NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARD CONSULTATION

SUMMARY REPORT

1 Quality standard title

Preventing unintentional injury among children and young people under 15.

Date of Quality Standards Advisory Committee post-consultation meeting:
29 September 2015

2 Introduction

The draft quality standard for preventing unintentional injury among children and young people under 15 was made available on the NICE website for a 4-week public consultation period between 16 June and 14 July 2015. Registered stakeholders were notified by email and invited to submit consultation comments on the draft quality standard. General feedback on the quality standard and comments on individual quality statements were accepted.

Comments were received from 13 organisations, which included service providers, national organisations, professional bodies and others.

This report provides the Quality Standards Advisory Committee with a high-level summary of the consultation comments, prepared by the NICE quality standards team. It provides a basis for discussion by the Committee as part of the final meeting where the Committee will consider consultation comments. Where appropriate the quality standard will be refined with input from the Committee.

Consultation comments that may result in changes to the quality standard have been highlighted within this report. Comments suggesting changes that are outside of the process have not been included in this summary. The types of comments typically not included are those relating to source guidance recommendations and suggestions for non-accredited source guidance, requests to broaden statements out of scope, requests to include thresholds, targets, large volumes of supporting information, general comments on the role and purpose of quality standards and requests to change NICE templates. However, the Committee should read this summary alongside the full set of consultation comments, which are provided in appendices 1 and 2.

3 Questions for consultation

Stakeholders were invited to respond to the following general questions:

1. Does this draft quality standard accurately reflect the key areas for quality improvement?

2. If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

3. For each quality statement what do you think could be done to support improvement and help overcome barriers?

Stakeholders were also invited to respond to the following statement specific questions:

1. For draft quality statement 5: Has the key quality improvement area relating to the identification of risks during home visits by health and social care practitioners been addressed?

4 General comments

The following is a summary of general (non-statement-specific) comments on the quality standard.

- Overall, stakeholders welcomed the quality standard and its quality improvement areas.
- Concerns about the generic title while the quality standard relates entirely to injury in the home. Suggestion to include the word ‘home’ in the title.
- Stakeholders said the introduction to the topic is clear and concise.
- Suggestion to monitor families who move house frequently and repeat the safety assessment in the new home.
- Suggestion that parents need to have a more involved role so that they cooperate.
- Suggestion to include advice to parents on safe baby equipment such as mattresses and cots.
- Need to improve education, information and training for parents and professionals but there are limited resources.
- Suggestion to promote a standard set of data variables in order to promote consistency in intelligence gathered from home assessments.
- Need to establish a standard for the assessment as different tools can increase inequalities.
- Concern that the work is time consuming and difficult to get right.
- Suggestion to include prevention of injury in the Start 4 Life website.

Consultation comments on key areas for quality improvement

- A stakeholder said the quality standard reflects the key areas for quality improvement but it needs more detail in frameworks, protocols and processes.
- A stakeholder claimed that this standard is putting in place another level of bureaucracy instead of building on systems already in place.
- Concern that the quality standard has not reflected key quality improvement areas such as equity of the service delivery and monitoring the use of safety equipment.

Consultation comments on data collection

- Concern that systems and structures are not currently available for data collection.
- Need to provide benchmarks to enable data collection.

5 Summary of consultation feedback by draft statement

5.1 Draft statement 1

Local authority areas have a person responsible for coordinating action to prevent unintentional injuries to children and young people under 15 in the home.

Consultation comments

Stakeholders made the following comments in relation to draft statement 1:

- In general, stakeholders welcomed this statement as a key quality improvement area.
- Concern that what the statement aims to achieve is a significant undertaking; important to recognise the limits of what can be achieved at a local level.
- Concern about any confidentiality/governance issues arising from information sharing.
- Excellent to have a local area coordinator and using local/national data which can be referenced by service specifications going out to tender.
- Suggestion that the responsible person should have a job description with responsibilities and expected outcomes.
- Query whether there is enough expertise to allow this statement to be delivered in an effective, evidence-based manner.
- Suggestion to give clear guidance to local decision makers on the role of an injury prevention coordinator to see the value of investing resources in this role.
- Clarity is needed on what is meant by risk and how children at risk can be identified.
- A stakeholder highlighted the need to include the third sector.
- Suggestion to retain flexibility about the partnership bodies on which designated persons should sit.

Consultation comments on data collection

- Suggestion to establish further data collection to confirm what percentage of their working time is devoted to injury prevention and what output is being achieved.
- Concern that collecting and reviewing the data can be time consuming and hinder the timely response.
- Suggestion that data can be collated by auditing local authorities against this statement.

Consultation comments on support for implementation

Stakeholders made the following comments in relation to support for implementation:

- A stakeholder suggested the requirement for local authorities, clinical commissioning groups and SCB to action this and mandate staff to work together.

5.2 Draft statement 2

Households in which children and young people under 15 may be at risk of unintentional injury in the home are identified for a formal home safety assessment.

Consultation comments

Stakeholders made the following comments in relation to draft statement 2:

- A stakeholder said that the identification of vulnerable households is a key area of quality improvement and welcomed the identification of health and wellbeing boards as leading bodies on this work.
- Unlikely that robust local injury data will be available.
- A stakeholder expressed concern that some homes may receive multiple assessments and others none.
- A stakeholder queried who will be responsible for the training of the assessors.
- Suggestion to include family nurse partnership in the list of professionals involved in the identification of children at risk.
- Suggestion to add households with family members who abuse substances to the list of households where children are at greater risk of unintentional injuries.
- A stakeholder highlighted the need of a valid home safety assessment tool.
- Query on what will happen if assessments from different agencies reach different conclusions.

Consultation comments on data collection

- Difficult to measure as a denominator.
- Suggestion to use proxy measures as a denominator figure.
- Suggestion to use existing registers held by services such as children's centres and live birth registers.
- Possible to measure through review of joint needs strategic assessment, local public health and injury prevention strategy and minutes of health and wellbeing boards.

Consultation comments on support for implementation

Stakeholders made the following comments in relation to support for implementation:

- Suggestion to work with A&E departments to ensure the data collected can be used to develop targeted accident prevention and is shared.
- Suggestion for health and wellbeing boards to offer training, advice and support on the causes of unintentional injury, identifying those most at risk and evidence-based interventions.

5.3 Draft statement 3

Households having children and young people under 15 at risk of unintentional injury in the home have a formal home safety assessment.

Consultation comments

Stakeholders made the following comments in relation to draft statement 3:

- Suggestion to amend the statement to make clear that it applies to households at greater risk as all households have a degree of risk to children.
- A stakeholder expressed concern that some homes may receive multiple assessments and others none.
- Suggestion to identify a national assessment tool.
- Suggestion to include private landlords in the local partnership plan.
- A stakeholder suggested the need to clarify who should carry out the home safety assessment.
- A stakeholder felt there was a need for guidance on a delivery model for the efficiency of home safety assessments.
- A stakeholder highlighted the role that staff at emergency departments can play at identifying children at risk.
- Suggestion to introduce a more rigorous approach to information sharing.
- Suggestion to link referral hubs to home safety assessments.
- A stakeholder highlighted that the resource pressures in children's services may hinder a timely response to home safety assessment concerns.
- Query on what will happen if assessments from different agencies reach different conclusions.
- Query regarding evidence of home safety assessment leading to a reduced chance of accidents.

Consultation comments on data collection

- Data can be collected from existing registers.
- Need to establish a database to record home visits and outcomes.

- A stakeholder questioned how will the information gathered, the action needing to be taken and the actual action be effectively co-ordinated in a timely manner.

Consultation comments on support for implementation

Stakeholders made the following comments in relation to support for implementation:

- Suggestion for accredited training in carrying out formal home safety assessments.
- Need for a clear definition of households at greater risk to help local agencies target limited resources.
- Suggestion to build on the cost-benefit analysis information in the NICE guidance for the best use of limited resources.

5.4 Draft statement 4

Households with children and young people under 15 that have a formal home safety assessment have action needed to reduce the risk of unintentional injuries reported to the relevant local authority and social care providers.

Consultation comments

Stakeholders made the following comments in relation to draft statement 4:

- Concern about the possibility of stigma being attached to a household.
- A stakeholder found the wording of the statement slightly cumbersome.
- A stakeholder queried who should be responsible for implementing the actions arising from the home safety assessment.
- Need to upskill all staff dealing with at risk households.
- Importance of follow up with the family to see if the advice given has been implemented.
- A stakeholder highlighted that there is variation in resources from one local authority to another and home safety assessors need to understand what local services can be offered.

Consultation comments on data collection

- Data collection is possible but it requires very clear and consistent reporting systems to be in place. The development of a national reporting system would help to maintain consistency.
- Data collection logistically possible but the desired outcome would need to be known to confirm whether should be done by the local authority or social care.
- Query whether outcome measure should cover all households or only those assessed.
- Difficult and complex to assess if a change in the number of injuries is due to a particular intervention.
- Clarification needed of what is meant by unintentional injuries in measurement, for example, attendances at A&E, minor injuries units, walk in centres or just hospital admissions.

- A stakeholder claimed that it won't be possible to collect data for the outcome measure unless there is an improvement in data collection as currently the location of unintentional injury is not recorded.
- A stakeholder advised that the emergency care data set (ECDS), an initiative of the Royal College of Emergency Medicine will be useful.
- A stakeholder questioned how will the information gathered, the action needing to be taken and the actual action be effectively co-ordinated in a timely manner.

Consultation comments on support for implementation

Stakeholders made the following comments in relation to support for implementation:

- Need to carefully promote the assessment as a support measure as families may not see it in a positive light.
- Need to provide templates for the recording and reporting of home visits.
- Need to identify who will train the assessors and how the training will be resourced.

5.5 Draft statement 5

Households with children and young people under 15 get advice from or are referred for a formal home safety assessment by health and social care practitioners on home visits who identify risks of unintentional injury.

Consultation comments

Stakeholders made the following comments in relation to draft statement 5:

- Stakeholders supported the statement as it addresses the key quality improvement area and fits with the philosophy of ‘Making every contact count’.
- A stakeholder welcomed the statement but added that continued education input will be needed.
- Suggestion to incorporate initial assessment of unintentional injury risk into the assessments that professionals on home visits complete to ensure that this is taken into consideration as part of a holistic assessment.
- Suggestion that once advice is given, a further visit is needed to see whether the advice has been enacted.
- Suggestion to provide numbers of newborns affected by unintentional injury and involve midwives in advising parents on baby safety during the antenatal period.
- A stakeholder highlighted the need for consistent safety messages and the provision of training, checklist and reporting templates.

Consultation comments on data collection

- A stakeholder claimed that the numerator and denominator of the process measure will be the same number and suggested the number of households visited where advice is given compared to how many were referred for a formal home safety assessment.
- Data gathering is possible but it depends on effective data systems being put in place.
- A stakeholder questioned how will the information gathered, the action needing to be taken and the actual action be effectively co-ordinated in a timely manner.

6 Suggestions for additional statements

The following is a summary of stakeholder suggestions for additional statements.

- A stakeholder suggested that monitoring should be included, particularly after safety equipment has been fitted as it is only effective if used. If a local programme does not monitor this as standard, there is a quality assurance risk for services.

Appendix 1: Quality standard consultation comments table – registered stakeholders

ID	Stakeholder	Statement number	Comments[1]
1	Doncaster Metropolitan Borough Council	General	Clear and concise introduction to the core topic
2	Transport & Health Study Group	General	The guidance appears to relate entirely to injury in the home. The title is broader than that and should have covered injuries outside the home. It should have recommended the development of home zones and 20 is Plenty
3	Royal College of Paediatrics and Child Health	General	Some of these families move house a lot – the guideline should describe a mechanism for monitoring for this and safety assessment repeated in new home. Mechanism also needed for families moving out of town.
4	Public Health Wales	General	The title of the document is a generic title that appears to cover all injury types, however, the document itself is specific to home injuries. It is essential to be clear what this QS refers to
5	Public Health Wales	General	What is the standard for the assessment itself? I believe that this is a key element of a QS such as this. Without it, there is a risk of increasing inequalities as different assessment tools are used.
6	Royal College of Midwives	General	The NHS needs to be actively involved and the prevention of Unintentional Injury should be part of the Information Services for Parents Start for Life on line Info "Off to the best start " https://campaignstorage.blob.core.windows.net/start4life/development/uploads/ckeditor/attachments/10/Start4Life_Off_To_The_Best_Start_leaflet.pdf This high profile website is accessed by more than 400,000 parents
7	Royal College of Midwives	General	There should be some discussion in the standard around supporting and advising parents to buy safe mattresses, cots, Moses baskets and other appropriate baby equipment. If parents receive correct information before the birth then the family is off to a better start.
8	Royal College of Midwives	General	It is clear that there is a need to improve Education, information and training for parents and professionals and the significant barrier to implementation will be lack of resources for this.
9	Knowsley Council	General	The word home to be used in the title to make the scope of the document explicitly clear.
10	Knowsley Council	General	There are no quality drivers surrounding engagement or community empowerment. As such, the standards feel very "done to" for the population we serve. This is important because people may not want to use equipment that they feel has been imposed on them and will co-operate more if they are linked in and feel included.
11	Knowsley Council	General	3. What do you think could be done to support improvement and help overcome barriers? NICE Quality Standards

[1]PLEASE NOTE: Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how quality standards are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its staff or its advisory committees.

ID	Stakeholder	Statement number	Comments[1]
			could promote a standard set of data variables in order to promote consistency or cohesion in intelligence gathered from home assessment services. NICE guidance should support areas in creating a practice definition of high risk groups and data indicators available or for consideration.
12	Research in Practice	General	The title should make clear that this quality standard relates to risks of unintentional injury in the home, rather than other sources of unintentional injury, such as road traffic accidents, or harm in the community due to drugs or alcohol use.
13	Department of Health	No comment	Thank you for the opportunity to comment on the draft for the above quality standard. I wish to confirm that the Department of Health has no substantive comments to make, regarding this consultation.
14	Hull City Council	Question 1	**General** We believe this quality standard does reflect the key areas for quality improvement however we feel it is lacking in detail regarding frameworks, protocols and processes
15	Rotherham Doncaster & South Humber NHS Trust	Question 1	No- instead of putting in place another level of bureaucracy and performance information build on systems already in place – should as child death overview panels.
16	Knowsley Council	Question 1	Do these accurately reflect the key areas for quality improvement? We consider that there are key quality areas, essential for driving measurable quality for interventions addressing unintentional injuries in the home for children under 15 years, not reflected in the draft standards. These include:- **Equity of the service delivery:** as there is a strong social gradient in unintended injuries, it is essential that relevant programmes audit the level of equity in their delivery, access and uptake – even within high risk group need is not homogenous. This will ensure that our most vulnerable community groups are receiving our limited resources. This might include linking to Safeguarding, targeting those worst areas for admissions or prioritising those under-5 years living in relative or absolute poverty. **Monitoring and evaluation:** the standards have missed off monitoring as a standard, especially important after safety equipment has been fitted. Equipment is only effective if used and if a local programme does not monitor this as standard, there is a quality assurance risk for services.
17	Public Health Wales	Question 2	I do not believe that the systems and structures are available and its unlikely that sufficient investment will be made in these to make it possible.
18	Hull City Council	Question 2	**General** We believe that ***IF*** the systems and structures were available, it would be possible to collect the data proposed for the quality measure
19	Rotherham Doncaster & South Humber NHS Trust	Question 2	No – subjective with a clear lack of definition a starting point would be to provide definitions and benchmarks.
20	Knowsley Council	Question 2	Local data collection will be an issue with all the statements, unless the correct procedures and measuring/ monitoring/ evaluation work is undertaken. This work is particularly time consuming, difficult to get right and therefore more guidance on proving that these measures are effective should be developed.
21	Knowsley Council	Question 2	Statement 1: This could be collated by auditing local authorities against this standard. Statement 2: This would be difficult to measure as a denominator (N=), which could also provide a household level of

ID	Stakeholder	Statement number	Comments[1]
			need. There are two possible approaches:- 1. Proxy measures could be used to identify a denominator figure: proportion of households with children under-15yrs living in poverty (e.g. in receipt of benefits). 2. Alternatively there are existing registers held by current services which would be more accessible:- - Children's centres - Live birth registers - Health Visitors (notification of children admitted to A&E) - Troubled families programmes When using these existing registers it's worth noting they may not exist or differ across: (a) A single local authority or In local authorities across England. Statement 3: Depending on the definition of high risk, existing registers might be able to provide information but would probably need developing to capture the fuller picture. However, this would be a reasonable and possible further development. Locally and currently these registers includes sex / age of members of the households, health status, identified risks (smokers). Challenges to this would include, different programmes may collate different variables. Statement 4: This would logistically be possible, but what outcome would be wanted – this would dictate who and where in LA or social care? Not sure what value this would add, plus it may also create a stigma attached to household receiving help to create a safer home. Statement 5: Individual services will identify how people have become aware of or access their services. The local services do identify this but quality and details vary.
22	Hull City Council	Question 3	**Quality Statement 1** Requirement for LA, CCG, SCB to action this and mandate staff to work together, it is unlikely to be given the priority needed if the request comes solely from a co-ordinator. Frameworks and protocols will need to be developed in partnership; there will be hurdles to overcome not least of which will be time. National assistance with this could help – templates and pathways for example. Encourage CCGs to contribute financially to accident

ID	Stakeholder	Statement number	Comments[1]
			prevention and see it as a priority as they will be the recipients of savings. Encourage SCB to take a leading role. Raise the profile of accident prevention with CCG, LA and SCB – with relatively little investment large savings can be made, a local co-ordinator is unable to significantly influence this. Regional and national networking would be useful if available. **Quality Statement 2** Consider the age range for this Quality Standard – We are concerned that the age for this is under 15, we know that most unintentional injuries in the home are to the under 5s, and we have a significant workforce who see this age group and can take action to refer and/or deliver a formal home safety assessment, however for the 5 – 15 years this is more challenging and could move funds from other activities that reduce unintentional injury to this age group. Guidelines on collecting and sharing of data would be useful, this is a considerable difficulty. Work with A&E departments to ensure that data collected can be used to develop targeted accident prevention and is shared. This is one of the most significant requirements for the identification of children at risk, particularly in the older age groups where practitioners are less likely to be visiting the home to identify dangers/behaviours of concerns **Quality Statement 3** As for Quality Statement 1 and 2 Guidance on how accident prevention could be delivered through the links with SCB/CSP/CYPS/CCG would be useful **Quality Statement 4** As for Quality Statement 1 and 2 **Quality Statement 5** A barrier could be time and training (training could be a time and funding issue in itself) We do not know how this could be overcome
23	Rotherham Doncaster & South Humber NHS Trust	Question 3	These barriers are not unique to this subject area – if mechanism could have been put in place one would hope they would be in place and therefore bags the question why they are not in place. These is significant risk of creating another layer bureaucracy.
24	Hull City Council	Question 4	**Quality Statement 5** We believe that the key quality improvement area has been addressed.
25	The Royal Society for the Prevention of Accidents	1	It is possible to collect data for quality statement 1. Firstly a survey of all local authorities will determine where named injury prevention co-ordinators are in place. However it would be important to establish further data collection which confirms what percentage of their working time is devoted to injury prevention (there are currently few dedicated injury prevention co-ordinators) and what sort of output is being achieved through the co-ordinated approach.
26	Doncaster Metropolitan Borough Council	1	Excellent recommendation to have a local area coordinator and using local/national data (providing this is robust and current data)
27	Doncaster Metropolitan Borough Council	1	Current and future service specifications going out to tender should make reference to local authority coordinator and pathways in place.
28	Royal College of Paediatrics and Child Health	1	The Local Authority person responsible for coordinating action to prevent unintentional injuries should have a job description with responsibilities and outcomes expected and then appraisal against the outcomes.
29	Public Health Wales	1	Are there data confidentiality / governance issues arising from this that need to be addressed?
30	Public Health Wales	1	Take, e.g., a health visitor who is trying to fit the assessment in to the rest of her role. She works in the NHS and probably does not have routine access to a computer. She fills in the forms and sends them to the person doing the co-ordinating in the LA “when she has a big enough pile”. The LA staff member would then have to review the

ID	Stakeholder	Statement number	Comments[1]
			information, identify the necessary action and enter the data on to the computer. It seems onerous and at a significant risk of break down and lack of timely response. What is the purpose of the local data collection? Is it just to record action? What will it be used for?
31	Public Health Wales	1	Is there enough expertise across the country to allow this to be delivered in an effective, evidence based manner?
32	Public Health Wales	1	What about the 3rd sector? The statement makes the whole issue sound very simple, when in reality, it is unlikely to be.
33	Public Health Wales	1	This refers to all injuries. Need to recognise the limits of what is possible at a local level. The document does not seem to be clear whether it is a home injuries or general injuries document.
34	Public Health Wales	1	There needs to be some recognition that this is a significant undertaking.
35	The Royal Society for the Prevention of Accidents	1	The draft quality standard does accurately reflect a key area for quality improvement. RoSPA's experience of managing national safety programmes has confirmed that where a named injury prevention co-ordinator is in place the development of a consistent strategic approach and the implementation of community interventions are more robust. Without a named lead for injury prevention activity tends to be marginalised.
36	The Royal Society for the Prevention of Accidents	1	Local decision makers should be given clear guidance on the role of an injury prevention co-ordinator, the evidence base for a co-ordinated strategic approach to injury prevention and examples of costs/benefits to enable them to see the value of investing resources in the co-ordination role.
37	Association of Paediatric Emergency Medicine	1	Clarity is needed on what is meant by at risk? Clarity is needed on how children at risk can be identified. There is likely to be significant variation across the country.
38	Knowsley Council	1	It would be good to have someone co-ordinating locally but the guidance should be clearer in relation to: who would provide the resource for this? who should pay for this post? where should the positions role accountability be best placed? how it should be carried out (i.e. as part of en existing role or a new role) where would the role be best placed for delivery? Public Health, Children's Centres, the CCG or Fire Service?
39	Research in Practice	1	It is not clear if the local authority is to have single person with responsibility for co-ordinating activity around unintentional injuries, or if each service, including commissioned services, should have such a person, or both. If individual service providers are to have such a designated person, then they cannot all sit on the LSCB / health and well-being board. The development of a strategy and networking is best done at the local authority/ partnership level.
40	Research in Practice	1	Flexibility about the partnership bodies on which designated persons should sit needs to be retained. There is little consensus regarding the role of the Local Safeguarding Children Board in co-ordinating or monitoring the quality of wider safeguarding work, rather than child protection work. In some areas, this is seen as outside of the LSCB remit and the Health and Well-being Board would be the most appropriate partnership body for the person with responsibility for preventing unintentional injuries to sit on (See LGA/ research in practice research on Local Safeguarding Children's Boards, 2015).
41	Royal College of Paediatrics and Child	2	At risk families need to be prospectively identified. This should be based on research findings which, if they show that young parents from low socio-economic groups are at risk, then proactive safety assessment should be made.

ID	Stakeholder	Statement number	Comments[1]
	Health		Same for families with one or both parents with learning difficulties.
42	Public Health Wales	2	Risk will only be reduced if the assessment is done with a valid tool and the findings are implemented in a timely manner
43	Public Health Wales	2	Who will be training the “trained assessors”?
44	Public Health Wales	2	It is unlikely that local injury and SE data will be available in a robust, high quality way. Even if such data do exist, and although home injuries are common, small number issues are still likely to arise. In addition, the approach proposed requires that an injury occurs before action is taken. Where is the “prudent” approach?
45	Royal College of Midwives	2	The Family Nurse Partnership should be included in the list of professionals involved in identification of children at risk
46	The Royal Society for the Prevention of Accidents	2	Identifying vulnerable households is a key area for quality improvement. The identification of health and wellbeing boards as key bodies to lead on this work is welcome although currently they have had little involvement and showed little impetus for becoming involved in injury prevention. They are largely reliant on a lead injury prevention co-ordinator within a public health team and local knowledge among frontline staff. RoSPA agrees that Health and Wellbeing Boards should be encouraged to take a stronger lead and should ensure that unintentional injury is always covered in the Joint Strategic Needs Assessment and DPH Annual Report.
47	The Royal Society for the Prevention of Accidents	2	This quality statement can be measured through review of JSNA, local public health and injury prevention strategy and minutes of Health and Wellbeing Boards.
48	The Royal Society for the Prevention of Accidents	2	Health and Wellbeing Board members should be offered training, advice and support on the causes of unintentional injury, identifying those most at risk and evidence-based interventions. Directors of Public Health and Injury prevention leads should be offered networking opportunities to share best practice in identifying vulnerable households and establishing interventions.
49	Research in Practice	2	Households with family members who abuse substances should be added to the list of households where children are at greater risk of unintentional injuries. Children have died due to accessing prescription drugs or illegal substances in the home.
50	Public Health Wales	2 & 3	It is difficult to see how statements 2 and 3 will be implemented in a coherent and co-ordinated fashion that avoids duplication when many different agencies could potentially carry out such assessments. This risks some homes receiving multiple assessments and others getting none. In addition, what if assessments by different agencies reach different conclusions?
51	Doncaster Metropolitan Borough Council	3	The local partnership plan should include private landlords.
52	Public Health Wales	3	It is essential that an assessment tool is identified and recommended. Without this, there are the risks noted above, but also, it means that there will be a significant duplication of effort as practitioners all over the country seek to identify an appropriate tool. This will also then delay the implementation of assessments.

ID	Stakeholder	Statement number	Comments[1]
53	Public Health Wales	3	Why will the assessment alone reduce the chance of accidents?
54	The Royal Society for the Prevention of Accidents	3	The statement "Households having children and young people under 15 at risk of unintentional injury in the home have a formal home safety assessment" is misleading as it applies to all households. It should be amended to: "Households having children and young people under 15 at greater risk of unintentional injury in the home have a formal home safety assessment." The rationale effectively describes those who might be at greater risk. This is a key area for quality improvement as formal home safety assessments are not routinely or widely provided.
55	The Royal Society for the Prevention of Accidents	3	Agreement to provide formal assessments for families where under 15s are most at risk would need to be included in local strategies and plans and these could then be audited. It would be necessary for local agencies responsible for carrying out formal assessments to establish a database to record visits and outcomes in order to demonstrate the numbers taking place, the resources required and the overall outcomes for these visits.
56	The Royal Society for the Prevention of Accidents	3	Support could be given to system managers and frontline practitioners by the development and sharing of standard support materials and database templates. Clear definitions of households at greater risks will help local agencies to target limited resources. Accredited training in carrying out formal assessments needs to be consistent to ensure uniformly high levels of quality in assessments.
57	The Royal Society for the Prevention of Accidents	3	The greatest potential barrier to this quality standard will be the need to identify sufficient resources to be able to provide formal home safety assessments even to a targeted "high risk" group. Building on the cost-benefit analysis information in the NICE guidance will be essential.
58	Association of Paediatric Emergency Medicine	3	"Service providers (such as local authority children's social services and NHS organisations) ensure that systems are in place for households having children and young people under 15 at risk of unintentional injury in the home to have a formal home safety assessment". It is our experience that such systems fall to the individuals assessing these children in the emergency departments (medical staff and nurse practitioners) and that some guidance in this aspect would be useful. Eg. 1) Each department varies as to how many attendances within a certain time frame will action an alert or pop-up box and, in addition what is the resulted action from that alert eg. 5 (or 3) or more attendances within a 12 month period warrants senior review for that child, or a health visitor referral. A suggested number of repeat attendances could be helpful here 2) attention to detail in the history – eg. an injury to a young child on a trampoline almost always results from an older child being on the trampoline with them – a higher bounce and unsafe landing results in an injury 3) does each department have access to a health visitor liaison role who is able to review each and very attendance, or perhaps attendances specifically highlighted, who can report back directly to the health visitors or school nurses? It is our experience that this role is vital in supporting any accident prevention work, and can be extended to inpatients in addition
59	Association of Paediatric Emergency Medicine	3	What is the evidence that formal home visits have an impact on reducing unintentional injuries in this age group?
60	Rotherham Doncaster & South Humber NHS Trust	3	There are already a range of assessments taking place with children and their families in relation to safety- question to what ends this assessment would contribute to child safety – suggest a more rigorous approach to information

ID	Stakeholder	Statement number	Comments[1]
			sharing at lower levels of child welfare would better address these issues.
61	Knowsley Council	3	Other NICE guidance in relation to EWDs, recommends referral hubs for housing and health related issues. Knowsley has a Healthy Homes service which fulfils the requirement, and would therefore be an obvious place to link in a home safety assessment. Integrating these services for cost effectiveness and practicality purposes should be recommended; however, where such services do not exist, further guidance on resources is required. Links to CCG neighbourhubs model should also be considered and effective targeting towards the worst performing areas locally.
62	Knowsley Council	3	Providing guidance on the delivery model for the efficiency of formal home safety assessments would be valued. For example, who is best to carry out the home assessments: non-statutory organisations (e.g. Merseyside Fire and Rescue Service) or statutory organisations (e.g. social care) or trained members of the community themselves (e.g. social enterprise).
63	Research in Practice	3	Due to significant resource pressures in children's services in local authorities, the response to concerns about home safety may not be prioritised for a response via social care, unless the level of home safety is seen as a sign of neglect. Practitioners undertaking home safety assessments should be clear about the actions required, and have a role in co-ordinating responses which are not within the remit of children's social care to ensure a comprehensive response.
64	Public Health Wales	3 , 4 & 5	In relation to statements 3, 4, 5, how will the information gathered, the action needing to be taken and the actual action be effectively co-ordinated in a timely manner? Are health and social care practitioners the appropriate professional group to be delivering and co-ordinating appropriate actions arising?
65	Doncaster Metropolitan Borough Council	4	This could impact on service providers who will need to upskill all staff dealing with families from the identified categories.
66	Public Health Wales	4	All households? Or only those assessed? Recorded how? Where?
67	Public Health Wales	4	Where does responsibility for implementing the actions arising from the assessment lie? And who will hold this organisation to account?
68	The Royal Society for the Prevention of Accidents	4	The wording of this statement is slightly cumbersome and needed several readings to clarify understanding. The follow up in terms of reporting to local authority and care providers is critical in terms of ensuring action to reduce unintentional injury but it should also be noted that there may be action that the family can take. It is important to ensure that clear, appropriate advice is left with the family in order to ensure behaviour change. Where advice is given it would also be important to follow up with the family to see if the advice has been implemented.
69	The Royal Society for the Prevention of Accidents	4	In conducting home safety assessments assessors need to be able to provide realistic advice about the follow up action that might be available. They will need to understand what local services can offer, bearing in mind that the resources available will differ from one local authority area to another. For example some services may be able to provide safety equipment, but many will not have the resources to do this. It will be important not to raise false expectations as this may create a barrier to services in the future.
70	The Royal Society for the	4	If systems and structures are in place it should be possible to measure the number of families that have had

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	Prevention of Accidents		assessments, to record the fact that the visits have taken place and to identify action that has been recommended, who is responsible for that action and how this has been followed up. However this will require very clear and consistent reporting and recording systems to be in place. The development of national reporting/recording systems would help to maintain consistency – see comment Quality statement 4: Actions after formal home safety Assessments. Qu 3.
71	The Royal Society for the Prevention of Accidents	4	NB. Number of unintentional injuries to children and young people under 15 occurring in households is not in itself an outcome. A reduction/increase in the number might be an outcome but to measure the effectiveness of an intervention in this way is complex as the extent to which the change is due to that particular intervention will be difficult to assess. Clarification is also required as to what is meant by "number of unintentional injuries", ie, does this mean injuries resulting in hospital admissions or does it include injuries treated at A&E, minor injury units, walk-in centres etc. Currently no data is collected regarding the location of unintentional injuries at these places and so unless there is a significant improvement in data collection it will not be possible to routinely use the number of unintentional injuries as an outcome measure for home safety assessments. However, we are aware of the Royal College of Emergency Medicine's (RCEM) initiative to radically improve the quality, quality and granularity of injury causation data that is collected in A&E. The success of this project, the Emergency Care DataSet (ECDS), will be crucial to efforts to target, prioritise, deliver and evaluate injury prevention programmes and the eventual success of this NICE standard.
72	The Royal Society for the Prevention of Accidents	4	The fact that the results of the assessment are being reported to the local authority/social care provider may act as a barrier to families welcoming the assessment. The service will need careful promotion to ensure that families understand that it is supportive and beneficial.
73	The Royal Society for the Prevention of Accidents	4	With regard to data for the proposed quality measure support could be given in providing templates for the recording and reporting of visits. Collection of unintentional injury data at hospitals, minor injury units, walk-in centres, GP surgeries could be improved and such improvements should be the subject of additional quality standards.
74	Royal College of General Practitioners	4	The important aspect of care here is having trained assessors who can identify and then intervene to ensure the safety of children at risk. It is not clear who will be providing the training and how it will be resourced. It is important that it is identified.
75	Royal College of Paediatrics and Child Health	5	We presume this means that once safety advice is given, there is one or more further visits to see that the safety advice has been enacted.
76	Royal College of Midwives	5	Midwives need to be involved in advising parents on safety of the baby in the antenatal period ideally as part of Parent Education (PE). However not all women access PE and currently not all services offer this as a face to face classes.
77	Royal College of Midwives	5	Including numbers of newborns in the data of the 100,000 under 15year olds affected by Unintentional Injury would usefully inform midwives and support implementation of the standard.

ID	Stakeholder	Statement number	Comments[1]
78	Royal College of Midwives	5	We welcome the recommendation here that “Health and social care practitioners (such as social workers, health visitors, community nurses and midwives, and GPs) on home visits give advice or refer for a formal home safety assessment if they identify risks of unintentional injury to children and young people under 15” but this will need continued educational input to facilitate this
79	The Royal Society for the Prevention of Accidents	5	Incorporating advice on home safety into the home visits already made by health and social care practitioners is a sensible step that fits in with the current philosophy around Making every Contact Count. Although many practitioners will say that this is something they already do, current provision is very ad hoc due to other priorities lack of time and heavy case loads., This is therefore a key area for quality improvement. The recognition that there is also the need for a further level of formal assessment is important as often health and social care practitioners do not have time to complete a full assessment.
80	The Royal Society for the Prevention of Accidents	5	The gathering of evidence regarding advice given on visits and subsequent referrals is theoretically possible and may be routinely collected in some areas but this is not always the case. (See comments below) It will therefore need to be a key part of the quality standard that effective data systems are put in place.
81	The Royal Society for the Prevention of Accidents	5	“Numerator – the number of households with children and young people under 15 that get advice or referral for a formal home safety assessment. Denominator – the number of households with children and young people under 15 for which risks of unintentional injury are identified on home visits.” – Aren’t these two numbers going to be the same – if risks are identified on a home visit surely advice or referral is going to be made. Doesn’t there need to be a measure of how many households visited where advice is given by the health and social care practitioner compared to how many it is felt need to be referred for a formal assessment. In theory it may be able to measure the extent to which advice is given on home safety by a health and social care practitioners but these interactions are not always systematically recorded in a way that is easily retrievable. On recent training courses for frontline practitioners RoSPA has included an evaluation question asking how many clients course practitioners will share home safety information with. Answers have tended to vague and have ranged from a very specific “10” or “20” to “1000s” or the whole client caseload. This illustrates that gathering data for this are may be more complex than imagined.
82	The Royal Society for the Prevention of Accidents	5	The key quality improvement area is improving availability, accessibility and consistency of visits in which identification of home safety risks are identified. There is no doubt that this advice is given by health and social care practitioners but in many cases this is lost or forgotten in the midst of other pressures and priorities and very limited time with busy and often hard-to-reach families. Consistent safety messages need to be applied and support can be given for this quality standard through the provision of training, checklist and reporting templates.
83	Research in Practice	5	Initial assessment of risks of unintentional injury should be incorporated into the standard assessments that professionals on home visits complete, to ensure that this is taken into consideration as part of a holistic assessment of the family and the child’s health and development. Where the professionals is trained to conduct a formal home assessment, this should be included in a single assessment of the family in full, to promote a co-ordinated response to the family’s needs.

Registered stakeholders who submitted comments at consultation

- Association of Paediatric Emergency Medicine
- Department of Health
- Doncaster Metropolitan Borough Council
- Hull City Council
- Knowsley Council
- Public Health Wales
- Research in Practice
- Rotherham Doncaster & South Humber NHS Trust
- Royal College of General Practitioners
- Royal College of Midwives
- Royal College of Paediatrics and Child health
- The Royal Society for the Prevention of Accidents
- Transport & Health Study Group

Appendix 2: Quality standard consultation comments table – non-registered stakeholders

ID	Stakeholder	Statement number	Comments[2]
1	Public Health Dorset	General	I felt that the quality standards do not clearly flow from the NICE PH guidance 29 and 30, the evidence review underpinning this work ("Preventing unintentional injuries among under-15s in the home" Peninsula Medical School 2009 PH 30 evidence)* nor the recent Public Health England (PHE) Guidance ("Reducing unintentional injuries in and around the home among children under 5 years" June 2014)
2	Public Health Dorset	General	The PHE guidance advises concentrating on 0-5. Most injuries in the home occur in this age group with the pattern changing, as children get older, as the environment outside of the home becomes more important
3	Public Health Dorset	General	For 0-5 PHE have identified the following areas to focus on: choking, suffocation and strangulation; falls; poisoning; burns and scalds; and drowning. This wouldn't necessarily be the case in older children where injuries outside the home feature more strongly. This could be reflected more clearly in the standards document.
4	Public Health Dorset	General	The evidence review states that the evidence base is weak in this area and yet the quality standard is expecting a large amount of effort and potential resource to go into this area. The opportunity costs of such an approach need to be taken into account and a more proportionate approach considered.
5	Public Health Dorset	General	The national Health Visitor specification (15/16) includes covers injury prevention under 4.47 reducing hospital attendance and admission (one of the given aims and purpose of the service). There is variability in how this is interpreted across the country. There is an opportunity (perhaps nationally) for this to be strengthened. The evidence suggested that home assessments with interventions were likely to be the most successful and this would build on existing practice.
6	Public Health Dorset	General	The NICE PH guidance discusses the disproportionate burden in the more deprived communities. There are opportunities for insisting that private rented properties and social housing meet certain safety standards that are maintained and those properties/settings (including hotels/B&B) in which families are placed temporarily also meet the required standards.
7	Public Health Dorset	General	In families where social services are involved, the existing home assessment element could be strengthened if this is not felt to be adequate.
8	Public Health Dorset	General	Outcomes will be hard to track. Whilst there are national indicators around admissions to hospital for injuries, there is no such routine robust data for A&E attendance that would enable a view to be taken as to whether any interventions were having an impact on admissions to hospital and A&E attendance. Hospital admissions are not a good proxy

[2]PLEASE NOTE: Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how quality standards are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its staff or its advisory committees.

ID	Stakeholder	Statement number	Comments[2]
			measure alone as they rely on thresholds and these can change over time.
9	Public Health Dorset	General	Not a proportionate response given the weak evidence base Suggest refocusing on 0-5 and those children most as risk Recommend building on existing work and processes such as the health visiting services, children's social services and housing departments Suggest that local safeguarding boards take the leadership in this area There would be value in the development of routine A&E attendance indicators for injuries that could published in a timely manner and at an appropriate geographical level Explore pilot work/building the evidence base in this area.
10	Public Health Dorset	General	Extracts pg 153 onwards, Question 2: Are home risk assessments effective and cost-effective in preventing unintentional injuries among children and young people aged under 15? …It is therefore not possible, on the basis of this weak evidence, to conclude that this or similar home safety visiting programmes would be cost-effective in the UK…. Question 3: What are the factors which either enhance or reduce the effectiveness of interventions involving the supply and/or installation of home safety equipment and/or home risk assessments, or which help or hinder their implementation? .. Most studies also reported a range of intermediate outcomes related to the presence of correctly installed or correctly used safety equipment, and knowledge, behaviour or observed injury risks within the home. This might be expected to influence injury to children in the home, however, there is no evidence in this review that can quantify any relation between these measures and injury rates. The evidence is also very mixed for these outcomes…. ….Themes which came up repeatedly included the suggestion that home risk assessment programmes may be more successful where they use those, like health visitors, who already have an ongoing, supportive relationship with parents and where these relationships addressed other needs as well as unintentional injury….
11	Public Health Dorset	QS1	This could be the role of the chair of the local safeguarding board. Policy and procedures group of the LSCBs could potentially do some work in this area. Managed outside of a multiagency partnership there is a danger that while it is everybody's business it becomes no-ones. LSCBs also have a training role.
12	Public Health Dorset	QS1	Within in the local health visiting service there could be a nominal lead as within social services and housing departments accountable to the LSCB. The skills for undertaking a formal safety assessment either exists or could be developed within these agencies with support from other organisations as required such as fire and rescue.