

Preventing Unintentional Injuries to Children and Young People in Devon

2009-2010

(pending further NICE guidance in 2010)

Contents

Executive summary

- 1. Introduction**
- 2. Aims and Objectives**
- 3. Summary of National Policy and Guidance**
- 4. Public Service Agreements and National Indicators**
- 5. National Picture of Unintentional Injury in Children**
- 6. Local Picture of Unintentional Injury in Children in Devon**
- 7. Evidence of Effectiveness of Interventions**
- 8. Service Mapping – What is Happening Currently?**
- 9. Recommendations**
- 10. References**

Appendix 1 Acknowledgments

Appendix 2 Deaths and Causes of Death

Appendix 3 Hospital Admissions

Appendix 4 Accident and Emergency/Minor Injury Units

Appendix 5 South Western Ambulance Service NHS Trust Data

Appendix 6 Devon & Somerset Fire & Rescue Service Data

Appendix 7 Service Mapping – What is Happening Currently?

Executive Summary

The overall aim of this strategy is to reduce unintentional injuries among children and young people aged under 19 in Devon. This will be done by:

- identifying the types/numbers of unintentional injuries suffered by children and young people in Devon
- identifying evidence-based interventions which reduce serious potentially preventable childhood injuries
- providing a framework to enable multi-agency plans to be developed which promote and commission evidenced-based interventions for universal and targeted services.

The Devon Local Safeguarding Board requested that this strategy be developed. The nature of unintentional injuries requires a multi-agency approach to prevention and in light of this the strategy was developed by a range of partners, set out in Appendix 1.

The Devon Local Safeguarding Board makes the following recommendations:

1. Enhance the multi-agency approach to unintentional injury prevention

Agree appropriate governance arrangements within the Children's Trust for the implementation of the strategy. This should include a mechanism to ensure partners liaise regarding their interventions to reduce unintentional injuries and that services are commissioned on the basis of good evidence. Current services that lack evidence of effectiveness should be reviewed and decommissioned as appropriate.

Establish a multi agency partnership group with appropriate membership and terms of reference to oversee the implementation of the recommendations and facilitate regular reporting on progress. The organisations represented on the group developing this strategy (see Appendix 1) could be expanded for this purpose and should include District Councils.

Ensure processes are in place to analyse the National Institute for Health and Clinical Excellence (NICE) guidance and recommendations on unintentional injury when published and ensure these are reflected in local action plans.

2. Improve data collection processes across partner agencies

Agree a data sharing protocol between partner agencies to ensure a consistent approach to data collection.

Agree and develop a minimum dataset drawn from data held by partner agencies.

Routinely collect and review data on a regular basis (quarterly) to provide a clear understanding of the rates and types of unintentional injury across Devon, to enable actions and resources to be directed accordingly.

3. Developing effective interventions to address key themes

Produce a multi-agency evidence-based implementation plan for 2009 – 10 by using the World Health Organisation tables (see chapter 7) and other sources of evidence to work by theme and the lead officers from the relevant partner agencies to agree:

- the effective evidence and identify current priorities for Devon
- any disinvestment in services currently being delivered which have a weak evidence base

Analyse future NICE guidance, when published, to set new recommendations for tackling unintentional injury in Devon and produce a three-year multi-agency implementation plan.

1. Introduction

- 1.1 Unintentional injury is one of the main causes of death and is one of the common causes of emergency hospital admissions in children.

Definition of unintentional injury

- 1.2 The term 'unintentional injury' as defined in 'Better Safe than Sorry'¹ is 'an injury occurring as a result of an unexpected event which occurs at a specific time from an external cause'.

The term 'unintentional injury' is preferred to 'accidents' as the latter implies events are inevitable and unavoidable whereas a high proportion of these incidents are now regarded as being preventable.

Target group

- 1.3 The focus of the current work will be:
- children and young people aged under 19
 - parents and carers of children and young people aged under 19

Scope of the work

- 1.4 The strategy will consider a range of injuries including falls, lacerations, burns and scalds, poisoning, road traffic accidents, drowning. It will also consider injuries in a range of settings, including in the home, the road and wider environment.
- 1.5 Whilst the main focus is unintentional injury, in a number of cases it will be necessary to consider the possibility of intentional injury, particularly relating to issues of self-harm and young people. Therefore, the strategy should be read as complementary to any policies and protocols addressing this area of need.
- 1.6 The nature of unintentional injuries requires a multi-agency approach to prevention. In view of this the strategy has been developed by a range of partners set out in Appendix 1.

2. Aims and Objectives

The overall aim of the strategy is to reduce unintentional injuries among children and young people aged under 19 in Devon. This will be done by:

- identifying the types/numbers of unintentional injuries suffered by children and young people in Devon
- identifying evidence-based interventions which reduce serious unnecessary childhood injuries

- providing a framework to enable multi-agency plans to be developed targeting interventions that work in universal and targeted areas

3. Summary of National Policy and Guidance

Key policy documents across the range of partners include the following:

3.1 **Healthy lives, brighter futures - The strategy for children and young people's health** (Department for children, schools and families and Department of Health 2009)²

The strategy identifies two keys areas:

- road accidents in the 0-17 age group highlighting casualties are disproportionately drawn from disadvantaged backgrounds – a child in the lowest socio-economic group is five times more likely to die in a pedestrian accident than a child in the highest socio economic group
- unintentional injuries in the under fives, particularly relating to the home environment - Staying Safe Action Plan will set out key actions for frontline practitioners

3.2 **'Staying Safe: Action Plan'** (Department for Children, Schools and Families 2008)³

This action plan sets out the work which the Government will take forward over the next three years to drive improvements in children and young people's safety, which will be measured by the new Public Service Agreement (PSA) to improve children and young people's safety.

The Staying Safe Action Plan covers three main areas:

- universal safeguarding, involving work to keep all children and young people safe and to create safe environments for them
- targeted safeguarding to reduce the risks of harm for vulnerable groups of children and young people
- responsive safeguarding, involving responding effectively when children are harmed

3.3 **'Better Safe Than Sorry: Preventing Unintentional Injury to Children'** (Audit Commission and Healthcare Commission 2007)¹

This audit report identified that:

- preventing unintentional injury is an important component of wider efforts to improve health
- unintentional injury represents a serious risk to the health and well-being of children, and although the mortality rates due to unintentional injuries to children are declining, there is still a high number of injuries occurring, many of which are preventable

- inequalities in incidence and in the risk of unintentional injury continue to exist across geographical areas and socio-economic groups, and unless this situation is addressed at a local level, these health inequalities will continue
- partnerships are the key to the delivery of strategies aimed at preventing unintentional injury and require cooperation at a local level
- the availability of data is a key issue in relation to monitoring local trends in unintentional injury

3.4 **'Child Road Safety Strategy'** (Department for Transport 2007a)⁴ and **'Second Review Of The Government's Road Safety Strategy'** (Department for Transport 2007b)⁵

Main priorities identified include:

- promoting effective practical child pedestrian training such as Kerbcraft
- promoting good practice in road safety education
- encouraging broad local partnerships to deliver co-ordinated road safety activities
- providing road safety messages to children and other road users, through Think!
- make more of parents and peers in delivering road safety messages to children
- encouraging wider use of 20mph zones in areas where children are active
- co-ordinating road safety and school travel activities

3.5 **'Choosing Health – Making Healthy Choices Easier'** (Department of Health 2004b)⁶

Reducing accidental injury is a main objective.

3.6 **'Every Child Matters: Change For Children'** (HM Government 2004)⁷

Reducing unintentional injury will make a major contribution to the 'Be Healthy' and 'Staying Safe' outcome.

3.7 **'National Service Framework for Children, Young People and Maternity Services'** (Department of Health 2004)⁸

Standard 1: Promoting Health and well-being, identifying needs and intervening early makes specific reference to the need to reduce unintentional injuries and re-iterates that unintentional injury affects children from poorer families disproportionately. In achieving the standards set it states:

- Primary Care Trusts and Local Authorities ensure that childhood injuries and accidents are reduced through the development and monitoring of

injury prevention strategies that target priority areas where there are marked inequalities

- a named lead in each locality develops, co-ordinates and monitors initiatives for tackling injury prevention which would contribute to the national target of reducing the number of children killed or seriously injured by 2010 (see Department for Transport's Public Service Agreement floor target)
- parents with very young children receive advice from home visitors and other family advisers regarding the practical steps to take to protect their children against falls, scalding, burns, drowning, choking and poisoning
- early years settings, schools and local authorities ensure that school-age children are encouraged to participate in safety training schemes run by schools, local authorities or voluntary organisations - for example: cycling proficiency, and effective safety training should be provided for those who work with children and young people
- Local Authorities provide clear guidance on the effective use of equipment, such as cycle helmets, child car seats, seat belts, fireguards and stair gates, thermostat controls on hot water taps, and smoke alarms
- Primary Care Trusts and Local Authorities, in partnership with other local agencies, work together to make the local environment safer for children and young people, including undertaking injury surveillance and sharing data effectively

3.8 **'Strategy for Children and Young People: 2006-2010'**. The Fire and Rescue Service (Department for Communities and Local Government 2006)⁹

The strategy covers all aspects of Fire and Rescue Service involvement with children and young people. It sets two overarching goals:

- to prevent children and young people being harmed or killed in accidental fires or causing fires through ignorance or carelessness
- to prevent children and young people becoming involved in fire crime and associated anti-social behaviour

To achieve these goals the service aims to:

- engage actively with children and young people and their families
- prevent and reduce fire crime and firesetting by children and young people
- divert children and young people from fire crime and associated antisocial behaviour
- educate children and young people and their families in fire safety skills and responsible citizenship

- ensure that Fire and Rescue Service staff working with children and young people are effective and professional
- identify and disseminate good practice in working with children and young people

3.9 **'Preventing Accidental Injuries: Priorities for Action. Report to the Chief Medical Officer from the Accidental Injury Task Force'** (Department of Health 2002)¹⁰

The report identifies priority areas for interventions such as falls at or near home, road accidents, dwelling fires and play and recreation. Longer term priorities include young drivers and passengers, sports injuries and home and leisure injuries. It recommends an integrated approach across Government and NHS to accident prevention.

3.10 **The White Paper 'Saving Lives: Our Healthier Nation'** (Department of Health 1999)¹¹ set two targets:

- to reduce the death rates from accidents (in all age groups) by at least one-fifth; and
- to reduce the rates of serious injury from accidents by at least one-tenth by 2010

3.11 **'The Children's Plan: Building Brighter Futures' (Department for Children, Schools and Families 2007)**¹²

The Plan's aim is to keep children and young people safe from harm by:

- funding a new home safety equipment scheme to prevent the accidents which happen to young children in the home; and
- encouraging local authorities to create 20mph zones, where appropriate, to reduce child pedestrian deaths by 70 per cent

3.12 **'Working Together to Safeguard Children'** (HM Government 2006)¹³

Working Together to Safeguard Children is a key guidance document for all organisations providing services for or working with children and young people. It sets out how organisations and individuals should work together to safeguard and promote the welfare of children.

3.13 **"World report on child injury prevention"** (World Health Organisation, 2008)¹⁴. The report aims to:

- raise awareness about the magnitude, risk factors and impacts of child injuries globally
- to draw attention to the preventability of child injuries and present what is known about the effectiveness of intervention strategies
- make recommendations that can be implemented by all countries to reduce child injuries effectively

4. Public Service Agreements and National Indicators

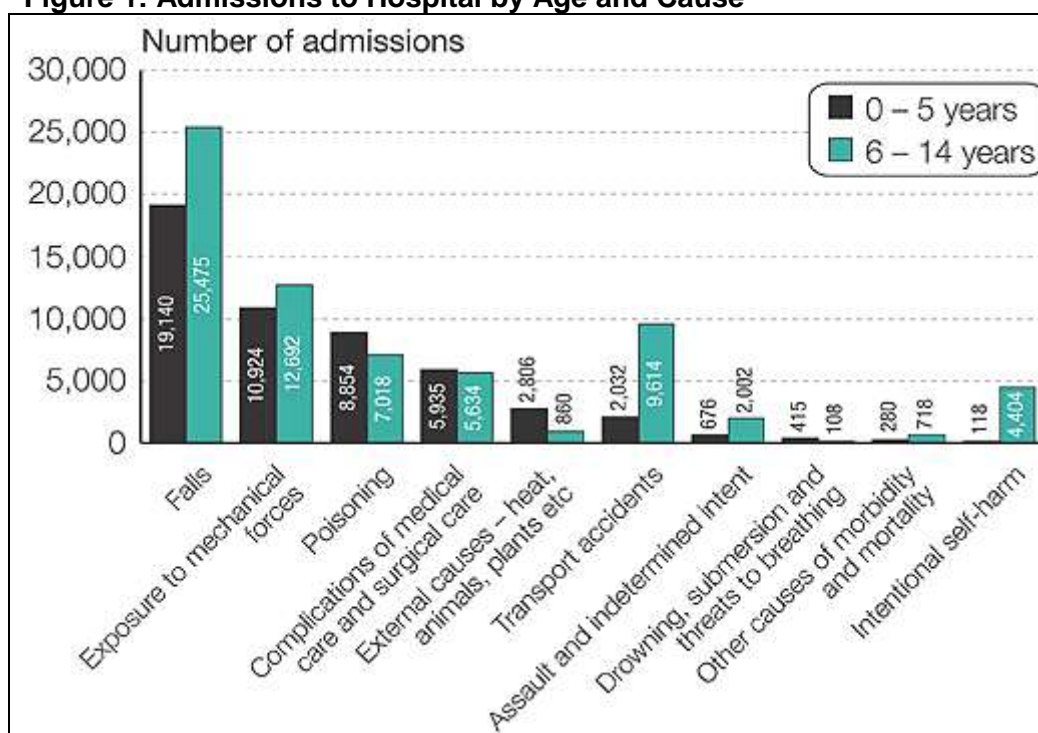
Unintentional injury reduction is an objective in a number of the Government's Public Service Agreements:

- 4.1 Public Service Agreement 12: Improve the health and wellbeing of children and young people. (HM Government 2008a)¹⁶
- 4.2 Public Service Agreement 13: Improving children and young people's safety (HM Government 2008b)¹⁷
- 4.3 National Indicator 70: Hospital admission caused by unintentional and deliberate injuries to children and young people
- 4.4 National Indicator 47: People killed or seriously injured in road traffic accidents
- 4.5 National Indicator 48: Children killed or seriously injured in road traffic accidents.
- 4.6 National Indicator 49: Number of primary fires and related fatalities and non-fatal casualties (excluding precautionary checks)

5. National Picture of Unintentional Injury in Children

- 5.1 Unintentional injury is a leading cause of death among children and young people aged 1-14¹; it led to 197 deaths in England and Wales in 2007. The majority (114) involved a road injury, 19 involved drowning or submersion, 29 were other accidental threats to breathing and 10 by exposure to smoke, fire and flames¹⁸.
- 5.2 Children under five years old carry a disproportionate burden of injuries from falls and fires. They suffer nearly 45 per cent of all severe burns and scalds. About 50 per cent of these happen in the kitchen and approximately 50 per cent of all injuries to the under fives occur in the home. In 1997 and 1998, children under five represented 71 per cent of childhood fatalities from fire¹.
- 5.3 Two million children and young people visit UK accident and emergency departments each year as a result of non-fatal injuries, at a cost of approximately £146 million to the NHS¹. In England alone in 2006-2007, unintentional injuries resulted in over 100,000 children aged 0-14 being admitted to hospital¹. Figure 1 below shows the breakdown of unintentional injury across the 0-14 age group resulting in admission to hospital.

Figure 1: Admissions to Hospital by Age and Cause



Source: Better Safe than Sorry, 2007¹

5.4 Children and young people from lower socioeconomic groups are more likely to be affected by unintentional injuries¹⁹. From 1979-1983, the number who died from such injuries was 3.5 times higher among those from social class V compared with social class I; from 1989-1992, the rate was five times higher²⁰. Children and young people of parents classified as never having worked or long-term unemployed were 13.1 times more likely to die from an unintentional injury than the offspring of managers/professionals. The differences were greater when the figures were broken down: 20.6 higher for road accidents among pedestrians, 27.5 for road accidents among cyclists, 37.7 for fires and 32.6 for other causes²¹.

6. Local Picture of Unintentional Injury in Children in Devon

Source of Data

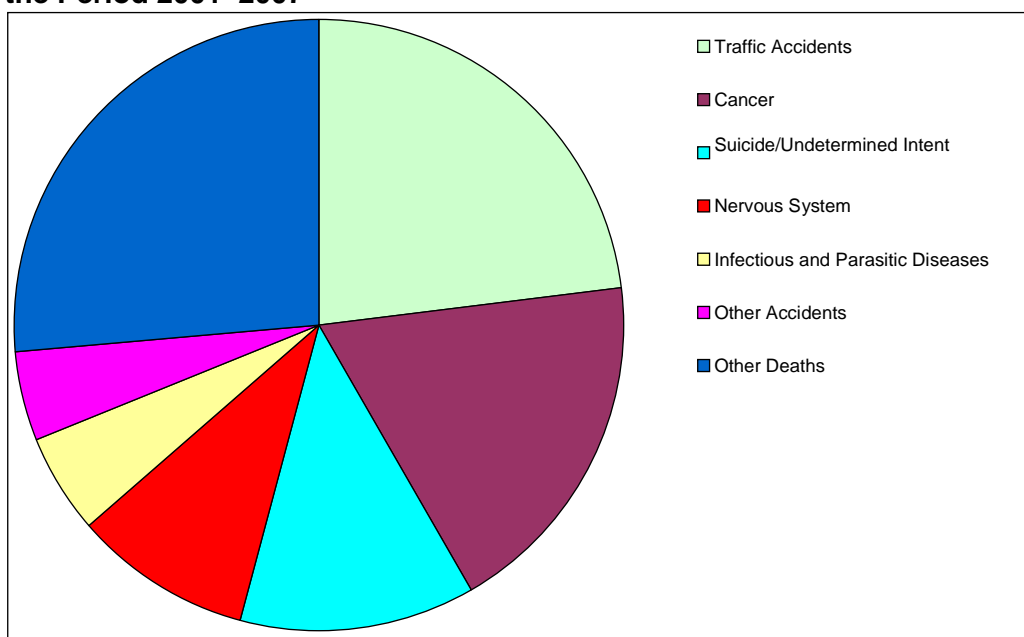
6.1 There are various sources of data including health, Local Authority (road traffic accident data), Ambulance and Fire and Rescue Service. In the health service there are three main sources of data relating to accidents:

- mortality data
- hospital episode statistics (HES) data
- accident and emergency (A&E) data

Mortality Data - Number Of Deaths and Cause of Death

- 6.2 In Devon there were a total of 170 deaths in children and young people over the 2001-2007 year period (see Appendix 2 for details). Of these 170 deaths, 47 were deaths resulting from an accident of which 39 deaths were from traffic accidents (Figure 2).

Figure 2: Cause of Deaths in Children and Young People in Devon for the Period 2001–2007



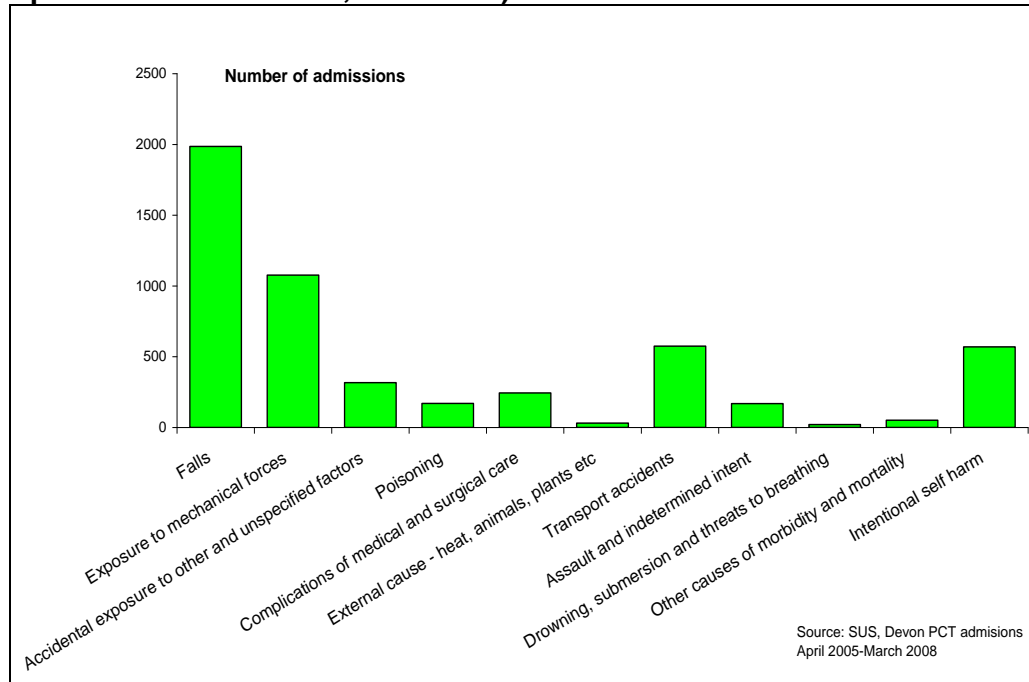
Source: Office of National Statistics.

- 6.2.1 Of the 47 deaths by accidents, 29 were in the 17-18 age group and a further 12 were in the 12-16 age group.
- 6.2.2 The majority (25) of the accidents in the 17-19 age group were due to road traffic accidents.

Hospital Admissions

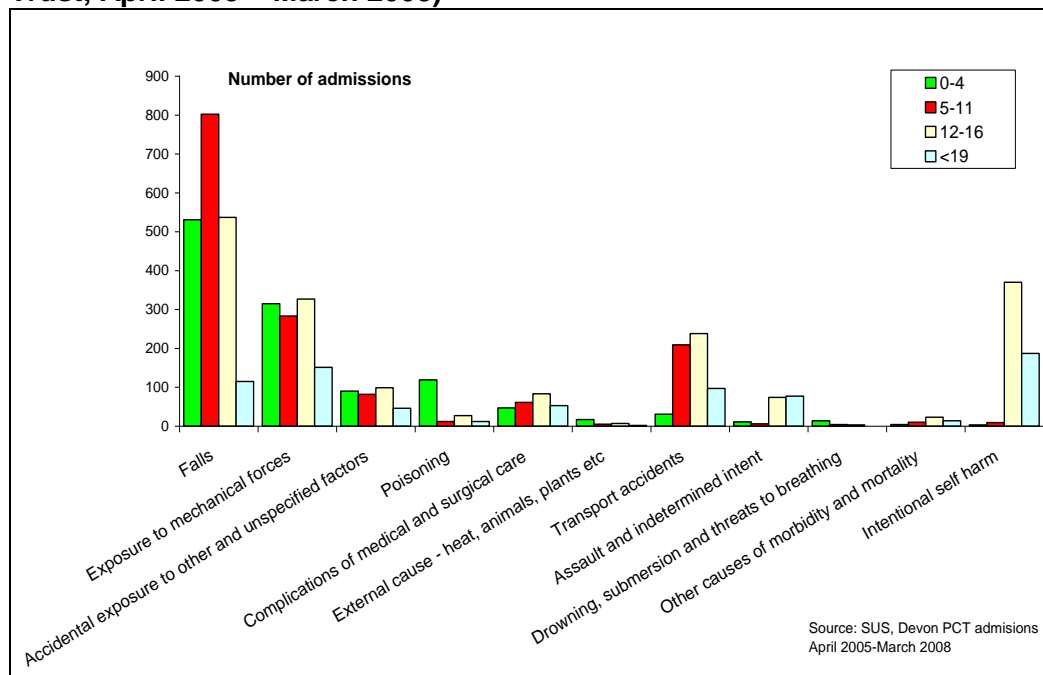
- 6.3 Hospital episode statistics (HES) provides data on injuries which result in an admission to hospital. This data excludes all children who are treated in accident and emergency departments but are not admitted.
- 6.3.1 The main types of injury resulting in admission to hospital in the Devon area during April 2005-March 2008 are shown in Figure 3. This is similar to the national picture of unintentional injury across the 0-14 age group resulting in admission to hospital (Figure 1). There were total of 5207 admissions for the period April 2005–March 2008, with the highest admissions for falls (1985) followed by transport accidents.

Figure 3: Admission to Hospital by Cause (Devon Primary Care Trust, April 2005 – March 2008, Under 19s)



6.3.2 Causes of serious unintentional injury vary with age (Figure 4).

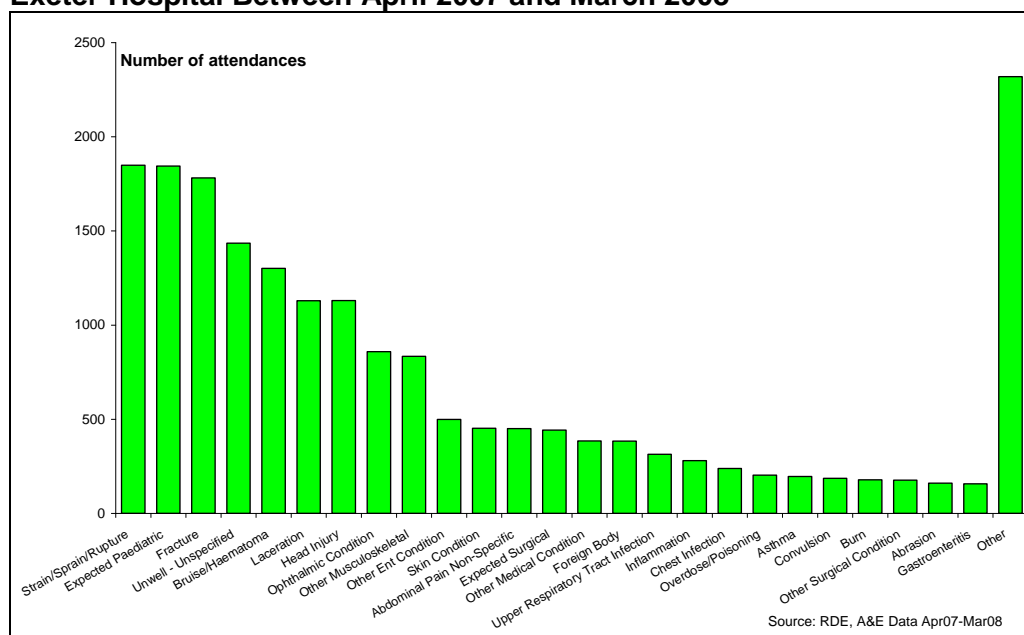
Figure 4: Admission to Hospital by Age and Cause (Devon Primary Care Trust, April 2005 – March 2008)



Accident and Emergency Attendance

6.4 The Audit Commission/Healthcare Commission report “Better Safe than Sorry” identifies potential sources of data including accident and emergency attendance at hospital. Detailed data for the Royal Devon & Exeter Hospital (Figure 5) is illustrated here, with data for the other three district general hospitals and local minor injury units shown in Appendix 4.

Figure 5: Accident and Emergency Attendance at Royal Devon and Exeter Hospital Between April 2007 and March 2008



6.5 A more complete breakdown of accidents and emergency and minor injury unit data is given in Appendix 4. A key consideration with this data is the different coding systems across the local hospitals which makes it difficult to compare and contrast admissions at the different sites and presents a major challenge for future work to produce consistent and comparable data.

Road Accidents Statistics (STATS19 Returns)

6.6 The Department for Transport also collates data on road traffic accidents which occur on public highways. Tables 1 and 2 show the number of killed or serious injury (KSI) casualties and the number of slight casualties for the calendar years 2006 and 2007 as compared to a baseline between 1994 and 1998, with Table 3 showing a breakdown by age and travel mode.

Table 1: Devon Killed or Seriously Injured Casualties for 0-25s in 2006 - 2007

Age	KSI casualties baseline (94-98 average)	Actual KSI casualties 2006	Actual KSI casualties 2007
0-15	51.4	24	25
16-25	152.6	99	110

Source: Devon County Council

Table 2: Devon Slight Casualties for 0-25s in 2006 - 2007

Age	Slight casualties baseline (94-98 average)	Actual slight casualties 2006	Actual slight casualties 2007
0-15	360.6	251	224
16-25	851	972	910

Source: Devon County Council

Table 3: Devon Killed or Seriously Injured and Slight Casualties for 0-25s by Travel Mode

Type	Aged 0-15			Aged 16-25		
	All casualties	Slight casualties	KSI casualties	All casualties	Slight casualties	KSI casualties
Pedestrians	86	74	12	45	37	8
Cyclists	38	31	7	35	32	3
Vehicle	125	119	6	794	721	73
Powered 2	0	0	0	146	120	26
Total	249	224	25	1020	910	110

Source: Devon County Council

6.7 Data on road traffic accidents has been reported in a number of different forms in this report. It is worthwhile mentioning some of the key distinctions between the data sets considered.

- the death register data, from the Office National Statistics, includes only deaths to Devon Primary Care Trust residents
- the STATS19 data includes fatal and non-fatal accidents to Devon Primary Care Trust and non-Devon Primary Care Trust residents occurring on a highway within the Devon County Council boundary
- the hospital admission data covers all Devon Primary Care Trust residents in addition to non-Devon Primary Care Trust residents spending at least one night in a hospital
- Accident and Emergency/Minor Injury Units data includes all attendances at the given hospital to Devon Primary Care Trust and non-Devon Primary Care Trust residents

South Western Ambulance Service NHS Trust

6.8 The ambulance service also collates information on the number of callouts they attend. Appendix 5 shows this information for 0-19 year olds. The information recorded is based on the actual location of the incident rather than the residence of the patient.

Devon and Somerset Fire and Rescue Service

6.9 Useful information on fire and rescue callouts is also available, with a breakdown of callouts by age, type, cause and financial year for all children age 0-17 presented in Appendix 6. The information presented currently includes callouts for all stations within the area covered by Devon, Plymouth and Torbay Primary Care Trusts and further work is needed to identify the precise locations of these callouts.

General Practice Data

6.10 Across Devon Primary Care Trust 76 practices signed up to a minor injury locally enhanced service for 2008-09, which incentivises practices to see and treat patients who have suffered a minor injury on their premises rather than referring them to a community hospital with a minor injury unit. The

information currently collected is limited to the number of practices participating and the number of episodes of care provided each quarter.

- 6.11 Some practices have provided more detailed information which is broken down into a range of categories including bruise, burn/scald, fall, foot injury, fracture, hand injury, head injury, laceration, scald, strain/sprain and whiplash. This area of data collection could be improved through a more detailed locally enhanced service specification.

Schools Data

- 6.12 Devon County Council schools and some other establishments catering for children and young people have their own processes of recording injuries to children. These range from internal accident books to the approved Devon County Council form (applicable for injuries sustainable during curriculum activities, ie playing sport). The more serious of these incidents may also be reported centrally via the Health and Safety Team.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) data

- 6.13 The reporting of injuries, diseases and dangerous occurrences criteria places a requirement for employers, the self-employed and those in control of premises to certain workplace incidents. Due to small number and data protection issues it is not straightforward to break this information down into useful information at a Devon-wide level.
- 6.14 Across Devon County Council the Health and Safety Team will determine which of the serious injuries in establishments they deal with are reportable through the reporting of injuries, diseases and dangerous occurrences regulations criteria, whilst individual district councils will also have their own reporting and recording process for their establishments.

Other Sources of Data

- 6.15 The data presented here gives an insight into some of the information available to help support this piece of work, although there are likely to be many other sources which are worth investigating. It is clear that further work is required to develop consistent and compatible data sources and reporting procedures across a range of partners and settings.

7. Evidence of Effectiveness of Interventions

7.1 Work in Progress

The current evidence base is limited but the National Institute for Health and Clinical Excellence (NICE)¹⁵ is due in 2010 to issue public health interventional guidelines addressing the prevention of unintentional injuries among children and young people aged under 15:

- strategies to prevent unintentional injuries among under 15s (publication expected October 2010)

- preventing unintentional injuries among under 15s in the home which will focus on unintentional injuries from fire, hot fluids, electric sockets and heat generating appliances (publication expected April 2010)
- preventing unintentional road injuries among under 15s which will focus on reducing vehicle speeds (publication expected April 2010)
- preventing unintentional injuries among under 15s in the external environment which is expected to cover the sports and leisure environment (publication expected October 2010)

The South West Public Health Observatory (SWPHO) has one reference to the Health Development Agency (HDA) evidence detailed below.

7.2 World Health Organisation

The World Health Organisation (WHO) report on child injury prevention (2008)¹⁴ draws on systematic reviews, randomised controlled trials and guidelines to produce findings on interventions to prevent unintentional injuries. It groups its findings on effectiveness into:

Legislation, regulation and enforcement

There is evidence that legislation has increased the uptake of preventive measures and reduced childhood injuries in a number of areas. These areas include:

- in the road environment, for example, child passenger restraints, seat belts, bicycle helmets and motorcycle helmets
- in the home environment, for example, smoke alarms, hot water temperature legislation and child-resistant containers
- in the leisure environment, for example, isolation fencing of swimming pools

Product modification

Changing the design and manufacture of products can:

- reduce the risk of an injury, for example, by manufacturing staircase railings with the gap between the upright banisters sufficiently narrow to prevent small children putting their heads through
- reduce access to a hazard, for example, the use of child-resistant closures for medicines
- reduce the severity of an injury, for example, modifying the design of the caps on pens to reduce the risk of fatal choking in the case of a cap being inhaled

Environmental modification

Modifying the environment to make it more user-friendly has become an important approach in injury prevention, benefiting people of all ages, not just children. Area-wide engineering solutions can lower the rate of injuries in pedestrians, cyclists and car occupants. Traffic calming schemes in towns have the potential to reduce rates of crash-related deaths and injuries.

Supportive home visits

This refers to home visiting by professionals to improve the home environment, to prevent problems with child behaviour or supply and explain safety equipment. A review of the effects of home visits in early childhood has shown substantial positive effects for the prevention of child maltreatment. The greatest impacts were for programmes using professional visitors and for programmes of a longer duration. Home-visiting programmes have been shown to be associated with an improvement in the quality of the home environment as a means to reduce unintentional injuries.

Promoting the use of safety devices

The promotion of safety devices can lead to a fall in injuries and increased compliance in using the device. A variety of approaches has been used, including professional counselling, to encourage the use of safety devices, supported by a range of media. The positive effects from such programmes diminish one or two months after the intervention and more intensive programmes produce more positive results.

Wearing a bicycle helmet dramatically reduces the risk of severe and fatal head injuries and facial injuries for cyclist involved in a motor vehicle crash. Community-based projects that provided free helmets along with an educational component led to an increase in the observed wearing of helmets.

Motorcyclists are also at high risk in traffic crashes, particularly head injuries. A review of studies concluded that helmets reduce the risk of head injury by around 69 per cent and death by around 42 per cent.

Fire detected with smoke alarms is associated with lower death rates. However, programmes to promote smoke alarms only, without legislation, function modestly, if at all.

Education and skills

Education underpins many strategies such as legislation, the promotion of safety devices and home visiting. Education on pedestrian safety can result in an improvement in children's knowledge and can change observed behaviour of crossing roads. Whether, though, this reduces the risk of injury or of a pedestrian suffering a collision with a motor vehicle is unknown.

The focus of education should extend beyond the immediate caregivers of children, to include health professionals, policy-makers, the media and the business community. Novel ways of introducing safety message into television programmes should be explored.

Community-based studies

Injury prevention, with its broad range of injury types and possible countermeasures, lends itself to community-based approaches. It is important to have long-term strategies, effective and focused leadership, collaboration between a range of agencies, appropriate targeting and sufficient time to develop local networks and programmes. The use of multiple interventions, repeated in different forms and contexts, can lead to a culture of safety being developed within a community.

The following tables, taken from the WHO report on child injury prevention (2008), outline which strategies have been shown to be effective, less effective and even harmful.

Key strategies to prevent burns among children

Strategy	Effective	Promising	Insufficient evidence	Ineffective	Harmful
Setting (and enforcing) laws on smoke alarms					
Developing a standard for child-resistant lighters					
Setting (and enforcing) laws on hot-water tap temperature and educating the public					
Treating patients at dedicated burns centres					
Separating cooking areas from living areas					
Developing standards and codes for fire-retardant garments					
Banning the manufacture and sale of fireworks					
Promoting the use of safe lamps and stoves					
Providing first-aid for scalds – "cool the burn"					
Conducting home visitation programmes for at-risk families					
Installing residential sprinklers					
Distributing smoke alarms on their own (without accompanying laws)					
Conducting community-based campaigns and interventions					
Storing flammable substances correctly					
Modifying the environment, e.g. home alterations					
Conducting school-based burns prevention programmes					
Using traditional remedies on burns					

Key strategies to prevent falls among children

Strategy	Effective	Promising	Insufficient evidence	Ineffective	Harmful
Implementing multifaceted community programmes such as "Children Can't Fly"					
Redesigning nursery furniture and other products					
Establishing playground standards for the depth of appropriate surface material, height of equipment and maintenance					
Legislating for window guards					
Using stair gates and guard rails					
Conducting supportive home visitation and education for at-risk families					
Holding mass media campaigns directed at parents, health workers					
Providing appropriate paediatric acute care					
Raising awareness through educational campaigns					
Implementing housing and building codes					
Covering wells and ditches and removing hazards					

Evidence for key strategies to prevent drowning among children

Strategy	Effective	Promising	Insufficient evidence	Ineffective	Potentially harmful
Removing (or covering) water hazards					
Requiring isolation fencing (4-sided) around swimming pools					
Wearing personal flotation devices					
Ensuring immediate resuscitation					
Ensuring the presence of lifeguards at swimming areas					
Conducting targeted awareness-raising on drowning					
Teaching children older than 5 years to swim					
Introducing laws on pool fencing					
Introducing a law on the use of personal flotation devices					
Promoting drowning prevention through doctors					
Restricting access to areas unsafe for swimming					
Teaching children younger than 5 years to swim					
Introducing laws on blood alcohol content for swimmers					
Conducting prevention campaigns, such as on advertising hoardings, for drowning					
Promoting solar pool covers ²					
Using baby bath seats ²					

Key strategies to prevent road traffic injuries among children

Strategy	Effective	Promising	Insufficient evidence	Ineffective	Harmful
Introducing (and enforcing) minimum drinking-age laws					
Setting (and enforcing) lower blood alcohol concentration limits for novice drivers and zero tolerance for offenders					
Utilizing appropriate child restraints and seat-belts					
Wearing motorcycle and bicycle helmets					
Forcing a reduction of speed around schools, residential areas, play areas					
Separating different types of road user					
Introducing (and enforcing) daytime running lights for motorcycles					
Introducing graduated driver licensing systems					
Implementing designated driver programmes					
Increasing the visibility of pedestrians					
Introducing instruction in schools on the dangers of drink-driving					
Conducting school-based driver education					
Putting babies or children on a seat with an air bag					
Licensing novice teenage drivers					

Key strategies to prevent poisoning among children

Strategy	Effective	Promising	Insufficient evidence	Ineffective	Potentially harmful
Removing the toxic agent					
Legislating for (and enforcing) child-resistant packaging of medicines and poisons					
Packaging drugs in non-lethal quantities					
Establishing poison control centres					
Locking away medicines and other toxic substances					
Removing or regulating availability of toxic substances that are easily mistaken for edible items					
Teaching children to avoid poisonous substances					
Reducing the attractiveness of medications and poisonous products					
Providing home safety education and safety equipment					
Clearly labelling toxic products					
Introducing non-standardized, non-reclosable packaging for tablets					

7.3 Health Development Agency

The most recent UK document found on effectiveness is a Health Development Agency (HDA) Briefing²² in 2003 (updating similar reports in 2001 and 2002). This briefing summarised the evidence for effectiveness of interventions for reducing injury or changing behaviour in the three main environments where child accidental injury occurs: on the road, at home and during leisure pursuits, based on work by Towner et al^{19,23}. The terms 'good', 'reasonable' and 'some' refer to judgements made by Towner and colleagues about the quality of research evidence they examined. Their definitions were informed by the then British National Health Service's Centre for Reviews and Dissemination guidelines on carrying out systematic literature reviews and the use of data extraction forms and reviewers' consensus decisions. Their findings are as follows:

On the road

Roads are the leading cause of fatalities in children motor vehicle traffic accidents account for nearly half of all accidental injury fatalities in children.

There is good evidence for:

- 20mph zones (leading to injury reduction and behaviour change)
- cycle helmet education campaigns (leading to behaviour change)
- cycle helmet legislation (leading to behaviour change)
- child restraint loan schemes (leading to behaviour change)
- child restraint legislation (leading to behaviour change)

There is reasonable evidence for:

- area-wide urban safety measures (leading to injury reduction)
- education aimed at parents about pedestrian injuries (leading to behaviour change)
- cycle training (leading to behaviour change)
- cycle helmet legislation (leading to injury reduction)
- child restraint education campaigns (leading to behaviour change)
- seat belt education campaigns (leading to behaviour change)
- child restraint legislation (leading to injury reduction)

In the home

Significant fatalities and injuries occur in, or near, the home. In descending order these are sustained through:

- suffocation and foreign bodies
- fire and flames
- drowning and submersion
- falls
- poisoning

There is good evidence for:

- smoke detector programmes (leading to injury reduction and behaviour change)
- poisoning – child resistant packaging (leading to injury reduction)

There is reasonable evidence for:

- product design (leading to injury reduction)
- general safety devices (leading to injury reduction)
- window bars (leading to behaviour change)
- parent education on hazard reduction (leading to behaviour change)

At leisure

There is no good or reasonable evidence of effective interventions, although there is some evidence for interventions targeted at drowning, and play and leisure injuries.

There are some general community prevention initiatives targeting a range of injury types in different groups. Reasonable evidence was found for both injury reduction and behaviour change. In addition, there are several mass media and training interventions that are rated as 'reasonable/weak' in effectiveness, although they are not specified by either injury reduction or behaviour change.

7.4 Royal Society for the Prevention of Accidents (ROSPA)

The Royal Society for the Prevention of Accidents (ROSPA) has numerous short leaflet type publications, for example, on car safety or garden sheds which do not consider effectiveness. However it was co-sponsor of the most recent publication on the subject, the Child Safety Strategy for Scotland, 2007²⁴, which as its name suggests, is a broad document dealing with principles. Under the heading "Approaches to Prevention", it notes that any preventive measures that are put in place have to strike a balance between children's need for active exploration and development and adults' responsibility to keep them free from death and serious injury.

It suggests focussing on:

- the most serious injuries for pragmatic reasons, i.e. on the accidents that result in death, serious injury or disability – events that are ‘expensive’ in treatment or social terms
- those for which there are prevention programmes where there is good evidence of effectiveness
- accidents that are numerous, as taken together their burden is large

It recommends that prevention programmes should be based on reliable evidence of what is known to be effective. Where evidence is not readily available, best practice should be employed, and references the Health Development Agency work detailed above as a review of effective interventions.

8. Service Mapping – What is Happening Currently?

- 8.1 There are a range of interventions taking place in Devon. Some of these are listed in Appendix 7. This is not a comprehensive audit of services. It is recognised there will be other interventions happening locally in a range of settings, for example, in children’s centres, schools.

9. Recommendations

9.1 Enhance the multi-agency approach to unintentional injury prevention

Agree appropriate governance arrangements within the Children’s Trust for the implementation of the strategy.

Establish a multi agency partnership group with appropriate membership and terms of reference to oversee the implementation of the recommendations and facilitate regular reporting on progress.

Ensure processes are in place to analyse the National Institute for Health and Clinical Excellence (NICE) guidance and recommendations on unintentional injury and ensure these are reflected in local action plans.

9.2 Improve data collection processes across partner agencies

Agree a data sharing protocol between partner agencies to ensure a consistent approach to data collection.

Agree and develop a minimum dataset drawn from data held by partner agencies.

Routinely collect and review data on a regular basis (quarterly) to provide a clear understanding of the rates and types of unintentional injury across Devon, to enable actions and resources to be directed accordingly.

9.3 **Developing effective interventions to address key themes**

Produce a multi-agency evidence-based implementation plan for 2009 – 10 by using the World Health Organisation tables (chapter 7) and other sources of evidence to work by theme and the lead officer from the relevant partner agency to agree:

- the effective evidence and identify current priorities for Devon
- any disinvestment in services currently being delivered which have a weak evidence base

Analyse future NICE guidance, when published, to set new recommendations for tackling unintentional injury in Devon and produce a three-year multi-agency implementation plan.

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APPENDIX 1

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APPENDIX 2

DEATH AND CAUSES OF DEATH

Table 4: All Children's Deaths in Devon (2001-2007)

All Children Deaths

District	Grand Total	Year	Total
East Devon	28	2001	25
Exeter	24	2002	23
Mid Devon	25	2003	27
North Devon	23	2004	29
South Hams	18	2005	23
Teignbridge	25	2006	19
Torrige	14	2007	24
West Devon	13		

Source: Office of National Statistics

Table 5: Cause of Death of Children in Devon (2001-2007)

Category	Total
A00 - B99 : Infectious and Parasitic Diseases	9
C00 - D48 : Neoplasms	32
D50 - D89 : Blood and blood forming organs	*
E00 - E90 : Endocrine Nutritional and Metabolic	11
F00 - F99 : Mental and Behavioural Disorders	*
G00 - G99 : Nervous System	16
I00 - I99 : Circulatory System	8
J00 - J99 : Respiratory System	8
K00 - K93 : Digestive System	*
M00 - M99 : Musculoskeletal System and Connective Tissue	*
N00 - N99 : Genitourinary System	8
Q00 - Q99 : Congenital Malformations Deformations and Chromosomal Abnormalities	5
R00 - R99 : Symptoms Signs and Abnormal Findings NEC	*
V01 - V99 : Transport Accidents	39
W00 - X59 : Other External Causes of Accidental Injury	8
X60 - X84 : Intentional Self Harm	10
Y10 - Y34 : Event of Undetermined Intent	11
	170

Source: Office of National Statistics

* numbers that are smaller than 5 and are suppressed to maintain confidentiality

APPENDIX 3

HOSPITAL ADMISSIONS

Table 6: Hospital Admissions for Children (0 to <19) in Devon for 2001-2007

CAUSE OF ADMISSION	0-4	5-11	12-16	<19	Total
Falls	531	802	537	115	1985
Exposure to mechanical forces	315	283	327	151	1076
Accidental exposure to other and unspecified factors	90	82	99	46	317
Poisoning	119	12	27	12	170
Complications of medical and surgical care	47	61	83	53	244
External cause - heat, animals, plants etc	17	*	7	*	31
Transport accidents	31	209	238	97	575
Assault and indetermined intent	11	6	74	77	168
Drowning, submersion and threats to breathing	14	*	*	*	21
Other causes of morbidity and mortality	*	*	23	14	51
Intentional self harm	*	*	370	187	569

Source: Secondary Uses Service, Commissioning Data Set, National Health Service, 2008

* numbers that are smaller than 5 and are suppressed to maintain confidentiality

APPENDIX 4

ACCIDENT AND EMERGENCY/MINOR INJURY UNIT DATA

Table 7: Accident and Emergency Attendances at the Royal Devon and Exeter for Children Aged 0-17 by Category (April 2006 – December 2008)

CATEGORY	2006/2007	2007/2008	2008/2009
Accident	7185	7250	4911
Assault	244	235	157
Dead on Arrival	22	*	*
Deliberate Self Harm	149	146	115
Firework Injury	*	18	22
Missing Data	566	270	153
Other Than Above	8321	10003	8502
Road Traffic Accident	209	216	122
Sports Injury	1041	1051	684

Source: Royal Devon & Exeter NHS Foundation Trust

* numbers that are smaller than 5 and are suppressed to maintain confidentiality

Table 8: Minor Injury Unit Attendances for Children Aged 0-17 (April 2008 – December 2008)

CATEGORY	EXMOUTH	HONITON	OKEHAMPTON	TIVERTON
Accident	1399	755	397	1487
Assault	29	20	*	25
Dead on Arrival	*	*	*	*
Deliberate Self Harm	8	*	*	5
Firework Injury	5	9	*	8
Missing Data	8	12	11	36
Other Than Above	1514	1398	134	1553
Road Traffic Accident	28	12	5	26
Sports Injury	135	82	43	179

Source: Royal Devon & Exeter NHS Foundation Trust

* numbers that are smaller than 5 and are suppressed to maintain confidentiality

Only total numbers of attendances are available for the minor injury units at Crediton, Ottery St. Mary and Sidmouth, along with the Exeter Walk in Centre.

Table 9: Accident and Emergency and Minor Injury Unit Attendances at Torbay Hospital and the South Devon Minor Injury Units for Children Aged 0-17 (April 2008 – December 2008)

Category	Torbay District General Hospital	Ashburton	Bovey Tracey	Brixham	Dartmouth	Dawlish	Newton Abbot	Paignton	Teignmouth	Totnes
Accident	5720	141	92	690	300	431	1424	465	675	819
Dental	2828	53	11	193	167	114	389	79	226	346
Sport	2070	*	9	6	*	5	*	*	*	10
RTA	746	6	6	35	8	9	71	17	15	*
Psychiatric	140	*	*	5	*	*	12	*	*	*
Assault	95	*	*	8	*	*	8	*	6	8
Dead on arrival	51	*	*	5	*	*	*	*	6	*
Deliberate Self Harm	47	*	*	*	*	*	*	*	*	*
Bites/Stings	24	8	6	*	18	13	23	9	12	12
Other	38	*	*	*	*	*	*	*	*	*
Unknown	5720	141	92	690	300	431	1424	465	675	819

Source: South Devon Health Informatics Service

* numbers that are smaller than 5 and are suppressed to maintain confidentiality

Table 10: Accident and Emergency and Minor Injury Unit Attendances at North Devon Hospital and the North Devon Minor Injury Units for Children Aged 0-17 (April 2008 – December 2008)

Category	North Devon District General Hospital	Bideford	Ilfracombe	Lynton
Accident	3105	1207	502	50
Non-Trauma Medical	900	536	143	13
Other	424	73	227	7
Accident (Sports Injury)	333	96	19	*
Non-Trauma Surgical	207	11	12	*
Did not wait	179	14	5	*
Accident (Road Traffic Accident)	49	5	9	*
Assault	37	20	12	*
Deliberate Self Harm	33	*	*	*
Obstetric and Gynaecology	25	28	13	*
Psychiatric	16	*	*	*
Dental	14	*	*	*
Bites/Stings	8	22	25	6
Social	*	*	*	*
Dead on Arrival	*	*	*	*
NAD	36	*	*	*

Source: Northern Devon Healthcare Trust

* numbers that are smaller than 5 and are suppressed to maintain confidentiality

Information has yet to be obtained from Derriford Hospital or the minor injury units at Ivybridge, Kingsbridge or Tavistock

APPENDIX 5

South Western Ambulance Service NHS Trust Data

Table 11: Ambulance Callouts by Sex and Age Group (April 2005 – March 2008)

Sex	0-4	5-11	12-16	17-18	Total	Rate per 100,000 population
Female	691	566	1519	950	3726	1542.1
Male	895	921	1921	1225	4962	1958.7
Unknown	50	16	23	12	101	
Total	1636	1503	3463	2187	8789	1775.7

Source: South Western Ambulance Service NHS Trust

Table 12: Ambulance Callouts by Local Authority and Age Group (April 2005 – March 2008)

Local Authority Name	0-4	5-11	12-16	17-18	Total	Rate per 100,000 population
Teignbridge	243	249	584	317	1393	2543.0
Exeter	348	215	643	563	1769	2211.2
North Devon	243	228	518	311	1300	2002.8
South Hams	153	186	331	143	813	1911.8
East Devon	236	247	545	365	1393	1729.4
Mid Devon	146	132	269	153	700	1288.6
West Devon	55	72	191	102	420	1209.3
Torridge	145	117	296	196	754	907.0
Unknown/Non Devon	67	57	86	37	245	
Total	1636	1503	3463	2187	8789	1775.7

Source: South Western Ambulance Service NHS Trust

Table 13: Ambulance Callouts by Chief Complaint and Age Group (April 2005 – March 2008)

Chief Complaint	0-4	5-11	12-16	17-18	Total
Falls	667	665	868	344	2544
Overdose/Poisoning (Injection)	112	25	763	552	1452
Unconscious/Fainting (Near)	177	98	422	348	1045
Assault/Sexual Assault	12	26	273	296	607
Haemorrhage/Lacerations	118	93	191	179	581
Recreational Accident	27	140	281	75	523
Traffic/Transportation Accidents	35	86	173	140	434
Head Injury	74	78	82	20	254
Road Traffic Accident	16	46	76	46	184
Fracture	14	46	77	39	176
Choking	125	17	3	5	150
Burns (Scalds)/Explosion	132	24	20	21	197
School Accident	4	44	71	4	123
Home Accident	47	31	24	14	116
Accident Public Place	11	23	27	7	68
Suicide Attempt	2	0	26	32	60
Stab/Gunshot/Penetrating Trauma	4	3	14	17	38
Other	7	3	9	7	26
Animal Bites/Attacks	9	12	4	8	33
Eye Problems/Injuries	4	4	11	1	20
Heat/Cold Exposure	8	3	7	2	20
Drowning (Near)/Diving/Scuba Acc	10	7	4	4	25
Other Accident	2	1	4	7	14
Electrocution/Lightning	5	1	2	2	10
Grand Total	1636	1503	3463	2187	8789

Source: South Western Ambulance Service NHS Trust

APPENDIX 6

Devon and Somerset Fire and Rescue Service Data

Table 14: Fire Service Callouts by Age Group and Financial Year (April 2005 – December 2008)

Age Group	2005-06	2006-07	2007-08	2008-09	Total
0-4	6	3	5	2	16
5-11	3	6	6	0	15
12-16	11	7	5	2	25
17-18	5	6	7	3	21
Total	25	22	23	7	77

Source: Devon and Somerset Fire and Rescue Service

Table 15: Fire Service Callouts by Type, Cause and Financial Year (April 2005 – December 2008)

Type	Cause	2005-06	2006-07	2007-08	2008-09	Total
Fatal casualty	Accidental	1	0	1	0	2
	Deliberate	0	0	2	0	2
Non-fatal casualty	Accidental	21	20	15	7	63
	Deliberate	1	1	5	0	7
	Not Known	2	1	0	0	3
Grand Total		25	22	23	7	77

Source: Devon and Somerset Fire and Rescue Service

Table 16: Callouts by Station (April 2005 – December 2008)

Station	Total	Station	Total
Camels Head, Plymouth	12	North Tawton	2
Greenbank, Plymouth	8	Paignton	2
Brixham	5	Plymstock	2
Crownhill, Plymouth	5	Tiverton	2
Exeter	5	Axminster	1
Tavistock	5	Bideford	1
Cullompton	4	Hatherleigh	1
Torquay	4	Ivybridge	1
Kingsbridge	3	Plympton	1
Teignmouth	3	Seaton	1
Braunton	2	Topsham	1
Dawlish	2	Totnes	1
Newton Abbot	2	Yelverton	1
Total	77		

Source: Devon and Somerset Fire and Rescue Service

APPENDIX 7

SERVICE MAPPING – WHAT IS HAPPENING CURRENTLY?

	STRATEGY AREA	SCHEME DETAILS	TARGET AUDIENCE	LEAD ORGANISATION
1. ROAD SAFETY				
		Child car seat fitting and checking. In service training to staff at clinics and direct to expectant parents.	Pre-natal	Devon Road Safety & Travel Awareness, Devon County Council
		Child car seat fitting and checking, including drop in service at Devon Drivers' Centre for checks and advice.	Post-natal	Devon Road Safety & Travel Awareness, Devon County Council
		Educational resources for playgroups and schools with nurseries. Guidance on suitable educational activities and practical resources (free to keep and loan service)	0-5	Devon Road Safety & Travel Awareness, Devon County Council
		Educational resources to keep and a loan service to schools, community groups (cubs and brownie for example) and parents.	5-11	Devon Road Safety & Travel Awareness, Devon County Council
		Visits to schools by educationalists. Staff available to take classes where a specific need or issue is identified.	5-11	Devon Road Safety & Travel Awareness, Devon County Council
		Visits to schools by travel planners and road safety officers. Service provided to the parents and teachers and dealing with safety and promotion of sustainable and healthy modes on the school journey. Outcomes may include engineering and enforcement support co-ordinated by our own staff	5-11	Devon Road Safety & Travel Awareness, Devon County Council

	STRATEGY AREA	SCHEME DETAILS	TARGET AUDIENCE	LEAD ORGANISATION
1.1	Passenger safety	Enforce mandatory requirement to wear appropriate restraints (including seat belts) by all travelling in cars, mini buses & coaches. (Carrying Children Safely Law introduced 18/09/2006)		Local Authority, Road Safety Partnerships, Police
1.2	Pedestrian safety	Area-wide engineering solutions to reduce pedestrian risk (including pedestrian facilities and/or traffic calming infrastructure)		
1.3	Pedestrian safety	Reducing vehicle speeds in residential areas		
1.4	Cycling	Cycle coaching. Fit to Ride self help guide for parents or responsible older siblings and community activists.	5-11	Devon Road Safety & Travel Awareness, Devon County Council
1.5	Cycling	Cycle training – Devon Bikeability. Provided by teachers, community activists, police etc who are trained and resourced by our staff	5-11	Devon Road Safety & Travel Awareness, Devon County Council
1.6	Cycling	Cycle Training - Bike-IT. Introduction to cycling. Delivered by Sustrans staff working in association with Devon personnel.	5-11	Devon Road Safety & Travel Awareness, Devon County Council
1.7	Cycling	Cycle training. Formal courses and self help guides.	11-16	Devon Road Safety & Travel Awareness, Devon County Council
1.8	Road Safety	Scooterz – scooter safety. One day multi-agency intervention to prep active and future powered scooter riders for safety.	11-16	Devon Road Safety & Travel Awareness, Devon County Council
1.9	Road Safety	In-class tuition on drink and drug driving; speed; in-car distraction; peer pressure etc. Multi-agency interventions on a range of topics according to need.	16-19	Usually delivered by road safety officers or partner agencies trained and supported by road safety officers

	STRATEGY AREA	SCHEME DETAILS	TARGET AUDIENCE	LEAD ORGANISATION
1.10	Road Safety	Pre-Licence training (16+). Practical and theory sessions for emerging drivers before 17yrs.	16-19	Devon Road Safety & Travel Awareness, Devon County Council
1.11	Road Safety	Pass Plus+. Post test training for young and newly qualified drivers.	16-19	Devon Road Safety & Travel Awareness, Devon County Council
1.12	Road Safety	Ad-hoc interventions for emerging drivers in school. Services organised by road safety officers may include practical pre-driver training and theory training. Identified according to need – usually hard to reach and high risk groups.	16-19	Devon Road Safety & Travel Awareness, Devon County Council
1.13	Road Safety	Wheels to Work support. Training, advice and guidance available to young people using the W2W service to access cheap transport to access work and training.	16-19	Devon Road Safety & Travel Awareness, Devon County Council
1.14	Road Safety	Advanced driver training. Available to all age groups and delivered either by the Devon Drivers' Centre or volunteer groups.	16-19	Devon Road Safety & Travel Awareness, Devon County Council
1.15	Road Safety	Driver Rectification Scheme - option following a court appearance to undergo some training in relation to road safety.	Targeted scheme	Police (Steve Beety)
1.16	Road Safety	(SOCAP -)		Police (Steve Beety)
1.17	Road Safety	InSTEP service to bring school journey planning and road safety skills and understanding to hard to reach children. Delivered by travel planning, road safety and contract personnel	5-11	Devon Road Safety & Travel Awareness, Devon County Council

	STRATEGY AREA	SCHEME DETAILS	TARGET AUDIENCE	LEAD ORGANISATION
1.18		SCARF (Speed Complaint, Action + Review Forum). This is where Police and Local Authority work in partnership to reduce speeds at sites of concern to the public, and reduce/remove the severity of potential collisions. Education Engineering or Enforcement is used. This also impinges on casualty reduction sites identified in the annual review by County. Rolling on from this is then the on street high profile handheld enforcement which also sends the message to drivers and their passengers albeit young persons putting on their seat belts!		Road Casualty Reduction Officers Local Authority
1.19	Road Safety	Annual TravelWise conference for schools. Several hundred children and teachers invited to hear about and contribute to good practice in healthy and safe travel on the school journey.	5-11	Devon Road Safety & Travel Awareness, Devon County Council
2. WATER SAFETY				
2.1	Life jackets	Promote use of life jackets		
2.2		Raise awareness of international standardisation of symbols used in signs		
2.3		Encourage fencing of private pools		
2.4		Swimming lessons for children		
3. FALLS PREVENTION				
3.1		Provide and maintain safety surfaces in public playgrounds Inspection of all play areas to ensure safety and accident prevention	Children & Young People	Parks & Leisure Local Authority & Parish Council

	STRATEGY AREA	SCHEME DETAILS	TARGET AUDIENCE	LEAD ORGANISATION
3.2	Slips & falls	To reduce the number of major injury slip and trip accidents by raising awareness and improving management of slips and trips To also provide advice on practical control measures and take enforcement action where appropriate In food retail, building and plant maintenance, and all sectors with catering and cleaning issues All year (thought catering and hospitality from April – June 2008).		Tina Henry Environmental Health, OSTED & Health and Safety Executive
3.3	Falls from height	To raise awareness of falls from height risks, improve the management of working at height; give advice on practicable control measures, and to take enforcement action where appropriate Retail, wholesale and warehousing, hotels, catering and hospitality, and offices All year (thought catering and hospitality from April – June 2008)		Tina Henry Environmental Health, OSTED & Health and Safety Executive
4. FIRE SAFETY				
4.1	Fire	Conduct home visits to assess the home environment, install smoke alarms		
4.2		Firework safety		
5. POISONING				
		Raise awareness of safe storage of medicines, hazardous substances - household products such as bleach, pesticides, slug pellets		Public Health Nurse Team
5.1	Medicines	Promote the safe disposal of unwanted medicines		Devon Primary Care Trust/Pharmacies

	STRATEGY AREA	SCHEME DETAILS	TARGET AUDIENCE	LEAD ORGANISATION
5.2		Campaigns to raise awareness about what action to take in the event of an unintentional poisoning incident.		
6. GENERAL HOME SAFETY				
6.1	Home safety	Conduct home visits to assess home for risks of falls and other home hazards		Health Visitors
6.2	Buy Wise - Be Safe	<p>A regionally produced 25 minute DVD provided free at first pregnancy scan at Royal Devon & Exeter and North Devon District Hospital. Comprehensive - Covers proactive precautions and product safety/pre-purchasing advice aimed at reducing accidents in 0 to 36 month children in the home and also covering items such as car seats and push chairs. Multi agency approach when developing key messages e.g. not just product safety but home safety including trips and falls, burns and scalds, poisoning, smoke alarms, safety glass etc. The DVD could be seen as a toolkit for parents and carers to get their home ready for the arrival of a baby/toddler. There is a training pack for people working with groups of parents/carers e.g. Surestart.</p> <p>Approx 7000 already distributed in Devon to Devon Primary Care Trusts/carers etc. plus many more tens of thousands regionally and nationally. The film and associated training materials can be viewed at:</p> <p>http://www.swercots.org.uk/SWERCOTS%20public%20site/No%20Proof%20of%20Age%20-%20No%20Sale/NPOANS%20homepage.php</p>	Reducing accidents in 0-3 year olds. Targeted at prospective parents, carers, care staff etc	Devon County Council Trading Standards Service (Peter Greene, Fair Trading Manager, Peter.greene@devon.gov.uk)

	STRATEGY AREA	SCHEME DETAILS	TARGET AUDIENCE	LEAD ORGANISATION
6.3	Home safety	Provide general advice, information, repairs, adaptations, home safety assessment, Handyperson services or improvement to homes	Aim to reduce falls, fire, among children, low income families and vulnerable older people	Home Improvement Agency Service
6.4		Every new parent routinely given information & advice <ul style="list-style-type: none"> • Reduce the risk of sudden infant death syndrome • Food preparation e.g. re-heating milk in microwave, hygiene, age appropriate food (swallowing/choking) • Appropriate car seats, fittings in car • Raising awareness of risks in home environments e.g. pets and siblings, burn risks, hot bath water 	New parents	Public Health Nurse Team (Health Visitors, Community Nursery Nurses) & Midwives
6.5		Safety in the home e.g. socket covers, stair-gates, fire guards, cupboard locks, loose leads, hot drinks, etc	6months onwards	Public Health Nurse Team (Health Visitors, Community Nursery Nurses) & Midwives
6.6		Universal and targeted awareness raising around self harm, alcohol & substance misuse.	4+ - 19 years	School Nurses
6.7		Safety equipment loans scheme	0 -5 years	Some children's centres
6.8		Provision funding for safety equipment for families in "need" in Exeter (sign-posted by health visitor)	0- 5 years	ENAT funding
7. OTHER				
7.1	Junior Life-skills	Multi agency scenario based event raising awareness of life skills – e.g. farm safety, fire safety, gas safety, rail safety, stranger danger, lifeboat safety, road safety. Various schemes across Devon led by different agencies in different areas	Year 6 pupils	Organised by District Councils and blue light services

	STRATEGY AREA	SCHEME DETAILS	TARGET AUDIENCE	LEAD ORGANISATION
7.2	Sunsmart advice campaign	Following a sampling project looking at the sun protection properties and claims associated with sun protection products e.g. beach and walking clothing, parasols, beach tents etc. an information leaflet was produced with input from other agencies and distributed to Devon schools. The materials can be viewed here: http://www.swercots.org.uk/SWERCOTS%20public%20site/Safety%20information%20for%20Consumers/Sun%20smart%20leaflet%20-%20for%20parents%20and%20carers.pdf	Children's (and adult) sun protection products	Devon County Council Trading Standards Service (Peter Greene, Fair Trading Manager, Peter.greene@devon.gov.uk)
7.3	The Devon Trading Standards Service investigates complaints from the public concerning the safety of consumer products	Investigation of product safety complaints following purchase of goods and services where a product appears to be unsafe and/or an injury has been sustained. From toys to bicycles to nursery goods to packaging to fireworks	All	Devon County Council Trading Standards Service (Peter Greene, Fair Trading Manager, Peter.greene@devon.gov.uk)
7.4	Targeted product safety sampling work	A range of products may be targeted for safety checks/analysis as part of a local, regional or national campaign or following a complaint. This can include second-hand as well as new goods and will often focus on local producers/importers See an example of a recent regional exercise covering Christmas novelties here: http://www.swercots.org.uk/Intranet/CS/Christmas%20novelties%20report%20Mar06.pdf	Business outlets in Devon	Devon County Council Trading Standards Service (Peter Greene, Fair Trading Manager, Peter.greene@devon.gov.uk)

	STRATEGY AREA	SCHEME DETAILS	TARGET AUDIENCE	LEAD ORGANISATION
7.5	Business advice & support	Free advice from officers on compliance with product safety legislation via Devon County Council internet pages, a dedicated published telephone helpline, 01392 381381 and by officer visits to business premises	Devon based businesses	Devon County Council Trading Standards Service (Peter Greene, Fair Trading Manager, Peter.greene@devon.gov.uk)
7.6	Consumer advice	Provided via our national partners Consumer Direct and via referrals to Devon County Council Trading Standards Service in cases of in complex cases and cases involving vulnerable consumers. Telephone and web based advice and information including pre-shopping advice	Devon consumers	Devon County Council Trading Standards Service (Peter Greene, Fair Trading Manager, Peter.greene@devon.gov.uk)
7.7	Routine trade premises visits	Goods examined for safety, including safety labelling/instructions during routine visits to premises	Businesses trading in Devon	Devon County Council Trading Standards Service (Peter Greene, Fair Trading Manager, Peter.greene@devon.gov.uk)
7.8	Age restricted products advice and enforcement	Covers health personal safety and legal issues around misuse of alcohol, solvents, tobacco etc. For example of project see regional NPOANS DVD distributed to all retailers of age restricted products in Devon: http://www.swercots.org.uk/SWERCOTS%20public%20site/No%20Proof%20of%20Age%20-%20No%20Sale/NPOANS%20homepage.php	Young people under 18	Devon County Council Trading Standards Service (Peter Greene, Fair Trading Manager, Peter.greene@devon.gov.uk)

	STRATEGY AREA	SCHEME DETAILS	TARGET AUDIENCE	LEAD ORGANISATION
7.9	Accident prevention Workplace and service sector health and safety partnership campaigns	Interventions based on topic based approach (Fit 3): Priority areas include slips and trips, falls from height. workplace transport (to ensure separation of vehicles and pedestrians on all worksites but including retail/service sector) Examples of projects include: <ul style="list-style-type: none"> • Pan Devon inspection of premises looking for slip, trip risks and ensuring education and enforcement during all inspections in the above topic areas • Safety, Health, Awareness Days (SHAD) across Devon for the hotel and hospitality sector raising awareness on the above • Newsletters and information leaflets for workplaces 	Prevention of accidents and injuries (areas which impact on children)	Tina Henry Environmental Health, OSTED and Health & Safety Executive
7.10		Inspection of childcare and school premises –fundamental component will be safety and hence accident prevention	Children & young people	OFSTED
7.11	Investigation	Ensuring investigation of accidents involving young people and in topic areas to ensure enforcement if appropriate, awareness raising and future prevention	Young people & priority topic areas	Tina Henry Environmental Health, OSTED and Health & Safety Executive
7.12	Data source	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Reportable injuries which would include: Accidents arising from a work activity resulting in a member of public being taken to hospital, could ask Health & Safety Executive statistics unit to provide information Can obtain data by age/area/sector/injury Example: 2008/2009 Age 0-14 291 accidents reported across Devon of which 97 legally reportable i.e. arose out of work activity. (Including Torbay and Plymouth)		Tina Henry Environmental Health, OSTED and Health & Safety Executive

