

# UNINTENTIONAL HARM THEMATIC PAPER

## Children and Young People



Building Safer Communities

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### 1. EXECUTIVE SUMMARY

#### 1.1 1.2 Background

This thematic briefing paper is part of a suite of documents produced on unintentional harm in Scotland as part of Building Safer Communities (BSC), part of the justice change programme that contributes to the Justice Strategy. Although managed by Scottish Government, Building Safer Communities works collaboratively with local and national partners to help communities make use of their existing strengths and uses the latest in improvement methodology to drive change. The vision is of a flourishing, optimistic Scotland in which resilient individuals, families and communities live safe from crime, disorder, danger and harm. This is achieved through two distinct phases:

- Phase 1 aims to reduce the victims of crime in Scotland by 250,000 by 2017-18. More information about Phase 1 and the programme as a whole can be found at [www.bsc.scot](http://www.bsc.scot).

- Phase 2 has the aim of “reducing unintentional physical and psychological harm that could have been predicted and prevented”.

The Strategic Assessment for Unintentional Harm was commissioned under Phase 2 of BSC to better understand the prevailing issues, causal factors and epidemiology of unintentional harm in Scotland. The scope of this strategic assessment included home safety, falls, sports injury, outdoor safety (water safety, mountain safety), road safety and workplace safety; mental well-being, loneliness and social isolation.

Through robust analysis of existing data and environmental scanning, areas of focus and priority were recommended:

1. Areas of increased deprivation
2. The under-fives
3. The over 65s
4. Strategic data gathering, analysis and sharing
5. Bridging the gap between strategy and delivery

All documents relating to Building Safer Communities Phase 2: National Strategic Assessment Unintentional Harm are available on the BSC website here: <http://www.bsc.scot/publications.html>.

## 1.2 Who is this report for and why?

Six thematic papers have been produced covering Children and Young People, Older People, Deprivation, Home Safety, Road Safety and Outdoor Safety.

These are designed for practitioners with an interest in particular aspects of unintentional harm – the paper aims to provide some key facts about particular issues but also support practitioners to tackle unintentional harm locally using the further reading/support links and case studies.

2. This report can be supplemented with Sections six and seven in the full strategic assessment which may be found on the BSC website here: [which provides geographical information at a Local Authority level for particular aspects of unintentional harm.](#)

## 3. KEY POINTS

### 1.2 2.1 The National Picture

Unintentional harm in Scotland is a large burden on the population in terms of death (around 1,250-1,400 deaths from physical unintentional harm in Scotland per year<sup>1</sup> and one of the top causes of death for young children and the elderly) and serious injury (around 54,500 emergency hospital admissions for physical unintentional harm annually<sup>2</sup>) but also the number of years lost to disability, time off work, not to mention the emotional impact on those injured and their family and friends. For public services it can also be a burden in terms of unscheduled care costs, volunteer time, and reduce the amount of time that can be dedicated to prevention. Various reports including one by the UK's Chief Medical Officer present a powerful economic case for injury prevention. Extrapolating from UK figures, the costs to the NHS in Scotland attributable to physical unintentional harm alone amount to at least £200 million per year (of which £40 million relate to children)<sup>3</sup>.

Children and young people (particularly the under-fives), older people and those living in more deprived areas are all over-represented in unintentional harm data as shown in Figures 1 to 3 – more detail can be found in the summary paper if required.

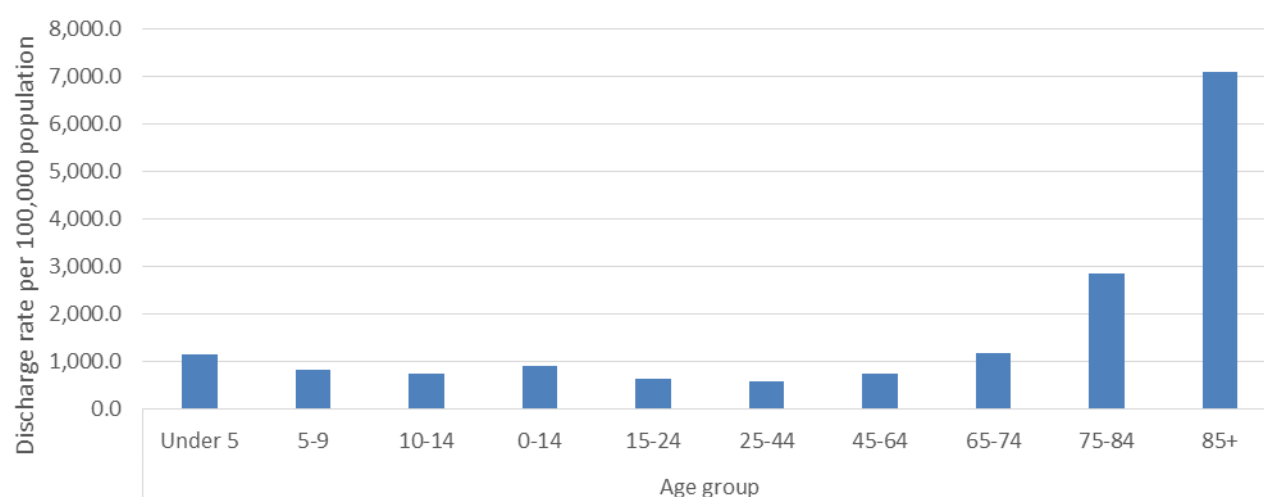


Figure 1 Emergency hospital admissions as a result of an unintentional injury by age group, year ending 31 March 2015 (Source: NHS Information Services Division Unintentional Injuries publication, 2015)

<sup>1</sup> National Records Scotland (NRS) annual publications on Accidental deaths 2014. The most recent publication is available at <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/accidental-deaths>

<sup>2</sup> All information on emergency hospital admissions are sourced from NHS Information Services Division (ISD) annual publication on Unintentional Injuries. The most recent publication is available at <http://www.isdscotland.org/Health-Topics/Emergency-Care/Publications/>

<sup>3</sup> Professor David Stone 2011, Paediatric Epidemiology and Community Health (PEACH) Unit in Yorkhill Hospital, Glasgow; part of the University of Glasgow's School of Medicine

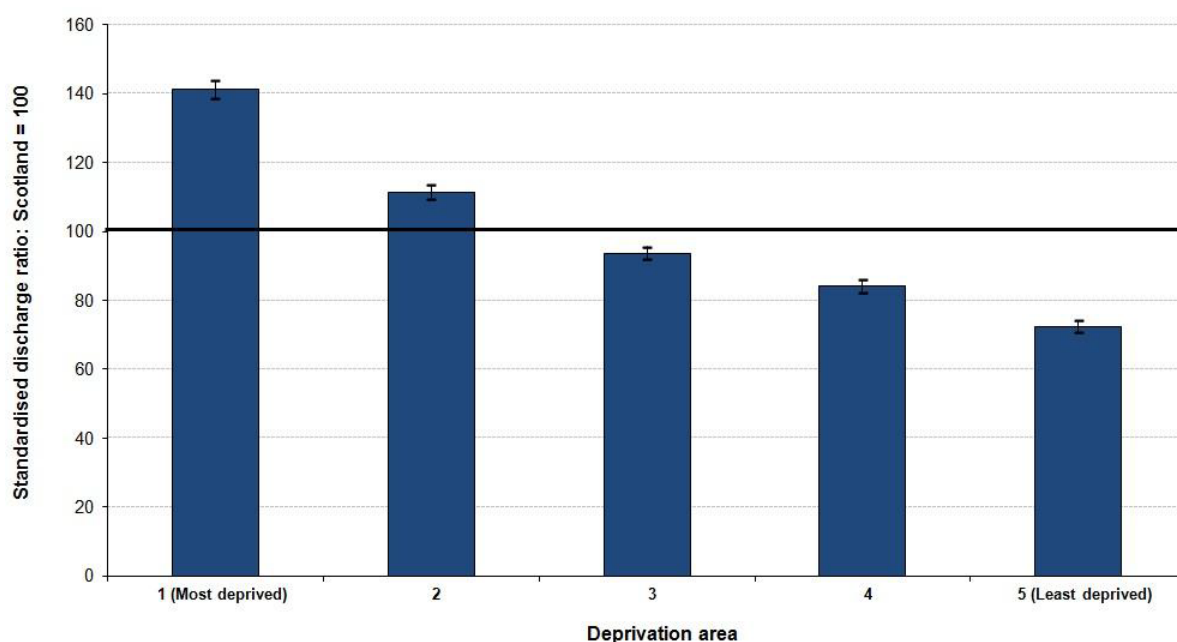


Figure 2 Emergency hospital admissions as a result of an unintentional injury, adults aged 15 and over by deprivation quintile; year ending 31 March 2016 (NHS Information Services Division Unintentional Injuries publication 2017)

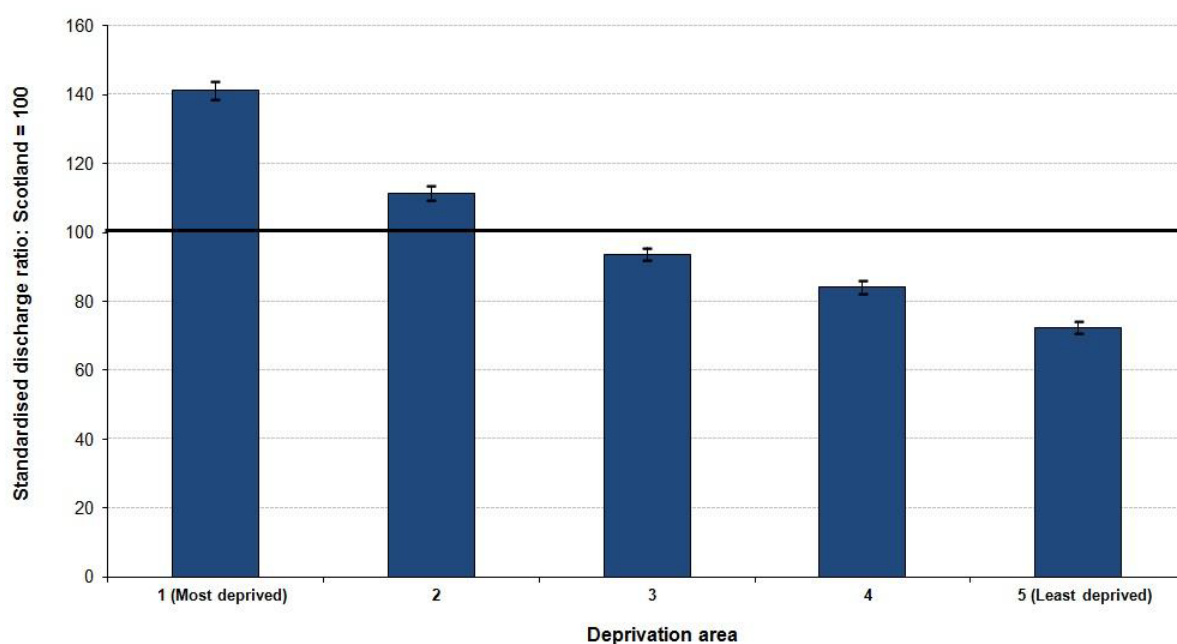
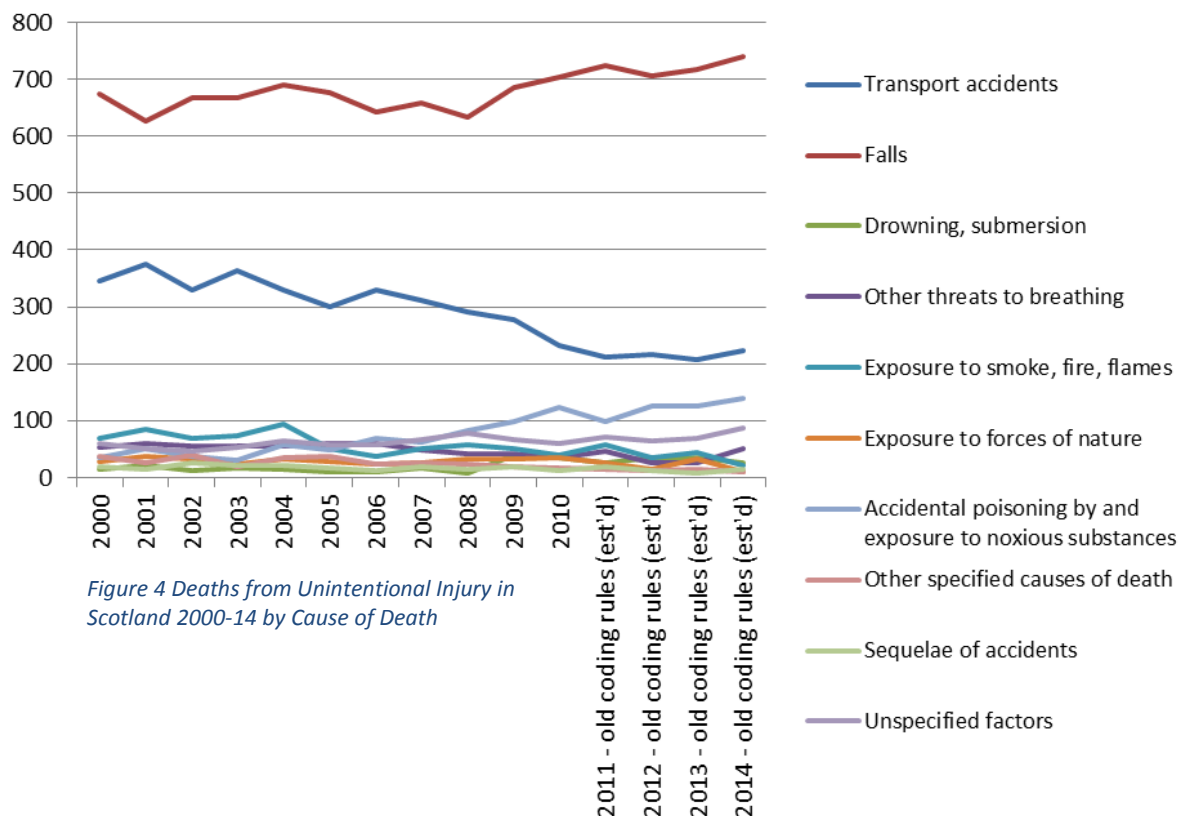


Figure 3 Emergency hospital admissions as a result of an unintentional injury, children aged under 15 by deprivation quintile; year ending 31 March 2016 (NHS Information Services Division Unintentional Injuries publication 2017)

There is also a potential for unintentional harm to become an increasing burden in Scotland due to the over-representation in deaths and injuries of older people from unintentional causes and the projected increase in this age group: the Scottish population projection

indicates an 80% increase in the over 75s between 2012 and 2037 (from 1.25 million in 2012 to 1.78 million in 2037)<sup>4</sup>.

Despite this, however, much unintentional harm is preventable through a variety of mechanisms and the limited improvement in death and injury rates since the 1990s present broad scope for improvements. Reductions in road traffic collision injuries and fire fatalities (see Figure 4) are excellent examples of the potential for improvements through effective legislation, a focus on prevention and partnership working.



<sup>4</sup> National Records Scotland (NRS) Projected Population of Scotland (2014-based) "Estimated and projected population over 70 , Scotland, mid-2014, mid-2024 and mid-2039"

## 1.3 2.2 Children and Young People

*Children and young people, particularly the under-fives in Scotland are disproportionately affected by unintentional harm. Home safety is particularly important in this life stage - between 70% and 85% of all unintentional harm to under-fives occur in the home.*

*More information can be found in Section 4 of the Summary report of the Strategic Assessment for Unintentional Harm and in various sections of the National Strategic Assessment for Unintentional Harm.*

### 1.3.1 2.2.1 Introduction

Around 8% of deaths in those under the age of 15 is the result of unintentional harm and this rises to 40% when deaths linked to the neo-natal period are removed<sup>5</sup> - and is becoming a more important cause of death in children as other causes of death decline<sup>6</sup>. In addition to deaths, a large number of children and adolescents each year are affected by non-fatal injury – around 140,000 incidents each year<sup>7</sup> and over 7,500 emergency hospital admissions<sup>8</sup> (1 in every 8 child emergency hospital admissions is as a result of an unintentional injury).

In the UK, physical unintentional harm mortality (though not necessarily incidence) has declined over the past 20 years for reasons that are not entirely clear. Declining mortality may reflect improved trauma care and survival rather than declining incidence, although specific injury prevention measures are assumed to have contributed somewhat to this trend.

Despite this, from the European Child Safety Alliance report cards published in 2012<sup>9</sup>, child and adolescent injury death rates (0-19 years of age) in Scotland for males and females still remain 1.8 and 1.2 times higher, respectively, than rates in

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<sup>5</sup> National Records for Scotland (NRS) Vital events publications.

<sup>6</sup> Healthcare Quality Improvement Partnership (2013) *Overview of child deaths in the four UK countries* Child Health Reviews – UK Clinical Outcome Review Programme  
[http://www.rcpch.ac.uk/system/files/protected/page/CHRUUK\\_Module%20A%20low%20res%20\(2\).pdf](http://www.rcpch.ac.uk/system/files/protected/page/CHRUUK_Module%20A%20low%20res%20(2).pdf)

<sup>7</sup> Scottish Health Survey and NRS population estimates

<sup>8</sup> NHS Information Services Division (ISD) (2016) *Unintentional Injuries publication year ending 31 March 2015.*

and

<sup>9</sup> European Child Safety Alliance (2012) *Child safety report card for Scotland*

the Netherlands, one of the safest countries in Europe. Numbers of incidents and disabilities for young people show a similar picture.

The wider costs of a serious home accident for a child aged under five has been estimated at £33,200. But while NHS costs tend to be highlighted, there are significant costs to local authorities and to society as a whole for example disabilities that result from an unintentional injury could have education and social care costs; notwithstanding the emotional impact and physical pain there are also wider impacts on the family.

There is a clear correlation between the developmental stage of children and the injuries they sustain (see Figure 5), however falls are particularly important for children and young people at all stages - accounting for around 47% of all child emergency hospital admissions for physical unintentional harm.

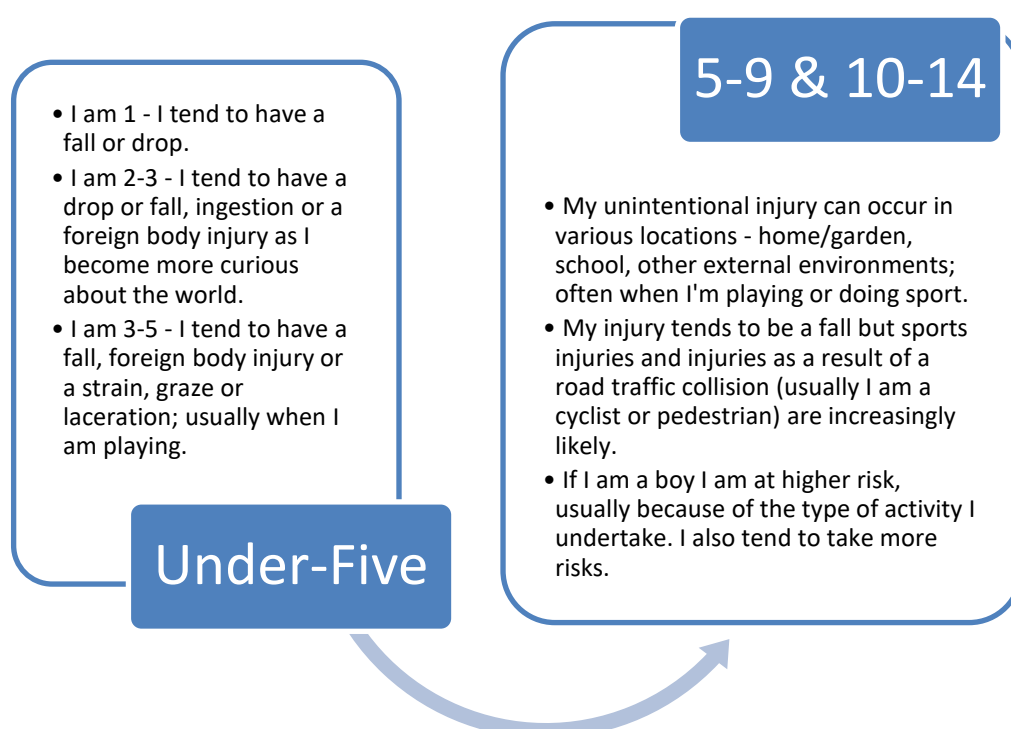


Figure 5 Relationship between unintentional harm and developmental stage in children and young people

Risky play has many benefits and minor bumps and scrapes are an inevitable part of growing up, and cannot be prevented, but serious injury is potentially avoidable through the implementation of evidence-based preventative measures.



- The child death rate from unintentional injuries in Scotland is **30% higher than in England and Wales**<sup>10</sup>.
- Despite improvements in injury deaths rates over the last 20 years, child and adolescent unintentional injury death rates for males and females still remain higher than rates in The Netherlands, one of the safest countries in Europe<sup>11</sup> (see Figure 6). Unintentional injury also contributes to a higher proportion of all child and adolescent mortality in Scotland compared to The Netherlands (13.6% compared to 9.88%).

	Netherlands (2010)			Scotland (2009)		
	Male	Female	Total	Male	Female	Total
Age standardised unintentional death rate per 100,000 0-19 year olds	4.19	1.888	<b>3.06</b>	7.96	2.33	<b>5.21</b>
Contribution of unintentional injuries to all child and adolescent mortality (%)	12.02	6.98	<b>9.88</b>	17.63	7.37	<b>13.61</b>

*Figure 6 Contribution of Unintentional Injury to Child and Adolescent Mortality – Scotland compared to the Netherlands*

- Every year in Scotland, one child in five attends A&E departments following an unintentional injury – approximately **200,000 visits annually**.<sup>12</sup>
- 60% of children had at least one accident or injury during their **first 5 years**, for which their parent had consulted a medical specialist (doctor, dentist, health centre or hospital)<sup>13</sup>.
- Most injuries to pre-school children occur at home (e.g. falls, burns and scalds, choking and asphyxiation), while school age children are injured on the roads or at play (see Figure 6 for the injury profile at different ages for emergency hospital admissions). After infancy, boys are at a higher risk than girls.

<sup>10</sup> Royal College of Paediatrics and child health, National Children's Bureau and British Association for child and adolescent public health (2014) *"Why children die: death in infants, children and young people in the UK"*

<sup>11</sup> European Child Safety alliance report cards published in 2012

<sup>12</sup> NHS Greater Glasgow and Clyde (2010) *Preventing Unintentional Injuries to Children in the NHS Greater Glasgow & Clyde Area*.

<sup>13</sup> Bradshaw, P et al (2013) *Growing Up in Scotland: Birth Cohort 2 Results from the first year* Edinburgh: Scottish Government

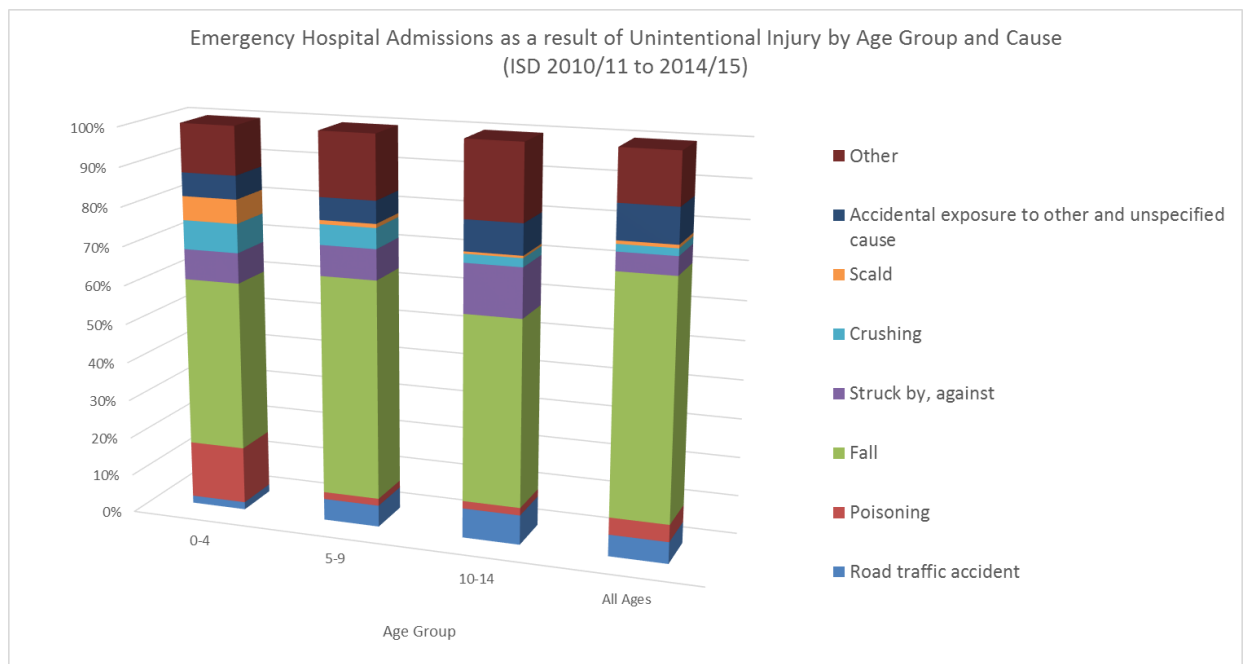


Figure 7 Emergency Hospital Admissions 2010/11-2014/15 in Under 15s by Cause (Information Services Division)

In Scotland, for children aged under 15 years, nearly half (47%) of the emergency admissions to hospital for an unintentional injury in 2014/15 were the result of a fall and it is the top cause of injury for all age groups in childhood.

Falls aside, points of note in relation to the injury profiles for the different age groups are that:

- **Poisonings** feature prevalently in the under 5s and barely at all in the other age groups (19% of all unintentional injuries in the under 5s compared to 2% for all age groups when taken together). In pre-schoolers poisoning tends to be as a result of them consuming prescribed drugs – methadone gets a particular mention in publications<sup>14</sup>; but tranquilizers or sleeping and anti-anxiety medication are noted too<sup>15</sup>. Household products, specifically liquid detergent tablets and liquid nicotine have all risen in prominence in the media but appear infrequently in UK literature and statistics.
- **Road traffic collisions and struck against or crush** become more prevalent as children grow up.

<sup>14</sup> Schmertmann M, et al. (2013) *Risk factors for unintentional poisoning in children aged 1-3 years in NSW Australia: a case-control study*. BMC Paediatrics May 24 2014 and

for more detail. Accessed July 2016.

<sup>15</sup> ISD Emergency hospital admissions – “Poisoning emergency hospital admissions year ending 31 March 2015”.

- **Scalds** only really feature in the under-five age group to any notable degree with a discharge rate of 65 per 100k population compared to 25.8 per 100k for all children.
- There is a **strong correlation between injury risk and social deprivation in general and with dysfunctional parenting in particular**, possibly mediated through child behavioural problems. More information can be found in the Summary document and full Strategic Assessment.
- A high proportion of children and young people either think they already know all they need to know to stay safe, or reject the whole idea that accidents can be prevented and a significant percentage of respondents to the survey<sup>16</sup> admitted engaging in behaviours that they knew could result in a serious injury.
- **Risk-taking behaviour** has been identified as a leading determinant of injury among adolescents<sup>17</sup> (less so in younger children). Supportive social climates are thought to protect adolescents from engaging in certain risk-taking behaviours (e.g. drunkenness, non-use of seatbelt, drug use), and hence the occurrence of some forms of injury. However, once risky behaviours have been adopted, this protective effect no longer exists<sup>18</sup>. More information can be found in the Summary document and full Strategic Assessment.

### 1.3.3 2.2.3 Sub-National Data

As children and young people are over-represented in unintentional injury data it is logical that areas that have higher populations of children and young people will have higher proportions of unintentional injury. There is a full list of 325 datazones which are the Top 5% areas with the most children in Appendices 3 and 4 of the full strategic assessment some of which are also in the 'more deprived' list too, but the Top ten datazones by proportion of children and young people are highlighted in Figure 8 and Top 10 datazones by proportion of under-fives are highlighted in Figure 9.

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<sup>16</sup> Child Safety Strategy for Scotland 2007

<sup>17</sup> W Pickett et al (2006)

Journal of Injury Prevention and  
**Currie C et al (2015)** *Health Behaviour in School-aged Children: World Health Organization Collaborative Cross-National Study (HBSC): findings from the 2014 HBSC survey in Scotland. Child and Adolescent Health Research Unit (CAHRU), University of St Andrews*

<sup>18</sup> W Pickett et al (2006)

Datazone	% of children in population	Rank	Intermediate Geography Name	SIMD rank (2012)	In most 15% deprived ?
Scotland	19.2				
S01000777	41.98	1	Argyll & Bute - Helensburgh North	2789	no
S01005247	40.95	2	Renfrewshire - Paisley Ferguslie	1	yes
S01004316	40.56	3	Moray - IZ Eighteen	5405	no
S01005075	39.48	4	Perth & Kinross - Muirton	137	yes
S01001260	39.45	5	Dundee City - Whitfield	219	yes
S01005071	39.25	6	Perth & Kinross - Muirton	2098	no
S01006165	38.68	7	Stirling - Dunblane East	5156	no
S01001258	38.29	8	Dundee City - Whitfield	738	yes
S01003082	37.6	9	Glasgow City - Nitshill	230	yes
S01001799	37.48	10	Edinburgh, City of - Gracemount, Southouse and Burdiehouse	371	yes

Figure 8A Top 5% Areas in Scotland by Child Population

Datazone		% of 0-4
S01004316	Moray - IZ Eighteen	18.7
S01001570	East Lothian - IZ Six	15.4
S01000777	Argyll & Bute - Helensburgh North	15.3
S01004285	Moray - IZ Eight	15.1
S01006505	West Lothian - Linlithgow Bridge	15.0
S01004698	North Lanarkshire - Birkenshaw	14.7
S01001821	Edinburgh, City of - Comiston and Swanston	14.7
S01003825	Highland - Inverness Central, Raigmore and Longman	14.7
S01006393	West Lothian - Blackridge	14.5
S01000774	Argyll & Bute - Helensburgh North	14.4

Figure 9 Top 5% Areas in Scotland by population of under-fives

The Standard Discharge Ratio (SDR) is the number of observed discharges/number of expected discharges\*100. Figures 10 and 11 shows this for each Local Authority in Scotland for year ending 31 March 2015 – and shows which Local Authorities, have a higher or lower than anticipated SDR for physical unintentional harm in children and young people:

Significantly HIGH Child SDR	Significantly Child LOW SDR
Aberdeen City	Dumfries & Galloway
Borders	East Lothian
East Ayrshire	City of Edinburgh
City of Glasgow	Eilean Siar
North Ayrshire	Fife
South Ayrshire	South Lanarkshire

West Dunbartonshire	
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*Figure 10 Local Authorities in Scotland with Significantly High or Significantly Low Standard Discharge Ratios and Standard Mortality Ratios for Physical Unintentional Harm in Children and young people*

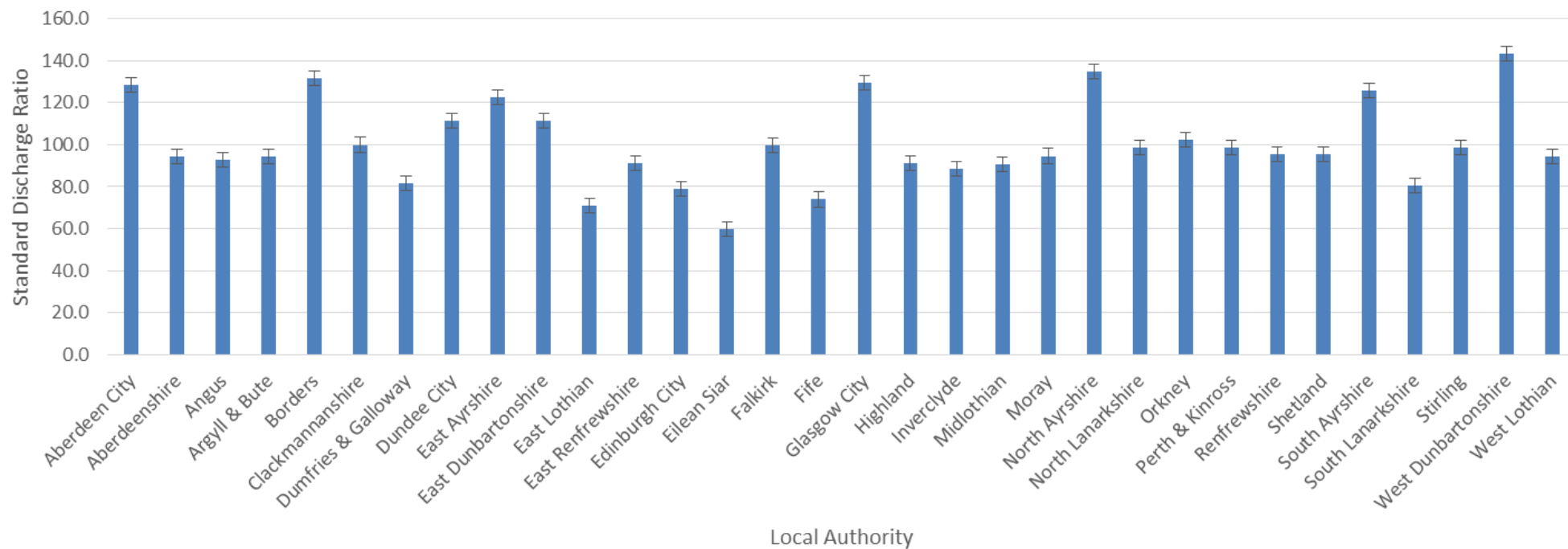


Figure 11 Standard Discharge Ratios for Physical Unintentional Harm (“unintentional injury”) by Local Authority Area in Scotland for Children (NHS ISD Year ending 31 March 2015)

#### 4. SUGGESTED ACTIONS

The following have been taken from the Summary document and a number of other sources (detailed where appropriate) for national and local action to prevent unintentional harm in Scotland. See Section 4 'Case Studies' for specific interventions.

Approach / Source	National Role	Local Role
Findings from the strategic assessment should be used to inform approaches to preventing unintentional harm	The correlation between child developmental stage and nature of injury sustained highlights the importance of designing injury prevention interventions that are appropriate for specific stages of development in children.	
	The link between deprivation and unintentional harm highlights the importance of considering and explicitly mentioning unintentional harm when developing strategies to tackle inequalities and poverty etc.	
	The link between children and young people and unintentional harm highlights the importance of considering and explicitly mentioning unintentional harm when looking at policy and prevention in the areas of child health and well-being, early years etc.	
	The link between protective factors such as a supportive home and school environment and parenting highlights the importance of considering and explicitly mentioning unintentional harm in individual / family care plans or interventions.	
	What we know about how young people view prevention of unintentional injuries highlights the importance of targeting policies and interventions at those most at risk and most resistant to change.	
	What we know about young people with behavioural difficulties being more at risk of unintentional harm should inform policy and prevention around education and support for these children and families.	

Approach / Source	National Role	Local Role
<p>The European Child Safety Alliance report cards published in 2012<sup>19</sup> assessed Scotland as performing well on particular aspects of child and adolescent safety (particularly road safety issues) and poorly on others (home safety including falls, poisonings, burns and scalds, choking/strangulation and drowning are mentioned specifically); though it recognises that progress of child injury prevention may be limited due to current levels of legislative powers.</p>	<ul style="list-style-type: none"> <li>• Enhancing <b>pedestrian safety</b> by introducing laws placing the burden of proof on the vehicle driver in crashes involving a child pedestrian and supporting efforts to modify European vehicle design standards to reduce risk of injury to children (e.g., pedestrian friendly bumper heights)</li> <li>• Enhancing <b>passenger/driver safety</b> by introducing national laws requiring that children remain seated rear facing in cars until age 4 years and that children and adolescents be seated in the back seat of a motorised vehicle until 13 years of age and by introducing graduated licensing for newly licensed drivers</li> <li>• Enhancing <b>cycling safety</b> by the introduction of a law requiring bicycle helmet use while cycling for all ages</li> <li>• Increasing <b>drowning prevention</b> efforts by the introduction of laws requiring fencing around public and private pools and the use of personal floatation devices/life jackets while on the water (not just presence of protective equipment but actual use) and a policy making water safety education (including swimming lessons) a compulsory part of the school curriculum</li> <li>• Enhancing <b>fall prevention</b> by increasing enforcement of the national safety standard for playground equipment and banning the marketing and sale of baby walkers</li> <li>• Enhancing <b>poisoning prevention</b> by continuing to support the educational efforts of poison control centres. Other research has indicated the importance of continuing to work with manufacturers regarding childproof containers for medicinal and household items.</li> <li>• Enhancing <b>burn prevention</b> by expanding current national law requiring a scald preventing maximum temperature (not higher than 50°C) for tap water in new and refurbished dwellings to all domestic settings</li> <li>• Enhancing <b>choking/ strangulation prevention</b> by introducing/enhancing standards and regulations governing product safety for children such as a ban or redesign of specific products such as latex balloons and blind cords</li> <li>• Continuing with actions to increase <b>public awareness</b> of child and adolescent injury risks in the home and effective prevention solutions</li> </ul>	
<p>The UK drowning prevention strategy</p>		<p>Recommends that every community with water risks should have a community level risk assessment and water safety plan.</p>



Approach / Source	National Role	Local Role
Scottish Parliament's Equal Opportunities Committee Inquiry into Age and Social Isolation	The inquiry made a number of recommendations in relation to a national strategy, embedding the issue within health and social care strategies and considerations for housing; in addition to publicity campaigns, training and education and further research into those most at risk and the impact on individuals and communities.	
Strategies to prevent unintentional harm	Evidence shows that having a strategy to prevent unintentional harm can deliver greater improvements in unintentional harm than the absence of such a strategy.	
Children and Young People	<ul style="list-style-type: none"> <li>• The main areas of focus should be on parenting, a safe home environment and safe play.</li> <li>• There are real opportunities to inform and change individual life experience at early stage through education and awareness raising – this raises important questions about capacity and resources.</li> <li>• Evidence suggests improvements to consumer product safety procedures and extending the use of child-resistant packaging; especially in conjunction with legislation and education could see improvements in injuries to this age group.</li> </ul>	
Literature Reviews	Evidence suggests that offering home safety audits in the course of routine home visits, particularly to disadvantaged families could result in improvements to unintentional harm rates. Access to follow-up equipment in addition to education is a necessity here. Both of these raise important questions about capacity and resources.	
Thermal injuries – particularly in children and young people and older people	Some evidence indicates that installing thermostatic mixing valves to hot water sources and installing hardwired smoke detectors and sprinklers in all properties (or particular properties where people are at a greater risk of unintentional harm of this type) would reduce scalds and injuries from fire. This should involve retrospective fitting as well as within all new build properties.	
Data	<ul style="list-style-type: none"> <li>• Further research is required to investigate the mechanism of unintentional harm, its risk factors and protective factors in order that appropriate preventive measures can be put in place. As this kind of data is not yet collected this may require a separate piece of work, for example MSc or PhD student, NHS analysts or local partnership</li> </ul>	Local strategic assessments of unintentional harm would support local prioritisation and activity.

Approach / Source	National Role	Local Role
	<p>analysts; or other commissioned work.</p> <ul style="list-style-type: none"> <li>• We need to understand what works and why and adapt these principles.</li> <li>• Data will help to identify people most at risk, build predictive models to scope future demands, benchmark performance and understand costs and benefits of approaches.</li> <li>• Linking data sets at a national level will assist to provide a clear picture.</li> <li>• There is a need for more on understanding the psychological component of unintentional harm.</li> <li>• More exploration of the reasons for differences in unintentional harm between the most and least deprived communities would be a step forward in understanding this issue and aid in the development of preventative interventions.</li> <li>• Discussions with various colleagues with experience in co-production, asset-based and community development work have made it clear that there may be some mileage in a) trialling community-based approaches as seen in Phase 1 of BSC as part of Phase 2 and/or b) doing some further research in places where this type of work is already happening (for example place-based projects or Phase 1 Places) to ascertain if there have been / are / could be some unintended positive outcomes around unintentional injury.</li> <li>• Organisations need to improve their recording of unintentional harm as it is likely the figures in this document are underreported. Further breakdowns of those unintentional harm incidents</li> </ul>	

Approach / Source	National Role	Local Role
	<p>classed as 'other' would be valuable.</p> <ul style="list-style-type: none"> <li>• A horizon scanning exercise assessing longer-term risks and opportunities relating to unintentional harm in Scotland should be undertaken in order that opportunities for mitigating risk can be seized.</li> <li>• A discussion on the scope of poisoning within BSC would be beneficial – perhaps the most logical approach, would be to focus on all poisonings in specific age groups – for example all poisonings in children and young people and older people – and poisonings from certain substances only in the other age groups. The latter approach would involve combining information on deaths and injuries from poisoning.</li> </ul>	
Engagement	<ul style="list-style-type: none"> <li>• Direct engagement with local Community Safety Partnerships (CSPs) and Community Planning Partnerships (CPPs) and other networks and partners (for example the community planning network, SOLACE and COSLA, Scottish Community Safety Network (SCSN), Royal Society for the Prevention of Accidents (RoSPA), Improvement Service) to support the development of local analysis and seek to influence the adoption of unintentional harm as a priority issue within the Local Outcome Improvement Plan (LOIP) or community safety strategy.</li> </ul>	

## 5. CASE STUDIES

### Accounts from Scottish Councils

#### Aberdeen

*Mary J Agnew, Health, Safety and Wellbeing Manager, Aberdeen City Council,*  
[magnew@aberdeencity.gov.uk](mailto:magnew@aberdeencity.gov.uk)

Aberdeen City Council is committed to ensuring the community lives as safely as possible in their own homes (including council housing). Funding was received through the Common Good Fund to deliver a home safety scheme to the people of Aberdeen. Homecheck is funded by the Common Good Fund to the tune of £71,376 and makes on average 800/900 visits per year. In 2014/15 the service fit 809 child safety gates, 191 grab rails and 110 metal rails.

Home Check offers a free service to any family with a child under the age of two and adults over the age of 65 living in Aberdeen City Council. The service includes a home safety check, with advice given on how to apprehend hazards within the home.

The service is provided by two members of staff; a Home Safety Officer who visits customers and offers them advice on hazards and general home safety and a Handy Person who performs remedial works in the homes such as fitting grab rails or child safety gates. The elderly are also offered a light bulb changing service to prevent them from climbing ladders.

#### Dundee

*Laura McDermott, Home Safety Advisor, Dundee City Council Community Safety Partnership,* [laura.mcdermott@dundeecity.gov.uk](mailto:laura.mcdermott@dundeecity.gov.uk)

**Home Safety Scheme:** The Homes Safety Scheme is a multi-agency project involving SFRS, Police Scotland, NHS falls, Food Train, Dundee energy advice, Children and adult protection, welfare rights

Each organisation provided three triggers (visuals) which make up a collective home assessment. The idea of the scheme is to refer the household to the relevant organisation if a visual trigger is picked up to receive specialist advice and assistance.

A CAT (Co-ordinated Advice Tracking System) system is used as a common referral system whereby organisation can log in to the CAT and send a referral to the relevant organisation. The CAT system is widely used by Dundee City Council already and therefore can be easily rolled out and accessed by other partners.

A Visual Trigger sheet has been developed for each organisation to use when they enter a home.

Home Safety Issues to raise alert:

The Visual Trigger sheet includes the following key areas:

- Falls
- Adult abuse
- Financial concerns
- Household energy
- Dietary
- Fire
- Isolation, and
- Children concerns.

Each of these issues has a direct point of contact in which organisations can refer too.

The initial set up and organisation of the project has taken approximately two years. This time has been used to identify and support relevant organisations, develop the visual triggers for each organisation and get council acceptance of this project going ahead.

Each partner provided their identifiable triggers and appointed one person to access the CAT system and process the referrals. The idea of the CAT system is to reduce work load. Once the referral has been sent from one organisation to the relevant partner no other paper work needs to be completed or chased up.

Access to the CAT system was available to all partners in the scheme; therefore no costs were needed to buy into the scheme.

There have been no costs associated to this project as the CAT system was already a working component of Dundee City Council and could be accessed easily.

There was some initial resistance and reservations from partners due to a perceived increased workload and heavy case loads.

Getting appropriate senior level buy-in to the scheme was a lengthy process for some organisations involved.

This project began in January 2016 and will be evaluated after a six month pilot.

## **Glasgow**

Community Safety Glasgow (CSG) works in partnership with a broad range of other agencies and services including Glasgow City Council and all other organisations within the Council family, Scottish Fire and Rescue Service, NHS Greater Glasgow and Clyde, as well as a wide range of third sector organisations across the City.

**Go Safe Scotland:** Glasgow City Council, in partnership with a number of key organisations has developed a new and ground breaking [resource](#) to teach young children about the hazards and consequences they may face in everyday life and how to make the right choices to stay safe. It was agreed to develop a web based interactive education suite, linking all aspects of child safety within health and well being.

Written by experienced teachers from Glasgow and Fife and overseen by Education Quality Improvement Officers, this new resource will be of significant benefit to teachers in delivering early intervention education and information relating to the learning and teaching of health and wellbeing as part of the curriculum for excellence.

Each of the partners involved, Fife Community Safety Partnership, Police Scotland, SFRS, Scotland Gas Networks, Royal Society for the Prevention of Accidents, Scottish Water, Network Rail and the NHS have provided their key messages which have been transformed into engaging interactive lessons, including short films and e books.

## **Moray**

*Roddy Burns, Chief Executive, Moray Council, [Roddy.burns@moray.gov.uk](mailto:Roddy.burns@moray.gov.uk)*

In Moray, the Community Safety Partnership has the responsibility to ensure that Moray is a safe place to live, work and visit. The partnership consists of Police Scotland, SFRS, Moray Council and NHS Grampian. As a Community Safety Partnership they undertake Home Safety Checks which involve Health Visitors, Community Wardens and Home Carers. These staff members have been trained in fire and general home safety, as well as home security. They carry out inspections of homes they are visiting to identify potential hazards and provide appropriate advice. In serious cases they can refer the address to the appropriate service who will carry out a more in depth inspection and provide solutions.

NHS Grampian also train Health Visitors and Community Wardens to identify hazards associated with trips and falls; particularly in relation to the elderly and disabled, and offer advice and practical help to remove hazards.

The Scottish Fire and Rescue service deliver Fire Safety Briefings for the under fives to parenting groups, nurseries and play groups. They also carry out home Fire Safety visits where advice and practical assistance is provided when fire hazards are identified. Referrals come from all members of the Community Safety Partnership and vulnerable persons/addresses are also often identified via weekly community safety hub meetings.

NHS Grampian delivers home safety workshops to voluntary organisations and to statutory bodies such as Public Health leads. To accompany these presentations a Home Safety pack

has been developed and they are provided to vulnerable families by Health visitors, District Nurses and Carers. Packs are also available at Police Stations, GP surgeries and Council Access Points.

## **Scottish Borders**

*Paul Richardson, Community Safety Officer, Scottish Borders Council*  
[PRichardson@scotborders.gov.uk](mailto:PRichardson@scotborders.gov.uk)

Prevention of home accidents is generally carried out by a range of partners from the Scottish Borders;

- Scottish Borders Council
- NHS Border
- SFRS
- Care and Repair
- Child Care Partnership, and;
- Third sector voluntary organisations.

Key Injury Prevention Activities for the Under 5s

- Child Safety Week- every year a home injury prevention catalogue of resources is circulated to nurseries and primary schools to encourage raising awareness of home safety with parents and children. Scottish Borders Community Safety Partnership collects leaflets and resources from partner organisations to distribute.
- Safety 1<sup>st</sup> scheme- Run by the Social Work department the scheme provides vulnerable families with basic child safety equipment. Families are supported with Home Fire Safety Visits provided by SFRS. This scheme reaches around 100 households per year.
- Regular home safety talks delivered by Scottish Borders Community Safety partnership with parents and preschool children.
- Home safety included in Bump to Baby events across Scottish Borders
- 2009-2010- Good Egg Home safety Guide circulated to nurseries across the Borders for parents and children under 5. The resource was circulated by the Community Safety Partnership in the Scottish Borders. The Good Egg guide is provided by Road Safety Scotland.
- 2011-2012 Blind Cord Safety in the home campaign- Posters, leaflets and home safety checklists distributed to pre schools. Scottish Borders Community Safety Partnership worked in partnership with RoSPA to raise awareness of looped blind cords.

## **South Lanarkshire**

*Margaret Brunton, Home Safety Officer, South Lanarkshire Council,*  
[margaret.brunton@southlanarkshire.gov.uk](mailto:margaret.brunton@southlanarkshire.gov.uk)

**Crucial Crew-** Over 3,250 primary 7 pupils from South Lanarkshire attended the crucial crew event to take part in interactive safety training. Crucial Crew helps young people aged 10-12 avoid becoming victims of crime, learn social responsibility and understand the role of the emergency services.

**Make it Safe, Blind Cord Campaign-** Aim to raise awareness of dangers of blind cords to children within the South Lanarkshire area. 5,250 packs have been distributed through information days and partner organisations. Please visit the RoSPA section of this report for further information.

**LifeLine-** Emergency data project aimed at providing details of emergency contacts in case of accidental injury. 2000+ packs have been distributed throughout South Lanarkshire

**Education inputs-** South Lanarkshire College are raising awareness of potential hazards which could result in unintentional injury within the home environment to students working in the child care profession. A module in home safety has been developed to provide future child care professionals with background information on home hazards and preventative advice.

## **The Royal College for Paediatrics and Child Health**

*The Royal College of Paediatrics and Child Health (RCPCH) was founded in 1996. The College comprises over 16,000 members who live in the UK, Ireland and internationally, and plays a major role in postgraduate medical education and professional standards. The RCPCH mission is to transform child health through knowledge, innovation and expertise.*

*Claire Burnett, External Affairs Manager, [Claire.Burnett@rcpch.ac.uk](mailto:Claire.Burnett@rcpch.ac.uk)*

The Royal College for Paediatrics and Child Health have written a call to action; [Why Children Die](#). This report looks at areas of prevention and highlights case studies and best practice which should be utilised by government to prevent accidental loss of life in children.

**Why Children die: death in infants, children and young people in the UK Part D:** Each year approximately 350-450 infants, children and young people die in Scotland. Similar to figures across the UK, the majority of deaths occur in children under one year of age, with the second largest number of deaths occurring in the 15-18 year group. The why children die report highlights how the way we deliver healthcare, funding systems, and emphasis on primary care can all affect the lives and health of infants, children and young people.

The report highlights how a large proportion of preventable deaths during childhood and adolescence occur in the context of children and young people's interactions with their external environment. For younger children, injuries and poisonings are among the leading causes of highly preventable death; therefore safety in the home and in the community is of paramount importance. Parents and carers need to be supported to make safety a priority, ensuring they are equipped with knowledge and skills as well as resources for creating safe physical environments.



Local authorities and health boards should prioritise children's safety, and through utilising resources such as health visitors and home safety equipment schemes, educate and equip parents and carers to keep their children safe, with a focus on water safety, blind cord safety and sleeping safety.

## **The Royal Society for the Prevention of Accidents**

*For almost 100 years, RoSPA has been quietly working behind the scenes to change both legislation and attitudes surrounding accidents. RoSPA's mission is to save lives and reduce injuries.*

*Elizabeth Lumsden, Community Safety Manager, [elumsden@rospa.com](mailto:elumsden@rospa.com)*

### **Not for play, keep them away: Liquid Laundry Capsules**

The "[Not for Play](#)" campaign was an initiative aimed at tackling the growing concern of liquid ingestion injuries to children in the NHS Greater Glasgow and Clyde Health Board area. The campaign aimed to utilise a multifaceted approach to raise awareness of the product, in order to try and prevent ingestions of liquid laundry capsules. The campaign proposed to provide every parent/carers with a baby at 12 – 16 weeks of age with an information pack, including a leaflet and cupboard lock. The evaluation found that during the campaign period, admissions in Yorkhill fell from 9 (pre-campaign year) to 1. In addition the estimated cost saving to the Ear Nose and Throat department at Yorkhill hospital was around £144,000.

### **Scotland's Home Safety Equipment Scheme**

Scotland's Home Safety Equipment Scheme, hosted by RoSPA and funded by the Scottish Government, aimed to reduce home accidents to children under the age of five. RoSPA partnered with 12 local authorities and key delivery partners such as the NHS, Scottish Fire and Rescue and the Family Nurse Partnership to deliver key outcomes. 165 members of staff were trained in child safety and a total of 900 families were reached during the length of the project with 1752 children benefitting from appropriate safety equipment and the appropriate guidance on its use.

The cost of delivering the scheme was £276 for each family or £142 per child. The most recent available data on the cost of a non fatal, hospital treated home accident for children up to 4 years is £10,600.

Ninety-nine percent of families engaged considered that their home was safer. The majority of professional stakeholders (including family support practitioners, health visitors and fire officers) considered that the scheme helped to:

- Make children safer and healthier (85%)
- Prevent accidents and unintentional injuries in the home (76%)
- Prevent accidents and unintentional injuries to children under the age of five (75%)

The scheme was [evaluated](#) by SMC Associates.

## **The Birthday Party: Go Safe Scotland**

The Birthday Party was written by well known children's author, Linda Strachan, to be used by [Go Safe Scotland](#) as an education resource for young children to learn about home safety in an engaging way. The Birthday Party is part of a series of books following the Safe-T-Crew as they go around the home highlighting hazards and ways to prevent them. Funding for the creation of the birthday party was raised by Elizabeth Lumsden walking the Great Highland Way, funds were also provided through RoSPAs awards. Extra funding was provided by Glasgow City Council in order to assist in the distribution of the book. Scotland's Gas Network delivered the book to 2050 Scottish primary one school pupils. Further books have distributed into the Royal Hospital for Sick Children Edinburgh and the Glasgow Hospital for Sick children and local children's charities.

## **Straight Off, Straight In, Straight Away: Hair straightener campaign**

Straight Off, Straight In, Straight Away" is a campaign that RoSPA has been involved in, developed by the health improvement team from NHS Greater Glasgow and Clyde, to raise awareness of hair straightener burns to children. Other agencies involved are: colleagues from the burns unit and A&E consultants from the Royal Hospital for Sick Children (Yorkhill) Glasgow; SFRS; and the James Watt College - Glasgow.

An audit identified an increase in the number of young children being burnt due to contact with hair straighteners. Most of the children who suffered the burns were 0-3 years old and male, with the burns being sustained when the child either stood on the straighteners or picked them up. Most occurred after the straighteners had been turned off.

Hair straighteners can take up to 40 minutes to cool down, so the campaign encourages people to switch off the straighteners at the wall and unplug them, put them in the free promotional thermal bag and store them in a safe place out of reach of children - and to do this straight away. The campaign also incorporates a fire safety message, as many people forget to unplug the straighteners and scorch or set fire to bedding or carpets.

## **Children and young people's survey:**

RoSPA joined forces with the Children's Parliament to carry out the research, entitled [Home Free](#), to raise awareness of children's rights in relation to staying safe in the home.

A total of 96 per cent of the 153 children asked said parents should teach them about staying safe, while 92 per cent also thought it was up to their teachers. Firefighters and policemen received 84 per cent, while 81 per cent selected doctors and nurses as one of their choices.

And out of the 93 per cent of children who reported having an accident, 43 per cent said it had happened in their home, with the most common accidents involving trampolines, hair straighteners, fingers being trapped in doors and trips and falls.

Many of the children, who were aged 9 -11, felt that their injury could have been avoided if they had the right safety equipment, such as wearing a helmet while cycling.

The children also discussed their right to stay safe and whose responsibility they thought it was to keep them safe.

In addition to the child-friendly survey, 79 children - also aged 9 - 11 - from five primary schools took part in creative workshops to explore home safety issues.

They talked about their personal experiences and how best to keep themselves safe and used their creative skills to design their own public service advertising campaigns.

### **Train the Trainer**

RoSPA's Train the Trainer scheme looks at the continuation of Scotland's home Scheme education package by training professionals in home safety with the ability to then cascade the information down to colleagues and members of the public. The aim of Train the Trainer is to have a home safety aware nation without substantial costs to individuals. This initiative will be launched in March 2016.

## 6. LINKS TO FURTHER READING AND SUPPORT

### 1.4 5.1 Data and Intelligence

Below are some of the key sources of data about unintentional harm in Scotland. Additional links can be found in Sections 5.2 and 5.3 and through the references in the summary document and full strategic assessment.

Nature of the data	Source	Nature of the data	Level to which it is available	Frequency published
<b>Mortality data - deaths</b>	<b>National Records for Scotland and Information Services Division (ISD) of NHS</b>	Includes information on the number of deaths, cause of death, gender and age breakdown & location data for some	All Scotland, Health Board and Local Authority (the latter for only some types of the data)	Annually (Autumn by NRS and Spring by ISD)
<b>Emergency hospital admission data</b>	<b>NHS ISD Unintentional Injuries</b>	Includes information on the number of hospitalisations, injury type and cause and deprivation, age and gender breakdowns	All Scotland, Health Board and Local Authority (the latter for only some types of the data). Postcode data available on request	Annually (Spring)
<b>A&amp;E attendance data</b>	<b>Some healthboards</b>	Varies but can include type of injury (e.g. fall/poisoning/road traffic etc), day and time of arrival, age and gender breakdowns	Only for some healthboards - datamart review underway which should ensure this is available across Scotland.	Bespoke request
<b>Incident data – all</b>	<b>Scottish Health Survey</b>	Includes information on the prevalence of incidents, deprivation data, type of injury, gender and age breakdowns and treatment. Also contains information on mental health and wellbeing.	All Scotland. Health board every 4 years	Every two years (September)
<b>Incident data – CYP</b>	<b>Health Behaviour in School-Aged Children</b>	Includes information on the prevalence of incidents, deprivation data, type of injury (most severe injury only), gender and age breakdowns.	All Scotland	Every four years

<b>Nature of the data</b>	<b>Source</b>	<b>Nature of the data</b>	<b>Level to which it is available</b>	<b>Frequency published</b>
<b>Incident data – all</b>	<b>Scottish Ambulance Service</b>	Includes information on the number of calls, temporal data, patient age and gender, type of injury and many other fields	All Scotland, local authority area (and lower as some data is geo-coded)	Bespoke request
<b>Incident data – water safety</b>	<b>Water Incident Database (WAID) from the Water Safety Forum</b>	Currently drownings only but hope to have rescue incidents too in time. Age and gender, activity being undertaken at the time, location (e.g. coast, river, loch etc) included.	All Scotland and possibly regional.	Bespoke request
	<b>Various: Maritime and Coastguard Agency, SFRS, Police Scotland, RNLI and other rescue boats</b>	Includes temporal information, type of vessel, whether vessel/people involved were commercial or non-commercial	All Scotland and regional. Some incident data will be geo-coded.	Bespoke request
<b>Incident data – mountains</b>	<b>Mountain rescue Scotland</b>	Includes information on type of injury, activity being undertaken (e.g. hill walking, mountaineering etc), whether part of a group, temporal information, gender and age	All Scotland and by mountain rescue team area	Annually
<b>Incident data – fire</b>	<b>Scottish Fire and Rescue Service (SFRS)</b>	Includes accidental dwelling fires and fires resulting in casualty/fatality. Temporal data, age, gender, injury and treatment, cause of fire and contributory factors all available	All Scotland and local authority. For some analysts sub-geographies are available as data is geo-coded.	Annually (and bespoke for some analysts and under FOI for more information)
<b>Incident data – road traffic</b>	<b>Road Safety Scotland and Transport Scotland</b>	Includes information on the road type, injury type and severity, age and gender of people involved, contributory factors etc. Attitudes and behavioural studies available as part of Road safety Information Tracking Study (RITS).	All Scotland	Annually

Nature of the data	Source	Nature of the data	Level to which it is available	Frequency published
	<b>MAST</b>	In addition to hospitalisations and deaths as a result of a transport collision, MAST has data for all transport collisions reported to the Police. This includes information on the road type, injury type and severity, age and gender of people involved, contributory factors etc. Deprivation and MOSAIC codes are also available.	All Scotland and local authority. For some analysts sub-geographies are available as data is geo-coded.	
<b>Incident data – air safety</b>	<b>Civil Aviation Authority</b>	Incident data for air safety incidents but not necessarily injuries.	Various	Bespoke request
<b>Incident data – rail safety</b>	<b>Rail Risk Portal</b>	Incident data and injury data in their annual safety report.	Scotland	Annually
<b>Incident data – Forestry commission</b>	<b>Forestry Commission</b>	Incidents involving unintentional injury on Forestry Commission land. Injury surveillance is of variable reliability due to different practises between each area.	Various	Bespoke request
<b>Population data</b>	<b>Scottish Neighbourhood Statistics (SNS)</b>	Vast array of population data including population data by datazone	Datazones by child, older people and deprivation available on request.	
<b>Psychological Unintentional harm</b>	<b>Scottish Health Survey</b> <b>NHS Health Scotland</b> <b>Scottish Schools</b>	Vast array of information on mental health and wellbeing.	Various	SHeS annually  NHS Health Scotland various

Nature of the data	Source	Nature of the data	Level to which it is available	Frequency published
	<b>Adolescent Lifestyle and Substance Use Survey (SALSUS)</b>			SALSUS every two years
<b>Community indicators</b>	<b>Scottish Household Survey</b> <b>Scottish Social Attitudes survey</b>	Community cohesion and support indicators which could provide valuable context	Various	Annually

## 1.5 5.2 Organisations

The organisations listed below are good sources of information for policy and guidance on unintentional harm.

- The Royal Society for the Prevention of Accidents (RoSPA)  
<http://www.rospace.com/> and <http://www.rospace.com/about/around-the-uk/scotland/>
- Building Safer Communities (BSC) Programme
- Child Accident Prevention Trust (CAPT)
- Cross-party group on Accident Prevention and Safety Awareness
- Electrical Safety First
- European Child Safety Alliance
- Go well Glasgow
- Growing Up in Scotland
- Health and Safety Executive
- Home Safety Scotland
- Road Safety Scotland
- Safety policy leads group within Scottish Government (contact Michelle Harritty at the Community Safety Unit for more information)
- Scottish Community Safety Network
- Scottish Fire and Rescue Service
- Transport Research Institute (TRI)



- Transport Scotland
- Visitor Safety in the Countryside
- Water Safety Scotland <http://www.watersafetyscotland.org.uk/>
- World Health Organisation (WHO)

#### 1.6 5.3 Policy and Other reading

This list is not exhaustive, however provides some interesting additional reading to be used in conjunction with products from the organisations mentioned in Section 5.2 and the data sources mentioned in Section 5.1.

- A Khambalia A, et al (2006) *Risk factors for unintentional injuries due to falls in children aged 0–6 years: a systematic review* Journal of Injury Prevention. 2006 Dec; 12(6): 378–381.
- Anderson M. et al (2012) *Poisoning in Young Children*. Archives of Disease in Childhood 2012;97:9
- Bradshaw, P. et al (2013) *Growing Up in Scotland: Birth Cohort 2 Results from the first year* Edinburgh: Scottish Government
- Cree C, Kay A, Steward J (2012) *The economic and social cost of illiteracy: a snapshot of illiteracy in a global context*. World Literacy Foundation.
- **Currie, C. et al (2015)** *Health Behaviour in School-aged Children: World Health Organization Collaborative Cross-National Study (HBSC): findings from the 2014 HBSC survey in Scotland*. Child and Adolescent Health Research Unit (CAHRU), University of St Andrews
- Fauth R, and Ellis A (2010) *Reducing Injuries in Childhood, a research review*. National Children's Bureau research
- Green J, Muir H, Maher M (2011) *Child Pedestrian casualties and deprivation*. Accident analysis and prevention
- Klassen T P, et al (2010) *Community-Based Injury Prevention Interventions*. The Future of Children
- MacInnes, K and Stone, D H (2008) *Stages of development and injury: An epidemiological survey of young children presenting to an emergency department* BMC Public Health.

- NHS Greater Glasgow and Clyde (2010) *Preventing Unintentional Injuries to Children in the NHS Greater Glasgow & Clyde Area*.
- Pickett, W. et al (2006)

Journal of Injury Prevention

- Public Health England (2014) *Reducing unintentional injuries in and around the home among children under five years*
- Royal College of Paediatrics and child health, National Children's Bureau and British Association for child and adolescent public health (2014) *"Why children die: death in infants, children and young people in the UK"*
- Schmertmann M, et al. (2013) *Risk factors for unintentional poisoning in children aged 1-3 years in NSW Australia: a case-control study*. BMC Paediatrics May 24 2014;13:88
- Scottish Government Child Death Review Working Group (2014) *Child Death Review Report*
- Stone, D H and Pearson J, (2009) *Unintentional injury prevention: what can paediatricians do?* British Medical Journal

The Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre) (2007) *Accidental injury, risk-taking behaviour and the social circumstances in which young people (aged 12-24) live: a systematic review*