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PHIAC 43.15a PUIC Road - Fieldwork report (main report)



**Fieldwork on prevention of unintentional road
injury in under 15s: road design**

**Report to the National Institute for Health and
Clinical Excellence**

GSB Reference: CR2242

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Abstract

This final report summarises a fieldwork evaluation of the draft recommendations developed on the prevention of unintentional road injury in under 15s: road design. The report summarises findings from a series of workshops, focus groups and interviews with key practitioners. It draws out key findings for the recommendations as a whole and for each individual recommendation.

The fieldwork focused on the content of the draft recommendations such as whether they were thought relevant and useful, factors affecting the feasibility in practice and potential impact of the recommendations.

E. Executive Summary

E.1 Introduction

The aim of the fieldwork was to get practitioners' views on the relevance, utility and implementability of the draft recommendations on the prevention of unintentional injury in under 15s: road design, including:

1. 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?
2. What impact might the draft recommendations have on current policy, service provision or practice?
3. What factors (e.g. time available, training) could impact – positively or negatively - on the implementation and delivery of the guidance?
4. Do practitioners know of any evidence, either from their own experience and practice or elsewhere, not currently taken into account by the draft recommendations?

E.2 Method

The fieldwork comprised four main activities:

1. Six half-day workshops with practitioners including community and charitable organisations, local transport planning departments, Directors of Public Health and NHS, government representatives.
2. Seven focus groups with transport planning departments in local authorities and within the private sector, including:
 - a. Chartered Civil Engineers;
 - b. Members of the social inclusion team;
 - c. Road Safety Engineers;
 - d. Transport Planners;
 - e. Road Safety Managers.
3. Telephone interviews:
 - a. Transport Planners;
 - b. Policy Planner.
4. A content analysis of summaries to identify and summarise key themes of feedback. Section 3 of this report provides a synthesis of feedback from all parts of the fieldwork. The summaries of the workshops are provided in the appendices; along with the focus group write ups. The summaries of the telephone interviews are not available publicly in order to preserve the anonymity of the interview respondents.

The fieldwork took place from 4th November – 2nd December 2009.

E.3 Findings and conclusions

E.3.1 Overall findings

There was a mixed response to the recommendations. In general stakeholders from both the workshops and focus groups stated that the recommendations were ‘nothing new’ and that in general they were already being applied. They were a little “puzzled” by the recommendations and said that a lot of the work cited in the recommendations was already being carried out. Some stakeholders did feel that the recommendations were “good stuff” however they said the recommendations were not moving practice forward.

Stakeholders stated that engaging the health sector in this area was vitally important. They reported that the recommendations could have a positive impact if they helped to engage the health sector in preventing injuries amongst under 15 year olds. Some stakeholders said that at partnership meetings in their local areas it was often the health aspect of the partnership that was missing, i.e. the NHS do not attend local injury prevention partnership meetings (e.g. Local Strategic Partnerships). Directors of Public Health from the NHS were in particular noted as an important group to engage and ensure that they were active in work in this area. Others noted that it was stakeholders from education who were also unable or unwilling to engage and that if the recommendations can help engage education in injury prevention that would be advantageous.

The planning stakeholders consistently said through the workshops and focus groups that the recommendations do not add any content for this group. Some said that they could be viewed as “patronising” by this group.

A consistent point of feedback was that the recommendations do not cross-reference to other supporting material such as that from the DfT and some of the content of the recommendations are not consistent with their guidance and strategies (e.g. the Road Safety Strategy). Delegates stated that it was important for there to be a cohesive approach from government and that either NICE should be working in collaboration with the DfT on this and/or not advising transport planners in an area that the DfT already cover.

Essentially delegates articulated that the recommendations had a role to play directing the NHS to plays its part in supporting local strategic partnerships and supplying data requirements, but were unsure of their value.

Content and wording

A number of points were raised on the content and wording of the recommendations including:

- Reference to under 15's within the guidance;
- Focus on speed;
- Omission of measures for rural road design;
- The importance of consultation and community engagement;
- Lack of technical information within the recommendations;
- Amendments to the layout of the recommendations;
- Inclusion of pro-active measures within the recommendations;
- Challenges with sourcing data.

Impact of the draft recommendations

There was mixed feedback on the impact of the recommendations. Some stakeholders (particularly the transport planners) reported that the recommendations would not add value to their work as they were already doing the contents of the recommendations. They also stated that they would be very unlikely to use the recommendations in practice.

Stakeholders stated that the politics within an area could affect the feasibility of implementation. For example in some areas residents do not want engineering measures to be introduced.

Feasibility in practice of the draft recommendations

Stakeholders constantly queried the lack of reference to other methods of reducing unintentional injury such as education and secondary prevention measures such as seat belts and other restraints. Within the fieldwork they were informed of the 'suite of guidance' and hence why these areas were not included in this area of guidance. The stakeholders were adamant that there needed to be cross-referencing to the other guidance as they felt that many practitioners would not look through multiple sets of guidance for information. Other suggestions included amalgamating certain guidance documents (e.g. education) with this guidance.

Implementation

Specifically the stakeholders wanted more details on 'the how', for example how to:

- access resources and monetary support;
- evaluate schemes introduced;
- secure buy-in from the health sector specifically and also schools;
- introduce additional measures in an area (e.g. how to engage with the community effectively, how to engage with children, how to engage with schools and secure buy in from all these groups);

- address ‘political’ issues in an area;
- consider the appropriate measures within an area;
- amend public opinion;
- use background information and local data to assess the need;
- include measure of cost effectiveness to justify implementation;
- incorporate into national indicators.

E.3.1 Recommendation specific findings

Recommendation 1: local needs assessment and planning

A summary of conclusions for recommendation 1 are listed below:

- Ensure that engagement with the health sector is stressed within the recommendation;
- Give examples of how other sectors may actively engage with the health sector;
- Specify responsibility for the health sector;
- Widen the scope of the recommendation or cross-reference to education and enforcement measures;
- Accuracy of reporting of incidents should be covered by this recommendation, as many practitioners raised the inaccuracy with current reporting methods such as STATS 19;
- Ensure cabinet office guidance on community engagement¹ is referred to;
- Include reference to the planning department and master planning² to ensure that road design is considered and actioned at the planning stage;
- Further clarity on who should take action and who is responsible for this recommendation;
- Resources and signposting to resources would be useful.

Recommendation 2: measures to reduce speed

A summary of conclusions for recommendation 2 are listed below:

- Consider wider strategies to reduce speed and include a matrix of measures for practitioner use;
- Link to education;

¹ <http://archive.cabinetoffice.gov.uk/servicefirst/1998/guidance/users/index.htm>

² Master planning is a spatial planning process where the scale of development is significant and extensive, over potentially an extended period of time. It is concerned with the formulation and integration of buildings, open space, streets and transportation systems, infrastructure and land use in three dimensions. It must also embrace the financial and socio-economic realities and set out a clear delivery strategy

- Focus on inappropriate speed and ensuring that drivers travel at the appropriate speed for the road and weather conditions;
- 20mph speed is not the only measure that could be used;
- Important to consider “self determining roads” and ensure that signage only is not used to decrease speed;
- Securing wider support for the recommendation from the police and other key stakeholders;
- Consider adding recommendations on evaluation of schemes.

Recommendation 3: school travel

A summary of conclusions for recommendation 2 are listed below:

- Consider wider strategies to reduce speed and include a matrix of measures for practitioner use;
- Link to education;
- Focus on inappropriate speed and ensuring that drivers travel at the appropriate speed for the road and weather conditions;
- 20mph speed is not the only measure that could be used;
- Important to consider “self determining roads” and ensure that signage only is not used to decrease speed;
- Securing wider support for the recommendation from the police and other key stakeholders;
- Consider adding recommendations on evaluation of schemes.



Fieldwork on prevention of unintentional road injury in under 15s: road design

Report to the National Institute for Health and Clinical Excellence

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1 INTRODUCTION

Greenstreet Berman Limited was commissioned by the National Institute for Health and Clinical Excellence to carry out fieldwork with professionals, commissioners and managers to test draft recommendations on the prevention of unintentional road injury in under 15s: road design. .

The aim of the fieldwork was to get practitioners' views on the relevance, utility and implementability of the draft recommendations on the prevention of unintentional injury in under 15s: road design, including:

1. 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?
2. What impact might the draft recommendations have on current policy, service provision or practice?
3. What factors (e.g. time available, training) could impact – positively or negatively - on the implementation and delivery of the guidance?
4. Do practitioners know of any evidence, either from their own experience and practice or elsewhere, not currently taken into account by the draft recommendations?

1.1 A request for guidance from the Department of Health

The scope of the initial guidance came from a request by the Department of Health to:

“Produce guidance on public health interventions to reduce accidental injuries to persons under the age of 15 on the road”

NICE guidance is developed by the Public Health Interventions Advisory Committee (PHIAC); a multi disciplinary committee which considers evidence presented to the group in order to develop recommendations for practice. The evidence is derived mainly from a series of evidence reviews. In addition to the reviews the PHIAC may also request additional evidence drawn from expert testimony, to fill gaps in the evidence.

The NICE guidance on the prevention of unintentional injury in under 15s: road design has been developed through a phased process, this included:

1. Drafting of a scope to identify the remit of the work.
2. Consultation to ensure relevance and usefulness of the scope.
3. Reviews of the relevant literature.
4. Consultation on the review to identify any missing evidence.
5. Public Health Interventions Advisory Committee (PHIAC) review of the evidence and drafting of the recommendations.
6. Practitioner consultation to evaluate the relevance, usefulness and implementability of the recommendations.

This fieldwork formed part of section 6. The findings from this fieldwork act as a source of evidence on the relevance, utility and implementability of the recommendations

NICE will provide tools to support implementation of the recommendations.

1.2 Target audience

These draft recommendations are aimed at professionals, commissioners and managers with public health as part of their remit working within the NHS, local authorities and the wider public, private, voluntary and community sectors. It is particularly aimed at transport planners, road safety professionals, schools, parents, voluntary and community groups.

1.3 The draft recommendations

Three draft recommendations were developed as a result of the research. The draft recommendations covered the following:

1. Needs assessment and planning;
2. Measures to reduce speed;
3. School travel.

A copy of each draft recommendation is included in section 3.8 of this report.

1.4 This fieldwork

The findings from the fieldwork reported in this document form part of step 6 above. The objective of this fieldwork was to examine the relevance, utility and implementability of the draft recommendations with key practitioners. Findings from the fieldwork are considered by NICE to be an important source of evidence on the feasibility of implementation of the recommendations, and the conditions required for uptake and delivery.

The findings of the fieldwork reported in this document will be considered by NICE's Public Health Interventions Advisory Committee (PHIAC) on the 15th January 2010 and inform the final guidance, due to be issued in April 2010.

2 METHOD

2.1 Overview

The fieldwork comprised four main activities:

1. Six half-day workshops with practitioners including community and charitable organisations, local transport planning departments, Directors of Public Health and NHS, government representatives.
2. Seven focus groups with transport planning departments in local authorities and within the private sector, including:
 - a. Chartered Civil Engineers;
 - b. Members of the social inclusion team;
 - c. Road Safety Engineers;
 - d. Transport Planners;
 - e. Road Safety Managers.
3. Telephone interviews:
 - a. Transport Planners;
 - b. Policy Planner.
4. A content analysis of summaries to identify and summarise key themes of feedback. Section 3 of this report provides a synthesis of feedback from all parts of the fieldwork. The summaries of the workshops are provided in the appendices; along with the focus group write ups. The summaries of the telephone interviews are not available publicly in order to preserve the anonymity of the interview respondents.

All respondents received briefing materials and questions prior to the sessions, and were provided with summaries of their sessions for approval.

All workshops were scheduled for November 2009 in order to meet the project schedule. Focus groups and telephone interviews were conducted in November 2009 and December 2009, again to comply with the project schedule.

The workshop topic guide was developed through close liaison with the team at NICE, to ensure that the key research questions were addressed. In development of the questions for the topic guide and telephone interview proforma reference, adherence was made to '*Methods for development of NICE public health guidance*' (2006).

The topic guide was structured to ensure that practitioners had a comprehensive understanding of the background, aims and outcomes of the fieldwork. The topic guide was split into two main sections. The first section raised questions on the recommendations as a whole, and included questions in four main categories pre-agreed with the research team at NICE:

1. Content and wording ;
2. Feasibility and Impact;
3. Inclusiveness;

4. Previous experience.

Each question under these main categories included prompts to give the facilitator the means to explore the subject in more detail.

The second section raised questions to be addressed to each recommendation in turn. This included questions on the wording, implementability, factors affecting feasibility, barriers, impact and more for each of the recommendations.

2.2 Recruitment of workshop delegates

All recruitment for the workshops was performed by Greenstreet Berman Limited. Key practitioners for the direct email were identified from:

- NICE's practitioner list (prevention of unintentional road injury among under 15s: list of stakeholders ³);
- An internet search of organisations using key terms such as PCT Directors of Public Health, Local Authority Transport Planners, Accident prevention, Transport and Health Study Groups, School Travel Plan Advisers, Local Strategic Partnerships, Road Safety Officers,
- Intermediary organisations sent out an email invitation to their members (this included the Transport Planning Society, Institute for Civil Engineers, and the Institute of Logistics and Transport).

A list of about 500 individuals was developed covering London, South East, Midlands and North West England, with their names, organisations and email addresses. These included:

1. Local Strategic Partnerships;
2. Public Sector Transport Planners;
3. Private Sector Transport Planners;
4. Road Safety Officers
5. Pertinent Government Departments;
6. Charities;
7. Other non-government organisations;
8. Accident Prevention Teams – PCT based;
9. Representatives of Transport Planners;

³ <http://www.nice.org.uk/guidance/index.jsp?action=download&o=41554>

They were contacted via an email to request the attendance of a representative of their organisation at one of the six scheduled workshops (2 in London, 2 in Birmingham and 2 in Manchester). The invitation outlined the purpose of the workshops, the scope of recommendations and who they are aimed at and why the content of the recommendations would be of interest to each group.

All individuals that booked onto a workshop were sent a copy of the draft recommendations included as part of the delegate's topic guide in advance of the workshops.

As noted in Table 1, 56 delegates attended the workshops.

Table 1: Number of delegates per workshop

Workshop	Number of delegates that agreed to attend	Number of delegates that attended
Birmingham 24 th November AM	12	5
Birmingham 24 th November PM	8	4
Manchester 30 th November AM	20	15
Manchester 30 th November PM	15	8
London 26 th October AM	20	15
London 26 th October PM	10	9
Total	85	56

2.3 Conducting the workshops

The six workshops held in Birmingham, London, Manchester ran for three hours each. There was one main facilitator running the workshop with a second facilitator that acted as a scribe in the plenary sessions, and a facilitator in the recommendation-specific review. All workshop sessions were recorded, consent for which was obtained from all delegates at the beginning of the workshop. The session consisted of:

- Introduction and housekeeping – 10 minutes;
- General review of the guidance as a whole – one hour;
- Tea break – 10 minutes;
- Recommendation specific review (in which the workshop broke into two smaller groups, and each group discussing three recommendations) – one hour and 35 minutes;
- Evaluation of the workshop – five minutes.

In total 56 delegates attended the workshops. Although this was a lower figure than anticipated, the information gathered and the range of delegates, and responses given, was nevertheless enormously valuable to the fieldwork.

On completion of the workshops a summary was written up by the facilitators. This summary (Appendix B) was then forwarded to the delegates for any additional comments and approval.

Listed below is a summary of the evaluation worksheets that were received on completion of the four workshops. Delegates were asked to answer each question on a 10 point scale (1 = not at all/poor, 10 = definitely/excellent).

Table 2 Average evaluation score for workshops

Questions posed to the delegates included the following	Average score (max score 10)
Were the key points covered?	8
Did the workshop satisfy its objectives?	8
Was the length of the workshop adequate?	7
Please rate the standard of facilitation	8
Please rate the quality of written materials/visual aids	7.5

2.4 Recruitment and sampling for focus groups

A list of over 80 pertinent contacts was developed by an internet search of organisations. The contacts were telephoned for the sake of explaining the purpose of the fieldwork, the scope of the recommendations and to request arrangement of a focus group. In total 20 contacts were approached to take part in a focus group. In total seven focus groups were run, the eighth focus group was cancelled due to low attendance and three telephone interviews were conducted instead. The types of stakeholders that were contacted included:

- Transport Planners;
- Policy Planner.

2.5 Conducting the focus groups

One facilitator ran and scribed the focus groups. Practitioners were sent the focus group proforma and a copy of the recommendations to read prior to the interview. Each focus group lasted between two hours and two hour 30 minutes and there were between 2 to 6 attendees at the focus groups (unfortunately some focus groups had lower than anticipated attendance due to illness and work commitments). Respondents were asked to respond to questions posed on the recommendations as a whole and also a recommendation specific review.

On completion of the focus group a summary was written up by the facilitator and forwarded to the interviewee for any additional comments and for their approval.

2.6 Analysis and reporting of results

The findings from the fieldwork reports were analysed using thematic and content analysis techniques. A set of repeatable rules were used for the content analysis which included:

- The categories of themes of feedback, such as inclusion and integrating with other policies;

- The group that cited the theme and any other sub-categorisation, such as the size of the business or public/private sector organisations;
- The importance attached to each theme;
- A summary of feedback in each theme; and
- Examples to illustrate themes where provided.

Responses to the workshops were compared with those from the case studies and telephone interviews.

3 MAIN FINDINGS

3.1 Introduction

This section of the report provides the feedback on the recommendations as a whole, specifically:

- General reaction to the recommendations;
- Content and relevance of the recommendations;
- Impact of the recommendations;
- Feasibility of the recommendations;
- Other experience.

The findings from the eight regional workshops together with the 7 focus groups and 3 telephone interviews have been analysed and the key themes are highlighted in the following section. Overall the content analysis revealed that the findings from all types of practitioners were quite consistent and there were no major differences between the findings from the workshops and the focus groups.

3.2 General reaction to the recommendations

There was a mixed response to the recommendations. In general stakeholders from both the workshops and focus groups stated that the recommendations were ‘nothing new’ and that in general they were already being applied. They were a little “puzzled” by the recommendations and said that a lot of the work cited in the recommendations was already being carried out. Some stakeholders did feel that the recommendations were “good stuff” however they said the recommendations were not moving practice forward.

Stakeholders stated that engaging the health sector in this area was vitally important. They reported that the recommendations could have a positive impact if they helped to engage the health sector in preventing injuries amongst under 15 year olds. Some stakeholders said that at partnership meetings in their local areas it was often the health aspect of the partnership that was missing, i.e the NHS do not attend local injury prevention partnership meetings (e.g. Local Strategic Partnerships). Directors of Public Health from the NHS were in particular noted as an important group to engage and ensure that they were active in work in this area. Others noted that it was stakeholders from education who were also unable or unwilling to engage and that if the recommendations can help engage education in injury prevention that would be advantageous.

The planning stakeholders consistently said through the workshops and focus groups that the recommendations do not add any content for this group. Some said that they could be viewed as “patronising” by this group.

A consistent point of feedback was that the recommendations do not cross-reference to other supporting material such as that from the DfT and some of the content of the recommendations are not consistent with their guidance and strategies (e.g. the Road Safety Strategy). Delegates stated that it was important for there to be a cohesive approach from government and that either NICE should be working in collaboration with the DfT on this and/or not advising transport planners in an area that the DfT already cover.

Essentially delegates articulated that the recommendations had a role to play directing the NHS to play its part in supporting local strategic partnerships and supplying data requirements, but were unsure of their value beyond this remit. They felt they would be better directed at assembling NHS involvement.

3.3 Content and relevance of the recommendation

Reference to under 15s

There was extensive debate between delegates on the scope of the guidance, especially why the guidance was only targeted at under 15s. Delegates were confused by this as it was not consistent with other organisations e.g.:

- DfT – refer to under 17s;
- United Nations – refer to under 18s;
- Every Child Matters – refer to under 19s.

As well as this, stakeholders did not feel that the recommendation had any direct reference to under 15s, they were more looking at general measures which could be applied for under 15s. They did not feel that the content really reflected a focus on under 15s. Other stakeholders felt that inputting measures to decrease incidents for under 15s must be completed with consideration for other road users. They stated that it was important to consider all road users and other vulnerable road users too, such as the growing elderly population. Wider considerations such as speed implications for ambulances, fire engines and other emergency vehicles needed to be considered. They stated that it was imperative to consider the wider context.

Stakeholders also suggested that the 11+ group were a particularly vulnerable group as at this age they begin to get more independence from their parents and are more vulnerable on the road. Stakeholders did not think that this age group specifically was covered in enough detail in the recommendations. They also thought that the recommendations need to be split up to cover:

- Pre-school measures,
- Primary school measures and;
- Secondary school measures.

Focus on speed

Stakeholders did question the focus on speed and stated that there were other measures (e.g. crossing provision, guard rails, parking restrictions etc.) that could be included within the recommendations. It was mentioned that some speed reduction measures such as speed humps can actually have negative consequences within an area, for example driving over them at excessive speed and with no due care and attention.

Wording of the recommendations

There was disagreement between the stakeholders on the detail contained within the recommendations. Some stakeholders felt that the recommendations are too generic and need to be more prescriptive whilst others said that the recommendations would be better left to people's interpretation.

It was said that the recommendations could give more details on how to implement, how to engage and how to measure and evaluate. At present some stakeholders said that they were not very useful in this respect.

Rural

Stakeholders from the focus groups and workshops mentioned that there was little acknowledgement of rural road design schemes, despite rural areas being mentioned within the recommendation. They stated that detail should be added to this area, or the reference should be removed. Some stakeholders did believe that the recommendations should cover rural road design as well as urban as this was another problem area.

Some of the stakeholders stated that the smaller local rural roads were not the main problem area and that trunk roads are the 'hot spots'. They noted that the recommendations needed to reflect this. Some stakeholders questioned why schools were focused on in the recommendations as generally this is not where the main problem areas are anymore (due to safety measures being implemented around schools). They felt that trunk roads and A roads should have been addressed instead in recommendation 3.

One stakeholder suggested that recommendations 1 and 2 should be stressed as having more importance than recommendation 3. Another delegate suggested that recommendation 3 would not be needed if recommendation 2 was implemented. Other delegates from both the focus groups and workshops suggested that there should either be a fourth recommendation or as part of recommendation 3 that play areas, travelling into town etc. should be addressed. When informed it was acknowledged by the stakeholders that this would be covered in another part of the unintentional injury guidance suite. However stakeholders still felt that this should be directly referenced within the recommendations.

Consultation and community engagement

The stakeholders stated that it was very important that consultation with the local community occurred with the introduction of local measures and they supported this content of the recommendations. They did question why the Cabinet Office's guidance on community engagement (which is statutory for all government departments) had not been cited within recommendation 1. They suggested that this should be referenced within the recommendations. Further to this they stated that inclusion of consultation with youth councils within the recommendations was important to ensure that children and young people "have a voice". Some stakeholders stated that children and young people can often have insightful suggestions on how to combat issues and understand the source of the problem.

The delegates felt that in order to make partnership working there needs to be specific responsibility attributable to stakeholders. They particularly felt that the role of the NHS Directors of Public Health needs to be clarified.

One focus group reported that the guidance documents would be useful as it could be used as an official documentation and highlight recommended practice. They had issues with members of the public campaigning for measures that were not always necessary and so this could be used as a document to demonstrate that an evidence base is needed before implementation.

Technicality

Some stakeholders (particularly transport planners) were disappointed by the lack of technical information within the recommendations. They felt that they gave no additional help or support within this context.

Stakeholders stated that most road measures are based on the three 'Es', Engineering, Education and Enforcement. Some stakeholders felt that education should be the primary approach and should be more clearly linked to in the recommendations. Others disagreed with this and felt that engineering measures should be used as the primary measures.

Terminology

Delegates also questioned the terminology used within the recommendation and queried why the word 'road engineering' was used. They felt that this may be stereotyping the recommendations and also that this may make other pertinent stakeholders feel that the guidance is not relevant to them. Some stakeholders suggested using the expression 'road measures' as an alternative.

Layout of the recommendation

Some stakeholders had some suggestions for amending the layout of the recommendations. They felt that they should be restructured to follow this format:

- Detail the problem to solve (it was felt this would be more 'attention grabbing');
- Include a justification for the contents of the recommendations;
- List the actions proposed;
- Detail exactly who should be responsible;
- List any implementation support.

Omissions from the recommendations

Stakeholders stated that the recommendations omit three types of points:

- Overarching barriers to implementation (see implementation section);
- Some road design measures (e.g. A roads, trunk roads and the general street scape);
- Link to education (e.g. driver behaviour is more frequently at fault than the driving environment).

Pro-active measures

Stakeholders raised the fact that the recommendations focus on the use of reactive measures to inform road design, e.g. the use of casualty data. They stated that they could consider the recommendation advising to use wider data sets that are not just focused on areas that already have a problem but areas where they may foresee a problem.

Other stakeholders felt that there was little acknowledgement of slight injuries and particularly near misses which in practice often warn of the potential for serious or fatal road traffic collisions.

Data challenges

Stakeholders suggested that data was often a challenge, particularly with regards to accessing health data such as the data collected at Accident and Emergency Departments. They stated that this data would give them more information on casualty rate and could inform on risk so would be really important. They also reported that if the recommendations could help all practitioners to gain access to this information and advocate data sharing this would be good.

Stakeholders reported that often the challenge in these cases was the anonymity aspect with health data, however they stated that they would not need access to the personal details of the data.

3.4 Impact of the recommendations

There was mixed feeling on the impact of the recommendations. Some stakeholders (particularly the transport planners) reported that the recommendations would not add value to their work as they were already doing the contents of the recommendations. They also stated that they would be very unlikely to use the recommendations in practice.

Stakeholders mentioned that the politics within an area could affect the feasibility of implementation. For example in some areas residents do not want engineering measures to be introduced.

One stakeholder suggested that the recommendations could have a considerable impact if they were adhered to at the master planning stage of new developments. They stated that this would reduce cost considerably and ensure that plans were right at the outset. Stakeholders suggested that planners should be included within the recommendations also.

3.5 Feasibility in practice

Suite of guidance on unintentional injury

Stakeholders constantly queried the lack of reference to other methods of reducing unintentional injury such as education and secondary prevention measures such as seat belts and other restraints. Within the fieldwork they were informed of the 'suite of guidance' and hence why these areas were not included in this area of guidance. The stakeholders were adamant that there needed to be cross-referencing to the other guidance as they felt that many practitioners would not look through multiple sets of guidance for information. Other suggestions included amalgamating certain guidance documents (e.g. education) with this guidance.

3.6 Implementation

The stakeholders reported that the recommendations were aspirational and they did not feel that the recommendations help to address any of the main barriers to implementation. Specifically the stakeholders wanted more details on 'the how', for example how to:

- access resources;
- evaluate schemes introduced;
- secure buy-in;
- introduce additional measures in an area;
- address 'political' issues in an area;
- consider the appropriate measures within an area;

- amend public opinion;
- use background information and local data to assess the need.

Some stakeholders also suggested that a measure of cost effectiveness for the interventions would be useful so that their implementation could be justified.

Stakeholders suggested that practitioners in this field are governed by National Indicators and that these indicators drive political governance. They felt that if the recommendations could be tied into these indicators it would ensure that they were implemented by practitioners.

Resources

Stakeholders from both the workshops and focus groups queried where the resources would come from to help implement the recommendations. They suggested that it would be useful if the recommendations signposted to funding pots to support implementation.

3.7 Inclusiveness

Stakeholders stated that some practitioners do not understand inequalities and that therefore this needed to be covered more clearly within the recommendations. Some stakeholders again raised the issue that as the recommendations do not cover those aged from 15-18 that they will not cover vulnerable groups from this age band such as not in education, employment or training (NEETs) and looked after children. As previously mentioned stakeholders stated that the recommendations needed to consider outside of the target group specified. They also suggested that ethnicity and areas of deprivation needed to be taken into account within the recommendations.

One stakeholder stated that the recommendations did not adequately consider those members of the community that are blind or partially sighted.

Some stakeholders reported that the recommendations were so broad that they assumed that all individuals had been accounted for. It was felt that both children and parents had been overlooked in the recommendations as far as encouraging active travel and safe travel.

Some stakeholders reported that language and wording was not clear within the recommendations. The wording used was neither specific to one sector (such as transport) nor generic enough to be understood by all individuals and organisations who are intended to take action.

3.8 Recommendation specific feedback

3.8.1 Recommendation 1: needs assessment and planning

Who should take action?

- Directors of public health.
- Local highways authorities.
- Local strategic partnerships.
- Public health professionals with responsibility for reducing injuries.

What action should they take?

When introducing engineering measures to reduce speed, ensure that:

- they are part of broader strategies to reduce road injuries (including education and enforcement strategies)
- they are developed after considering data on injuries (including levels of casualties, their age, the groups involved and where they occur) and traffic speed and volume
- their precise design and form is determined by local context and needs of the site (including physical limitations such as geological considerations)
- they are developed using effective processes of community engagement (see 'Community engagement', NICE public health guidance 9) and with involvement of other interested parties such as the emergency services and local businesses
- a plan is developed for implementing them, based on local priorities for modifying the transport infrastructure.

Summary

Overall, it was thought that this recommendation was already being implemented within the transport planning and consequently, it was not thought to add to current practice. Many individuals referred to the health service and believed that road safety was often not a high priority among those within the public health sector. It was suggested that the recommendations may help to secure more involvement from the health service in the area of road safety and a greater awareness of this in general.

The majority of representatives did not feel that the recommendation should contain measures of speed reduction alone as they reported that many other factors influence road safety and collision rates; most commonly mentioned was education. Reference was also frequently made to the reported inaccuracy of 'STATS19' data which was believed to be a barrier to implementation not accounted for by the recommendation.

Content and wording

One set of workshop delegates expressed the opinion that the layout of the recommendation should be amended. It was stated that it should primarily lay out what the problem is that is needed to be addressed, followed by what action is proposed and specifically who should be taking action. At present it was not thought that the recommendations demonstrates the importance of reducing unintentional injuries among under 15s, and therefore the individuals stated would be less likely to take them on board and action them without any evidence or justification presented. This group of individuals also believed it to be important to justify the cost effectiveness of following the recommendation.

Reference was made to the detail contained in bullet point four, with one workshop attendee stating that there is Cabinet Office guidance already in place and reportedly mandatory for all organisations to comply with. It was this individual's opinion that the guidance should refer to this existing guidance within this bullet point of detail.

With regards to the second bullet point of detail, some workshop delegates were of the opinion that further clarity was necessary surrounding what is meant by 'data on injuries', as is stated within the recommendation. It was believed to be unclear whether this was referring to regional or national data and delegates felt that this could be more accurate and easily obtained through further engagement of the health services. It was believed to be of more benefit that local area data is used to inform local interventions so that the local area layout trends and needs are addressed. It was not generally thought to be productive to take a 'blanket approach' across different areas. Some focus group attendees commented that in doing this, it is difficult to justify an intervention to the local community and gain their support, as on occasions the measures are not necessary for every location.

Many representatives present at workshops and focus groups were pleased to see community engagement included within the fourth bullet point of detail. This was believed to be an important aspect of planning road safety measures, and particularly important in helping to generate acceptance among local residents and organisations.

With regards to bullet point three, a few focus group attendees were of the opinion that reference to 'geological considerations' could be removed from the recommendation. Some were unsure of what this was referring to and others did not believe this to be a consideration necessary for the vast majority of locations.

Representatives in general believed that the recommendations consider speed and engineering measures in isolation from other potentially influential measures. Many attendees to both workshops and focus groups believed that other measures such as education are often used independently, or in conjunction with speed reduction and engineering measures. Focus group attendees believed that the wider context, such as the general streetscape, should be taken into account and that these measures should not be discussed independently. Reference was made to the 'broader strategies to reduce road injuries (including education and enforcement strategies)', and it was the collective opinion that these should not be discussed in isolation from one another. Consequently, both terminology and content amendments were believed to be necessary in order to incorporate additional influences in addition to speed.

Workshop delegates, and a small number of focus group attendees, said that master planning would be a beneficial inclusion within this recommendation. It was felt that new developments would then take the recommendations into consideration and incorporate actions suggested prior to their being any accidents, and hence any data available. Similarly, it should be noted that many individuals perceived the recommendations as reactive, stating that, although this is obviously necessary to ensure evidence based interventions, it was believed that more consideration should be incorporated relating to proactively preventing road injuries from occurring.

Focus group attendees believed that an additional bullet point should be included referring to evaluation, as this was generally seen to be a secondary consideration, and as such resources are often not available for this to be conducted.

Feasibility

Overall, it was believed that the recommendation would be, by and large, feasible to implement, as many of the actions stated are already being carried out by those within the transport industry. There was, however, believed to be a degree of heterogeneity across different locations with regards to the resource and political and community support available to them. Consequently these things were believed to be influential to the degree of feasibility across different locations.

Respondents attending one focus group did not feel able to comment on the feasibility of this recommendation as they did not believe that it was prescriptive enough in the actions that should be taken. The recommendation was perceived to be more of a series of overarching statements of considerations which should be made when implementing the actions stated in the remaining two recommendations.

Barriers

Respondents perceived there to be a “lack of interest” in road safety and expressed the perception that this is not generally prioritised by health professionals, who were perceived to work in silo from other sectors, such as the transport industry. This was believed to be a current barrier at present and potentially to the successful implementation of this recommendation, as the extent to which it would be taken on board and prioritised by the health sector, as mentioned under ‘who should take action’, was questioned.

Political support was referred to as a barrier to implementation with this and the remaining two recommendations, as it was reported that the support of overarching and local government and councillors would have an impact on public acceptance, and funding among other things. With regards to resources, it was generally believed that there is a “*lack of money and resources*”, which would undoubtedly influence the extent to which the content of the recommendation is implemented.

There was concern among workshop delegates that the perceived lack of clarity relating to specifically who should take action may result in the recommendation being passed around to different departments and among different professionals, perceiving them to be part of someone else’s job role and not their own.

Delegates and focus group attendees were of the opinion that the data often obtained relating to road traffic related injuries is not accurate. This was often perceived to represent “*the tip of the iceberg*”. The reported ‘STATS19’ data on fatal collisions was generally believed to be robust and reliable however, injury data was not generally thought to be reliable due to many influencing factors. Delegates and respondents said that the ability to use hospital data in addition to ‘STATS19’ would be of great benefit in producing a more accurate depiction of road related injuries. It was not clear how this would work across different areas however, such as if an individual were to be treated in a hospital in a different area to the site of collision.

One group of focus group attendees stated that there is often an element of subjectivity concerning the ‘STATS19’ data used at present, particularly surrounding the influence of speed in a collision. It was thought that this is often reflective of the judgement made by the police officer attending the incident. This same group of representatives believed that the use of incident data may actually weaken the case of preventative measures proposed on the basis of experience and similar situations, where there is not as yet data available.

One group of workshop delegates specifically referred to the influence of celebrities and the media in general, specifically making reference to the ‘Clarkson effect’ and his apparent dislike of 20mph limits and speed cameras. This group of individuals believed the way in which the guidance is delivered to be of great importance so that it will not be perceived in a negative way or challenged by those implementing or the local community.

Delegates believed that there had been an assumption of understanding made about the content of this recommendation . It was not thought by some that professionals from other industries mentioned, such as the health service, would understand terminology used within the transport industry and visa versa. Delegates suggested a central point of reference for all professionals expected to take action relating to the recommendation may help to overcome this.

Impact

There was a general consensus among workshop delegates and focus group attendees that this recommendation would not have much of an impact on individuals working within the transport industry. They said that the content and actions stated were by and large already being carried out. Individuals attending focus groups also referred to the actions stated as an inspirational list; informing what could be done with the current resources, technology and data available, was implemented at the current time. One workshop attendee stated that road engineering had “*reached saturation point*”, and therefore more resource should be focused upon other influential areas such as education.

Representatives of both the workshops and focus groups believed that the recommendation may be able to encourage the health sector to play more of an active role in road safety, and that it may prompt the transport industry to make further attempts to engage with public health professionals.

3.8.2 Recommendation 2 – measures to reduce speed

Who should take action?

- Local highways authorities.
- Local strategic partnerships.

What action should they take?

- Introduce engineering measures to reduce speed in urban and rural areas, including both residential areas and mixed priority routes. These could include:
 - changes to the speed limit with signing only (20 mph limits)
 - changes involving speed reduction features (for example traffic-calming measures on single streets or across wider areas such as 20 mph zones).
- Consider developing city or town-wide 20 mph limits and zones on appropriate residential roads.
- Take account of the factors identified in recommendation 1 when introducing measures.

Summary

There were mixed views regarding this recommendation. However, the majority of delegates said that there was ‘nothing new’ within the recommendation. There was a general consensus that the scope of the recommendation should be amended to not only focus on speed reduction as a way of reducing injury but it should be extended to consider other measures to reduce speed.

Content

Delegates questioned the title and scope of this recommendation. They said that there were many other ways to reduce unintentional injury other than just speed and this was a very specific recommendation. Delegates wanted the recommendation to be amended to incorporate other measures to reduce injury other than just speed. One suggestion was to include a matrix of interventions that practitioners can choose from.

Delegates noted that there were several groups that should be included within the ‘who should take action?’ section of the recommendation that were currently omitted, these included:

- The Police;
- Road users and road user groups (such as the AA and RAC);
- The local community;
- Local road safety partnerships;
- Pedestrians;
- Highways Agency (HA);
- Department for Transport (DfT);
- Camera partnerships;

- Employers; and
- The media.

Despite the focus of the recommendation being on road design delegates still emphasised the importance of education. This included educating road users on the intervention that has been implemented and therefore the delegates wanted there to be an element of the recommendation that included education.

Delegates also said that it was important to focus on inappropriate speed as an issue. It was noted that in some cases it will be necessary to decrease speed, but it may also encourage driving appropriately to the road and the weather conditions. It was noted that the public would react more positively to this.

There was some confusion over the reference of rural areas within the recommendation. Delegates said that if no measures were to be suggested for rural areas then it should be removed from the recommendation. However, they also noted that rural areas will be a priority for the DfT in 2010.

Feasibility

Delegates reported that enforcement would have a large influence on the feasibility and implementability of the recommendation. This due to the Police not enforcing 20mph zones (this is expanded below).

Delegates believe that it was important to explain the justification of any speed reduction measures to those that will be influenced by them. For example, when reducing the speed limit on a local road from 30mph to 20mph, delegates believed that unless there is some form of justification evident it will have little impact on road users.

Delegates also said that there are arguments against driving at 20mph which may impact on the feasibility of the recommendation. These included increased pollution and the damage to cars from driving in lower gears.

Delegates stated that there needed to be consistency across Government departments and that the DfT were about to publish some information potentially to the contrary of the recommendation.

Barriers

One of the main barriers that was noted was the issue of public perceptions of speeding cars. It was noted that if speed signs are put up in an area, local residents may perceive the speed of cars to be greater than it actually is and report this to the local council. However, it was also noted that in some cases residents still perceive cars to be speeding despite cars sticking to the speed limit. It was noted that this is because the public perceive their speed to be unacceptable to the current road conditions. Therefore, delegates said that signage can cause more problems. It was also noted that signage needs to go together with enforcement or the public will ignore the signs.

Delegates noted that the public can be a barrier and suggested that one of the main ways to overcome negative public perception was to properly consult with the public in the first place and provide a good level of background information together with the costs and benefits/disbenefits of the intervention being proposed.

Another main barrier that was raised was the issue of enforcement (as noted above). Delegates said that the Association of Chief Police Officers (ACPO) do not support the Police enforcing 20mph. Therefore, the public are aware that there is no enforcement of the speed by the Police and are therefore more likely to disregard the speed limit. Therefore, it was suggested that the Police need to be “*on-board*” with the recommendation in order for it to be implemented effectively.

Delegates noted that funding was a major barrier to this recommendation especially at the moment. It was noted that due to the political uncertainty people were unlikely to be spending money.

Other barriers that were raised include:

- Political will;
- Emergency services being delayed due to speed humps;
- Buses being affected by speed humps;
- Aesthetic issue of reducing street clutter; and
- Road user attitudes.

Impact

There were some mixed responses for the impact of this recommendation. The majority said that this recommendation would have little impact as it was “*business as usual*” and said that it did not include anything new or innovative. However, a few did say that this recommendation would result in a large decrease in the number of road traffic collisions (RTCs) and that the potential financial impact on the NHS could be quite considerable.

The findings from the focus groups indicated that 20mph limits had been more cost effective than 20mph zones. Evaluations are currently on-going on the impact of 20mph zones and as yet there has not been any findings. Feedback from delegates was that the bullet point that refers to 20mph is premature as there is little evidence to support this as yet.

Other comments

Delegates noted that there should be an extra bullet point in the recommendation that refers to evaluating the impact of the recommendation. Delegates also noted that there was no mention in the recommendation of new technologies such as car black boxes and intelligent speed adaption (ISA).

3.8.3 Recommendation 3 – school travel

Who should take action?

- Directors of public health.
- Head teachers.
- Local highways authorities.
- Local strategic partnerships.
- Public health professionals with an injury reduction remit.
- School governors.
- School travel planners.

What action should they take?

Consider opportunities to develop engineering measures beyond the school premises (not just in close proximity to the school) to provide safer routes to school. This should be done as part of the development of a broad package of measures to address school travel, for instance when developing school travel plans.

Summary

Overall, representatives were of the opinion that this recommendation should be less focused on school travel and incorporate more of the areas where children are known to frequently visit or play. It was thought that parents, road safety partnerships and the children themselves should also be named under ‘who should take action?’

It was generally believed that the recommendation would be feasible to implement as many representatives informed that it was already being actioned. However, suggestions were made that it should be more prescriptive surrounding the specified actions to be taken.

The greatest barrier perceived for this recommendation is the support of head teachers and schools in general.

Content and wording

A number of workshop delegates and one group of council representatives from the transport industry commented that the majority of child injuries do not occur on the route to and from school. Consequently, this recommendation was believed to be too narrow in its focus. It was thought that other areas where children are known to visit and / or play, such as local parks and directly outside the home, should be incorporated into the recommendation. Furthermore, one group of delegates identified that outside of school areas, there are other road schemes to be introduced and these would also need consideration.

The suggestion was made by one group of focus group respondents that an additional bullet point of detail be added to this recommendation in order to incorporate areas where children commonly visit and play. Another suggestion was for the recommendation to be more specific in its wording rather than using the phrasing ‘beyond the school premises’ as it currently stands.

Focus group respondents referred to this recommendation as “bland”, as, along with many workshop delegates, it was thought that the wording used was not prescriptive enough to know what action should be taken. Specific reference was made to ‘a broad package of measures’, as it was believed to be unclear what this is referring to.

Many individuals believed that the parents, the children themselves and road safety partnerships should also be listed under ‘who should take action?’.

One group of workshop delegates and a small number of focus group attendants perceived there to be a much greater risk to children in lower socioeconomic groups and areas of high deprivation. This differentiation was not thought to be evident within the recommendation.

Feasibility

The general consensus was that the recommendation would be feasible to implement as it was believed to be implemented already.

A proportionately small number of delegates felt that it was becoming increasingly difficult to identify trends in road traffic collisions due to the large reductions that have already taken place. Individuals thought that it would be beneficial if this recommendation were to provide further guidance on how to go about this, so that the actions outlined could be more easily achieved.

Barriers

There was concern among a large number of focus group and workshop attendees that this recommendation may not be prioritised by head teachers. It was reported that, variably, head teachers can be uncooperative of road safety initiatives and measures, and road safety was not thought to be prioritised within schools to the extent it should be. A small number of delegates suggested that the terminology used could be stronger, such as substituting ‘consider’ for ‘take’. This was thought to place more of a demand on the individuals identified, and it was believed that this would be more likely to provoke action.

A small number of delegates were of the opinion that the apparent lack of enthusiasm and prioritisation of road safety among schools may be because “it is not part of OFSTED” and there is no exam for students. Hence it was believed that their motivation to emphasise this topic may be lacking.

Further barriers identified to the implementation of this recommendation were political support and resource.

A small number of focus group attendees believed that the recommendation failed to differentiate between primary and secondary school children. They believed that in addressing the age group of 0-under 15 year olds, the different barriers faced by the different age groups were not addressed.

Impact

One group of delegates attending a workshop reported that this recommendation is supportive of existing agendas which are already being adhered to. They did however feel that these should be acknowledged within the guidance. It was believed to be important to link in with existing schemes.

Representatives in general did not believe that this recommendation would add to current practice among professionals within the transport industry as they are already carrying out the action stated. Some focus group attendees believed that the recommendation may be of more relevance and use in rural areas, as speaking from the perspective of an urban location, the actions within the recommendation were reportedly already being carried out.

Some workshop delegates were of the opinion that the recommendation will be a 'crowd pleaser', although they did not think that it would add to current practice within the transport industry.

4 CONCLUSIONS

To conclude, the recommendations had mixed feedback from stakeholders. Generally they questioned the content of the recommendations, queried the scope of the content and why they were limited to approaches that are already in regular use. The stakeholders felt that the recommendations did not cover anything new and if they had embraced new ideas they would have been received more positively by practitioners.

4.1 Engaging with public health

Essentially stakeholders stated that if the recommendations were able to engage the health sector and Directors of Public Health then they would be valuable for this purpose.

Providing more details on how to engage public health directors and other members of the health sector would be a useful addition to the recommendations.

4.2 Cross linking guidance

Stakeholders repeatedly referred to education, enforcement and other methods to tackle this issue. Despite the fact this was being considered in other parts of this suite of guidance on the prevention of unintentional injury they felt that it should be either:

1. Cross referenced within the recommendations;
2. Amalgamated into one guidance document.

4.3 Rural road design

It was suggested that the reference to rural road design should be removed or additional information on road design in these areas should be included.

Also greater consideration given for measures to address A roads and trunk roads.

4.4 Pro active measures

It was suggested that recommendations should:

- Not just focus on reactive measures, such as the use of fatality and seriously injured data.
- Refer to the use of minor injury data and near miss data to inform measures.
- Consider measuring damage to street furniture, which may show a dangerous area where other measures could be beneficial.

4.5 Terminology

It was concluded that the terminology used in the recommendations (e.g. amend 'road engineering' to 'road measures') should be widened so that all pertinent stakeholders perceive the recommendations as relevant to them.

4.6 Layout of the recommendation

Amending the layout of the recommendation to give more detail to practitioners on ‘how’ to implement the recommendation could be done including:

- Detail the problem to solve (it was felt this would be more ‘attention grabbing’);
- Include a justification for the contents of the recommendation;
- List the actions proposed;
- Detail exactly who should be responsible for implementation of the recommendation;
- List any implementation support.

4.7 Implementation

For the successful implementation of the recommendations a number of amendments were suggested by stakeholders. They particularly requested more information on “how” to handle some of the resourcing and political challenges including:

- How to access resources;
- Details on the evaluation of schemes introduced;
- Approaches for securing buy-in from all pertinent parties;
- How to introduce additional measures in an area;
- Methods for addressing “political” issues in an area;
- Consideration of the appropriate measures within an area;
- How to influence and change public opinion;
- Practical application of background information and local data to assess the need.

It was suggested that guidance on the design of road safety measures already existed and could be referenced. These recommendations could add value by addressing some of the “softer” engagement and resourcing issues around road safety.

4.8 Implementation support

Stakeholders had a list of suggestions for the dissemination of information within their sectors, this included:

- Through government departments:
 - Department for Transport (website, DFES timebank);
 - Transport for London;
 - Highways Agency;
- Courses:
 - Department for Transport “Shared Intelligence Courses”;

- Department for Transport programme to disseminate research;
- Communication forums;
- Local magazines;
- Transport specific magazines (e.g. Local Transport Today);

4.9 Recommendation specific conclusions

4.9.1 Recommendation 1 – local needs assessment and planning

Specific conclusions for recommendation 1 are listed below:

- Ensure that engagement with the health sector is stressed within the recommendation;
- Give examples of how other sectors may actively engage with the health sector;
- Specify responsibility for the health sector;
- Widen the scope of the recommendation or cross-reference to education and enforcement measures;
- Accuracy of reporting of incidents should be covered by this recommendation, as many practitioners raised the inaccuracy with current reporting methods such as STATS 19;
- Ensure cabinet office guidance on community engagement is referred to;
- Include reference to the planning department and master planning to ensure that road design is considered and actioned at the planning stage;
- Further clarity on who should take action and who is responsible for this recommendation;
- Resources and signposting to resources would be useful.

4.9.2 Recommendation 2 – measures to reduce speed

Specific conclusions for recommendation 2 are listed below:

- Consider wider strategies to reduce speed and include a matrix of measures for practitioner use;
- Link to education;
- Focus on inappropriate speed and ensuring that drivers travel at the appropriate speed for the road and weather conditions;
- 20mph speed is not the only measure that could be used;
- Important to consider “self determining roads” and ensure that signage only is not used to decrease speed;
- Securing wider support for the recommendation from the police and other key stakeholders;
- Consider adding recommendations on evaluation of schemes.

4.9.3 Recommendation 3- school travel

Specific conclusions for recommendation 3 are listed below:

- Widen the scope beyond school travel to other areas where children may be vulnerable (e.g. play areas, travel to cinemas etc.). They did not feel that ‘beyond the school premises’ described this adequately enough;
- Include suggestions on how to engage with head teachers and other key players in the education sector;
- Include more details in the recommendations (e.g. more details on how to implement the recommendations);
- Strengthen the wording used (e.g. change ‘consider’ to ‘take’).