• Equipment, installation and education</li> </ul>	Thank you for your comment. PHIAC considered the points you highlighted when generating the draft recommendations.
RoSPA – The Royal Society for the Prevention of Accidents		<b>Report 1: Systematic reviews of effectiveness and cost-effectiveness of home safety equipment and risk assessment schemes</b>			<p>Finding from overseas studies can only be applied in the UK with caution. The following must be taken into consideration in relation to many of the studies:</p> <ul style="list-style-type: none"> <li>• We tend to be ahead of many countries on accident prevention initiatives.</li> <li>• Differences in lifestyle will account for different accident rates.</li> <li>• Health provision varies – in some countries every child is assigned their own paediatrician in the UK our children only see one if they are ill.</li> <li>• Media reporting can be very different.</li> <li>• Data collection and translation can vary significantly</li> </ul>	Thank you for your comment. The applicability of each study has been considered by the review team and was further considered by PHIAC.
RoSPA – The Royal Society for the Prevention of Accidents		<b>Report 1: Systematic reviews of effectiveness and cost-effectiveness of home</b>			<p>In most Health promotion initiatives' relating to accident prevention it is difficult to identify statistical differences due to poor data collection systems and therefore impossible to show true injury reduction. Consequently schemes of this nature frequently have to rely on qualitative data which is more to do with assessing user satisfaction. Any Quantative data collected tends to be on the collection of visits,</p>	<p>Thank you for your comments and questions. PHIAC considered the issues and concerns you have raised when developing the draft recommendations.</p> <p>Surveillance is being considered by another</p>

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		<b>safety equipment and risk assessment schemes</b>			<p>counting heads etc.</p> <p>Detailed data must be analysed to develop appropriate guidance. Up to date data is simply no longer available for home and leisure injuries. How will detailed guidelines be developed without the detail of the circumstances causing the injury?</p> <p>The lack of data means that we risk ignoring the big problems with the greatest chance of success. We have good data for fire and road safety but none for home or leisure. There is therefore a risk that the lack of data could result in a very narrow evidence base of what interventions are effective in cutting accident rates.</p>	<p>piece of NICE guidance currently in development -Strategies to prevent unintentional injuries among children and young people aged under 15 <a href="http://guidance.nice.org.uk/PHG/Wave17/12">http://guidance.nice.org.uk/PHG/Wave17/12</a></p>

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RoSPA – The Royal Society for the Prevention of Accidents		<b>Report 1: Systematic reviews of effectiveness and cost-effectiveness of home safety equipment and risk assessment schemes</b>			This report does not take into consideration the risk assessment and accident prevention work that is implemented on a one to basis during the course of a normal working day by those professional who have a brief for accident prevention and are visiting families on a regular basis	Thank you for your comment. Experts in unintentional injury in the home were co-opted to PHIAAC to provide insights into local practice. In addition, the fieldwork process involves consultation with local practitioners who would be responsible for the implementation of the draft.
RoSPA – The Royal Society for the Prevention of Accidents		<b>Report 1: Systematic reviews of effectiveness and cost-effectiveness of home safety equipment and risk assessment schemes</b>			It also does not take into consideration the Non RCT work that has been carried over the last decade.	Thank you for your comment. The effectiveness review included a range of comparative designs as outlined on page 33 of the report.
RoSPA – The Royal Society for the Prevention of Accidents		<b>Report 1: Systematic reviews of effectiveness and cost-effectiveness of home safety</b>			<p>The report includes a number of Smoke detector initiatives from different countries but there is no mention of the work carried out through the Communities and Local Government Fire Kills campaign.</p> <p>Many Fire &amp; Rescue Services offer a free home fire safety visit to people living within their fire station boundaries. This initiative has been highly successful</p>	<p>Thank you for your comment. Evaluations of these initiatives were not identified by the searches. If you are aware of any evaluations please let us know where they can be accessed.</p> <p>Thank you for your comment. PHIAAC co-opted a member of the fire service who is engaged in this work.</p>

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		equipment and risk assessment schemes			<p>in reducing accidental fires and deaths in the home.</p> <p>The home fire safety visits are carried out by operational crews, they are completely free and if eligible free smoke alarm are fitted.</p> <p>The visits focus on three key areas:</p> <p>Identify and be aware of the potential fire risks within your home.</p> <p>Know what to do in order to reduce or prevent these risks.</p>	

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RoSPA – The Royal Society for the Prevention of Accidents		Report 1: Systematic reviews of effectiveness and cost-effectiveness of home safety equipment and risk assessment schemes	5.4.3.	55	It should be defined if the cupboard lock were in fact locks and not just catches this could be an important factor in any review.	Thank you for your comment. The original study that you are alluding to refers to 'slide locks' but provides no further description.
RoSPA – The Royal Society for the Prevention of Accidents		Report 1: Systematic reviews of effectiveness and cost-effectiveness of home safety equipment and risk assessment schemes		56	Equipment left, mailed out or collected without being fitted will not be found to be as effective as equipment that has been installed accompanied by safety education.  It is unsafe to assume that equipment will automatically be fitted by the household. Follow up calls are needed and evaluation should establish if it's been fitted.	Thank you for your comment. Determining the size of the difference and the likelihood of a difference occurring by chance is important in any review of the evidence. In addition the guidance is informed by cost effectiveness as well as effectiveness. PHIAC considered these issues when developing the draft guidance.
RoSPA – The Royal Society for the Prevention of Accidents		Report 1: Systematic reviews of effectiveness and cost-effectiveness of home safety	5.5		The introduction of long life sealed unit smoke alarms and hard wired alarms? Should be considered when making any final decisions the implementation of new schemes.  Evidence considered in any smoke alarm programme is not about whether smoke alarms work but whether programmes giving them away works.	Thank you for your comment. Changes in technology since the research was undertaken have been considered by PHIAC.  The scope of this work excluded technical efficacy of products and focused on the initiatives to get them installed.

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		equipment and risk assessment schemes			There is evidence available to show that House fires and deaths are reducing. <a href="http://www.communities.gov.uk/publications/corporate/statistics/firestatisticsuk2007">http://www.communities.gov.uk/publications/corporate/statistics/firestatisticsuk2007</a>	

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### Preventing unintentional injuries among under 15s in the home—Consultation on Evidence— Stakeholder Response Table 19<sup>th</sup> August – 17<sup>th</sup> September 2009

Stakeholder Organisation	Evidence submitted	Document Name	Section	Page No.	Comments Please insert each new comment in a new row	Response Please respond to each comment
RoSPA – The Royal Society for the Prevention of Accidents		<b>Report 2: Barriers to, and facilitators of the prevention of unintentional injury in children in the home: a systematic review of qualitative research</b>	General		There is some very useful material in this report and in general terms many of the barriers and facilitators identified reflect what many practitioners find at a local level. The diagram at Fig 3 on Page 67 is very useful in pulling these together although there is very little new here and the report does not really shed much new light on what would be an effective intervention. For example, education in child development has been a staple ingredient of home safety work for many years and the report highlights some interesting disparities between mothers who are highly aware of the effects of a child's development on his/her safety and those who are not. But it doesn't give any insight into what works in relation to education about child development.	Thank you for your comment.
RoSPA – The Royal Society for the Prevention of Accidents		<b>Report 2:</b>			Similarly the report describes provision of easy to maintain and durable equipment as a facilitator to injury prevention, but it does not identify particular equipment and as the only 2 studies included on this aspect were related to smoke alarms it is difficult to draw any conclusions in relation to the provision of other equipment	Thank you for your comment.
RoSPA – The Royal Society for the Prevention of Accidents		<b>Report 2:</b>	Methodology		<p>Only 9 papers included (and only 3 in the UK) highlights paucity of research evidence in this area. 2 of the 3 UK studies were on smoke alarms and findings for these may not be generalisable to other types of equipment. The third study does not give an opportunity for comparison as to whether using local mothers as a n approach is any more or less effective than using health and children's workers.</p> <p>Given the amount of home safety activity and in particular the number of safety equipment schemes,</p>	<p>Thank you for your comment.</p> <p>Thank you for your comment. We are satisfied that the searches were exhaustive.</p>

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					It is difficult to believe that there are only three research papers on effectiveness of interventions in the UK. Although there may be limitations in terms of international comparisons, even the range of overseas papers seems very small. Although this highlights the need for further UK and international research, it also suggests that a further search of the evidence base should be considered as it seems unlikely this has been exhaustive. It would also be interesting to know more about the 5000 papers that were rejected for this study as there is only a very general description as to why this was so.	<p>If you are aware of any evaluations that have been omitted please send the details to us.</p> <p>It is not feasible to provide this level of detail.</p>

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RoSPA – The Royal Society for the Prevention of Accidents		Report 2:			<p>A further consideration is whether there are generalisable findings that can be gleaned from health promotion and other interventions with this families of children within the specified age group. It is likely that there has been a huge amount of research on what works in relation to children's development and the education of parents about this, and research on community based interventions could possibly give insight into some of the questions raised with regard to community involvement, culture, patriarchal society, peer pressure and interventions in areas of socio-economic disadvantage.</p> <p>The studies were generally found to be weak in terms of the evidence, making it difficult to reach firm conclusions, even though the findings often reflect that found in practice, e.g. Gibbs findings on the three types of barriers, knowledge, behaviour and environment.</p> <p>Much health promotion activity is based on tackling these three elements but there is not much in the report that gives insight into how they can be tackled more effectively.</p>	<p>Thank you for your comment. The problem with this approach is how to balance general findings from elsewhere with the findings of research from the specific area of interest, particularly if conflicting.</p> <p>Thank you for your comment. Sadly this reflects the need for better quality research in this area. The guidance will contain recommendations about future research.</p>
RoSPA – The Royal Society for the Prevention of Accidents		Report 2:	Evidence Statement 1		No mention of lack of resources, staff or legislative support for injury prevention activity as a barrier.	Thank you for your comment. Only one paper reported on practitioner's experiences as outlined on page 26 of the report. Section 5.2.1 which informs evidence statement 1, outlines that these potential barriers were not identified in the included literature. These issues would be reported if they were raised by study participants.

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RoSPA – The Royal Society for the Prevention of Accidents		Report 2:	Evidence Statement 2		The statement regarding timing of when information is given is useful – reinforcing that information needs to be given consistently in the community setting and not just at time of birth in the hospital setting.	Thank you for your comment.
RoSPA – The Royal Society for the Prevention of Accidents		Report 2:	Evidence Statement 3		Pleasing that collaborative working is found to facilitate effectiveness but the study does not indicate what makes a collaboration effective.	Thank you for your comment.
RoSPA – The Royal Society for the Prevention of Accidents		Report 2:	<i>Evidence statement 5</i>		Doesn't seem to be any evidence around safety gates, fireguards equipment other than smoke alarms.	Thank you for your comment. Section 5.3.2 which informs evidence statement 5, outlines that these items were not expressly discussed in the included literature and information about this type of equipment would be reported if raised by study participants.
RoSPA – The Royal Society for the Prevention of Accidents		Report 2:	Evidence Statement 6		Evidence on failure to comply would be useful but all this seems to state is that people aren't particularly aware of the risk they are taking. Again only evidence seems to relate to smoke alarms.  How relevant is it since the advent of long life sealed unit smoke alarms and hard wired alarms?  Aren't there any studies around the inconvenience potentially caused by other equipment, e.g. safety gates?	Thank you for your comment. This reflects the lack of research in this area.  Thank you for your comment. Changes in technology since the research was undertaken have been considered by PHIAAC.  Thank you for your comment. We are satisfied that the searches were exhaustive. If you are aware of any research that has been omitted please send the details.
RoSPA – The Royal Society for the Prevention of Accidents		Report 2:	Evidence Statement 9-12		All seem to support current activity to promote home safety and a support mother in particular – how quantifiable is this?	Thank you for your comment. This is a report of qualitative research and so it would not be appropriate to quantify the findings.
RoSPA – The Royal		Report 2:	Evidence		Probably more difficult to generalise given that they	Thank you for your comment. We agree that

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Society for the Prevention of Accidents			Statement 13		are US studies – The fact that Mexican mothers are more likely to use Mexican products with fewer safety warnings probably relates to the proximity and availability of the Mexican market. Would be less of an issue here.	Mexican products are unlikely to be a problem in the UK, however similar issues may arise with other immigrant populations in England.
RoSPA – The Royal Society for the Prevention of Accidents		Report 2:	Evidence Statement 14		Agreed that this may be a barrier in reporting injury or in allowing “officials” into the home. Something that we will need to observe, especially if the same staff carrying out the checks have an involvement in Child Protection issues.	Thank you for your comment.
RoSPA – The Royal Society for the Prevention of Accidents		Report 2:	Evidence Statement 15		May be an issue in some cultures in the UK	Thank you for your comment.
RoSPA – The Royal Society for the Prevention of Accidents		Report 2:		P38	Gibbs – limited legislation situation re CRCs in Australia – is this applicable to the UK where different laws apply?	Thank you for your comment. This study raises some important issues about unintended consequences. PHIAC considered applicability when making draft recommendations.
RoSPA – The Royal Society for the Prevention of Accidents		Report 2:		P38	The report recognises the importance of legislation in stimulating injury prevention activity and the risk to quality of interventions caused by short term and fragmented nature of much of the work.	Thank you for your comment.
RoSPA – The Royal Society for the Prevention of Accidents		Report 2:			Brussoni comment – educate young children in primary schools – not clear if this is based on evidence from the research or is just a personal viewpoint. Important if this is being presented as an evidence based approach as for many years practitioners have been involved in schools safety education programmes. Also doesn't give an insight	Thank you for your comments. Please see pp.23/24 for a description of first and second order concepts in this analysis. Report 2 is not an effectiveness review, it is a review of potential barriers and facilitators to interventions. Please see our previous response about the nature of qualitative

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RoSPA – The Royal Society for the Prevention of Accidents		Report 2:		P53	<p>Gibbs awareness caused by direct exposure the most likely motivator – yes but isn't that shutting the stable door!</p> <p>Parental supervision to prevent injury time and energy consuming and "need supplementing with other forms of unintentional injury prevention" – but the report is inconclusive as to what's effective.</p>	<p>Thank you for your comment.</p> <p>Please see our previous response about the nature of qualitative research.</p>
RoSPA – The Royal Society for the Prevention of Accidents		Report 2:		P59	<p>Reviewer conclusion that practitioners need to consider cultural context (e.g. Mexican mothers and what constitutes a "good mother") an important consideration and often part of current practice anyway.</p> <p>Language and translation needs highlighted in some studies as having an impact on resources needed and on communication and feedback during the programme</p>	<p>Thank you for your comment.</p> <p>Thank you for your comment.</p>
RoSPA – The Royal Society for the Prevention of Accidents		Report 2:		P61	<p>Culturally sensitive interventions – researchers not clear if this comes from evidence in the reports or is just the conclusion of authors in response to suspicions about officials. Therefore don't include it as an evidence statement but an area for further research. Clearly as there is much emphasis in local practice on cultural sensitivity this is an area that requires urgent attention.</p>	<p>Thank you for your comment. We are satisfied that it is clear that this comes from the three studies reporting the issue rather than from the review authors. It is presented in a separate section (5.4.3) from the information on mistrust of officials (Section 5.4.4).</p>
RoSPA – The Royal Society for the Prevention of Accidents		Report 2:		P65	<p>Social connectedness a facilitator for children's safety – this is not a finding of any of the reports but a researcher's conclusion based on lack of connectedness being a barrier. It needs more research.</p>	<p>Thank you for your comment. The review is worded in an appropriately cautious manner to reflect this. We agree that research is required to confirm this relationship.</p>

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RoSPA – The Royal Society for the Prevention of Accidents		Report 2: Report 2:		P68	parental behaviour and links to socio economic status – good point that it is not just about parental understanding and behaviour but also the resources available to the parent (e.g. the inevitable additional dangers posed by a cramped living environment). However no clear guidance as to how interventions should address this point.	Thank you for your comment.
RoSPA – The Royal Society for the Prevention of Accidents		Report 2:		P68	Understanding of what safety equipment includes – The findings of one study that parents perceive baby walkers as safety equipment, RoSPA do not support the use of Bay Walkers.	Thank you for your comment. We are aware of this issue. The evidence reflects the views of parents and as such it is important to highlight this misunderstanding.
RoSPA – The Royal Society for the Prevention of Accidents		Report 2:		P69	Findings that mothers in difficult socio economic circumstances work extremely hard” to safeguard their children’s safety is important in dispelling some of the myth and prejudice sometimes observed in professional responses to the issue	Thank you for your comment.
RoSPA – The Royal Society for the Prevention of Accidents		Report 3: Cost-effectiveness modelling	General		<p>RoSPA appreciates the fact that the report takes into consideration the lack of available data and the wide variety of the of programmes designs in the collusions of this report.</p> <p>Detailed data must be analyzed to develop appropriate guidance. Up to date data is simply no longer available for home and leisure injuries. This is evident throughout the reports and will impede the development of a set of detailed guidelines.</p> <p>The lack of data means that we risk ignoring the big problems with the greatest chance of success. We have good data for fire and road safety but none for home or leisure. There is therefore a risk that the lack of data could result in a very narrow evidence</p>	<p>Thank you for your comment.</p> <p>Thank you for your comment. Please see our previous responses about this issue.</p> <p>Thank you for your comment.</p>

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					base of what interventions are effective in cutting accident rates.	

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RoSPA – The Royal Society for the Prevention of Accidents		Report 3:			Reference to my comments above in report 1. This report does not take into consideration the risk assessment and accident prevention work that is implemented on a one to basis during the course of a normal working day by those professional who have a brief for accident prevention and are visiting families on a regular basis. Inclusion of the other work that is being delivered across the country could contribute to the cost implications and results.	Thank you for your comment. We are satisfied that the searches were exhaustive. If you are aware of any cost effectiveness research that has been omitted please send the details.  Experts in unintentional injury in the home were coopted to PHIAC to provide insights into local practice. In addition, the fieldwork process involves consultation with local practitioners who would be responsible for the implementation of the draft recommendations.
RoSPA – The Royal Society for the Prevention of Accidents		Report 3:	4.2		The decision tree takes into consideration the different intervention arms of delivery assigning costs at each stage. Many of these programmes differ due to the funding available and limitations in the first instance, which therefore reflects the different models of delivery and effectiveness	Thank you for your comment. Prevention programmes of all types/designs will vary in their actual specific combination of levels and types of resources required, and methods of implementation, and this may impact upon the estimated cost-effectiveness. In decision-modelling ,generally the costs and effects of only a small number of defined scenarios or types of programme are able to be simulated (usually those for which the best evidence exists).
RoSPA – The Royal Society for the Prevention of Accidents		Report 3:			Referring back to previous comments in report 1, caution must be taken in comparing the economic costs of smoke detector schemes against general Home Safety Schemes. The same applies when also comparing schemes run in different countries and notes that this has been mentioned in the conclusions.	Thank you for your comment.
RoSPA – The Royal Society for the Prevention of Accidents		Report 3:	6.4		Rospa welcomes the fact that the report recommends that evaluation should include a number of different aspects but many of these are impossible without the availability of detailed injury data.	Thank you for your comment. Please see our previous responses about the lack of available detailed and up-to-date data.

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RoSPA – The Royal Society for the Prevention of Accidents		Report 3:			<p>The main barriers in implementing effective and cost effective interventions to prevent unintentional injuries are:</p> <ul style="list-style-type: none"> <li>• Lack of funding</li> <li>• Absence of local practitioners within local authorities and health authorities with a direct accident prevention remit.</li> <li>• Demonstrating cost-benefit evidence of a change in attitude and behaviour of parents and carers towards the safety of children</li> <li>• Lack of local injury data</li> </ul>	<p>Thank you for identifying these barriers. It is not within NICE's remit to address funding issues.</p> <p>Strategic issues such as workforce development and surveillance are being considered in another piece of guidance currently in development on 'Strategies to prevent unintentional injuries among children and young people aged under 15' <a href="http://guidance.nice.org.uk/PHG/Wave17/12">http://guidance.nice.org.uk/PHG/Wave17/12</a></p>
University of North Tees					<p>I am an emergency Medicine Consultant at the University hospital of North Tees. Our hospital was one of about 20 in the country that was a site for the Department of Trade and Industry Home Accident Surveillance Survey until it was stopped by the government a few years ago. A lot of useful data was gathered and the annual reports were always of great interest. I must confess to looking at your review of qualitative evidence relating to accidents in the home somewhat quickly but I did not note specific references to the HASS work.</p> <p>Some web sites of interest include:</p> <p><a href="http://www.dhsspsni.gov.uk/print/haconsult.pdf">www.dhsspsni.gov.uk/print/haconsult.pdf</a></p> <p><a href="http://www.berr.gov.uk/files/file21802.pdf">www.berr.gov.uk/files/file21802.pdf</a></p> <p><a href="http://www.ndad.nationalarchives.gov.uk/CRDA/58/DD/detail.html">www.ndad.nationalarchives.gov.uk/CRDA/58/DD/detail.html</a></p>	<p>Thank you for bringing these documents and websites to our attention.</p>

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