

# UNINTENTIONAL HARM THEMATIC PAPER

## Home Safety



Building Safer Communities

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## 1. EXECUTIVE SUMMARY

### 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.

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.

## 2. KEY POINTS

### 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.

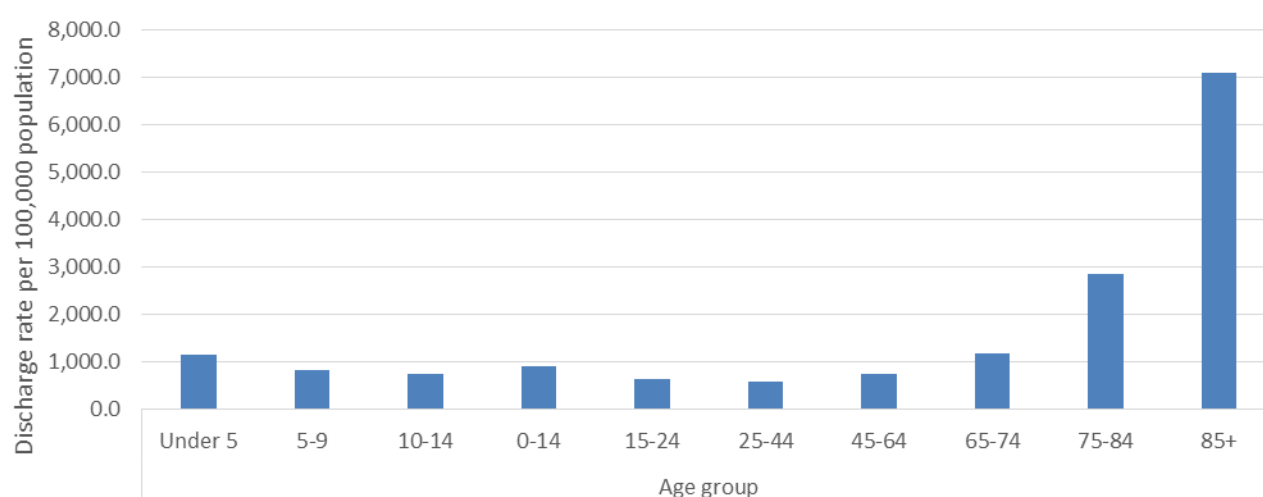


Figure 1 Emergency hospital admissions as a result of an unintentional injury by age group, year ending 31 March 2015 (Source: NHS Information Services Division Unintentional Injuries publication, 2015)

<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

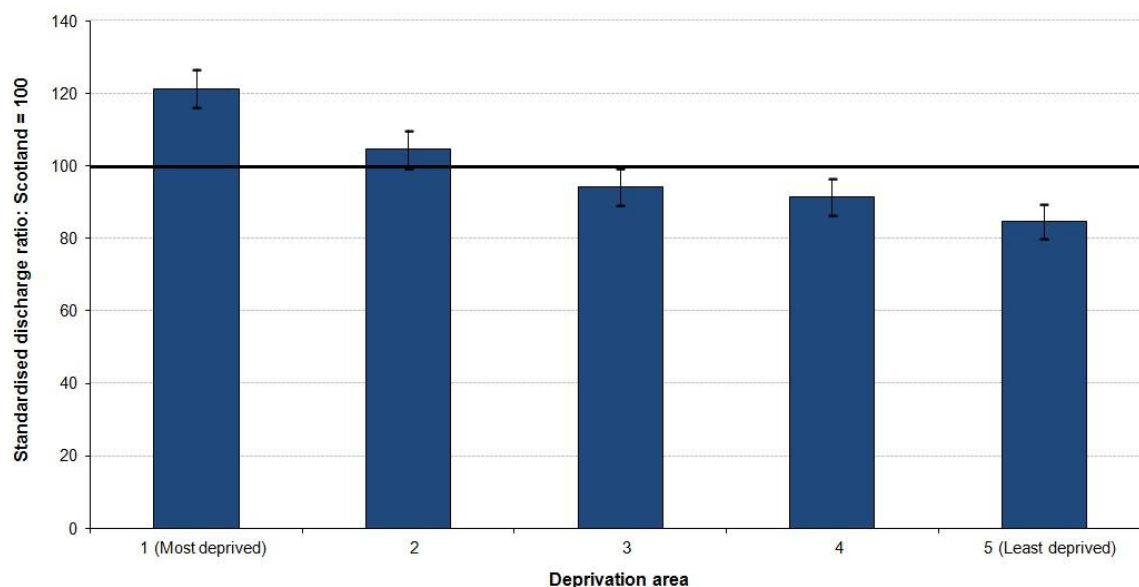


Figure 2 Emergency hospital admissions as a result of an unintentional injury, adults aged 15 and over by deprivation quintile; year ending 31 March 2016 (NHS Information Services Division Unintentional Injuries publication 2017)

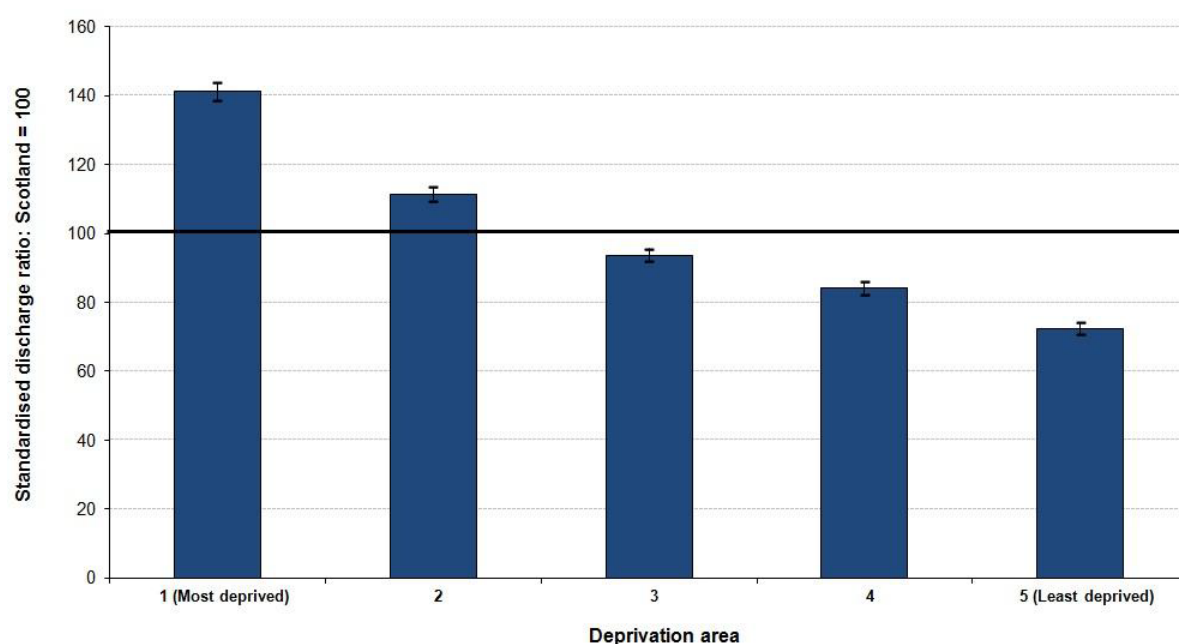


Figure 3 Emergency hospital admissions as a result of an unintentional injury, children aged under 15 by deprivation quintile; year ending 31 March 2016 (NHS Information Services Division Unintentional Injuries publication 2017)

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>.

<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*

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.

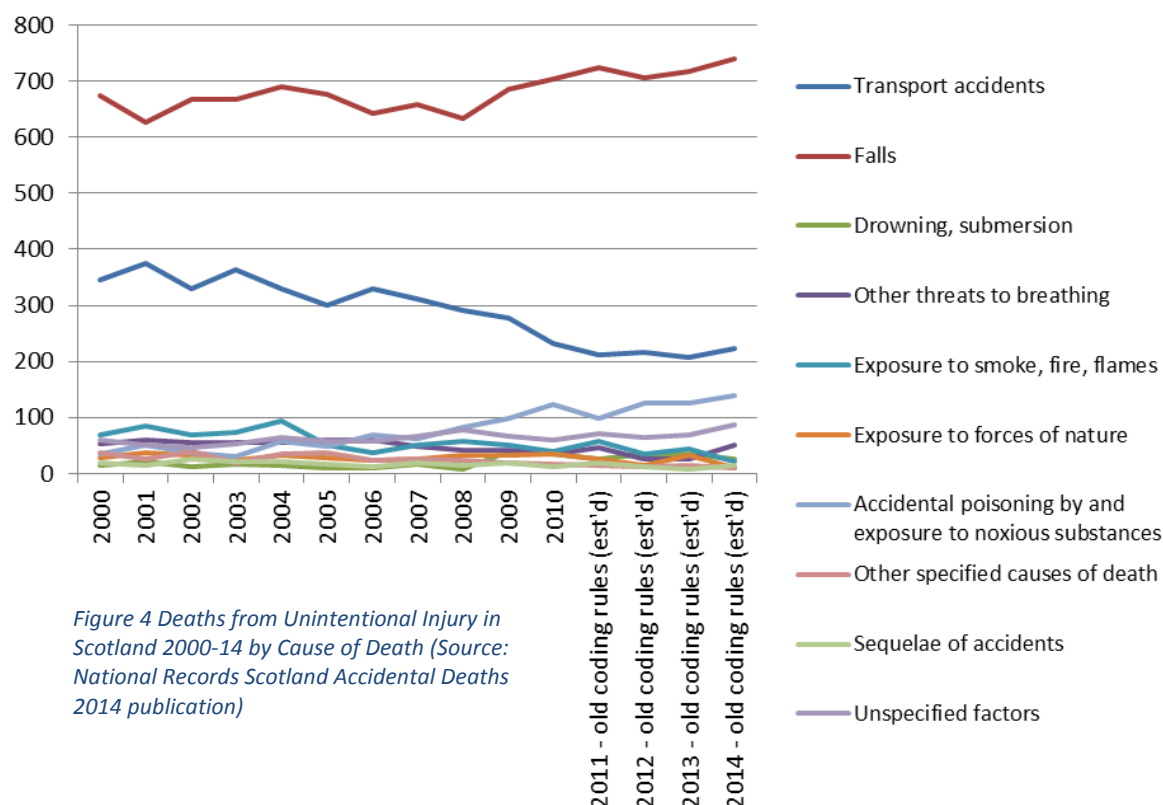


Figure 4 Deaths from Unintentional Injury in Scotland 2000-14 by Cause of Death (Source: National Records Scotland Accidental Deaths 2014 publication)

## 2.2 Home Safety

### 2.2.1 Introduction

From all data sources (surveys, hospital admissions and A&E attendance) almost a third of unintentional harm occurs in the home/garden environment. This is higher for those aged over 65 years (where one in every two unintentional injury incidents occurs in the home) and those aged 0-4 years (between 70 and 85% occur in the home).

The A&E data snapshot from the NHS Healthboard demonstrates this - **dark red** in Figure 5.

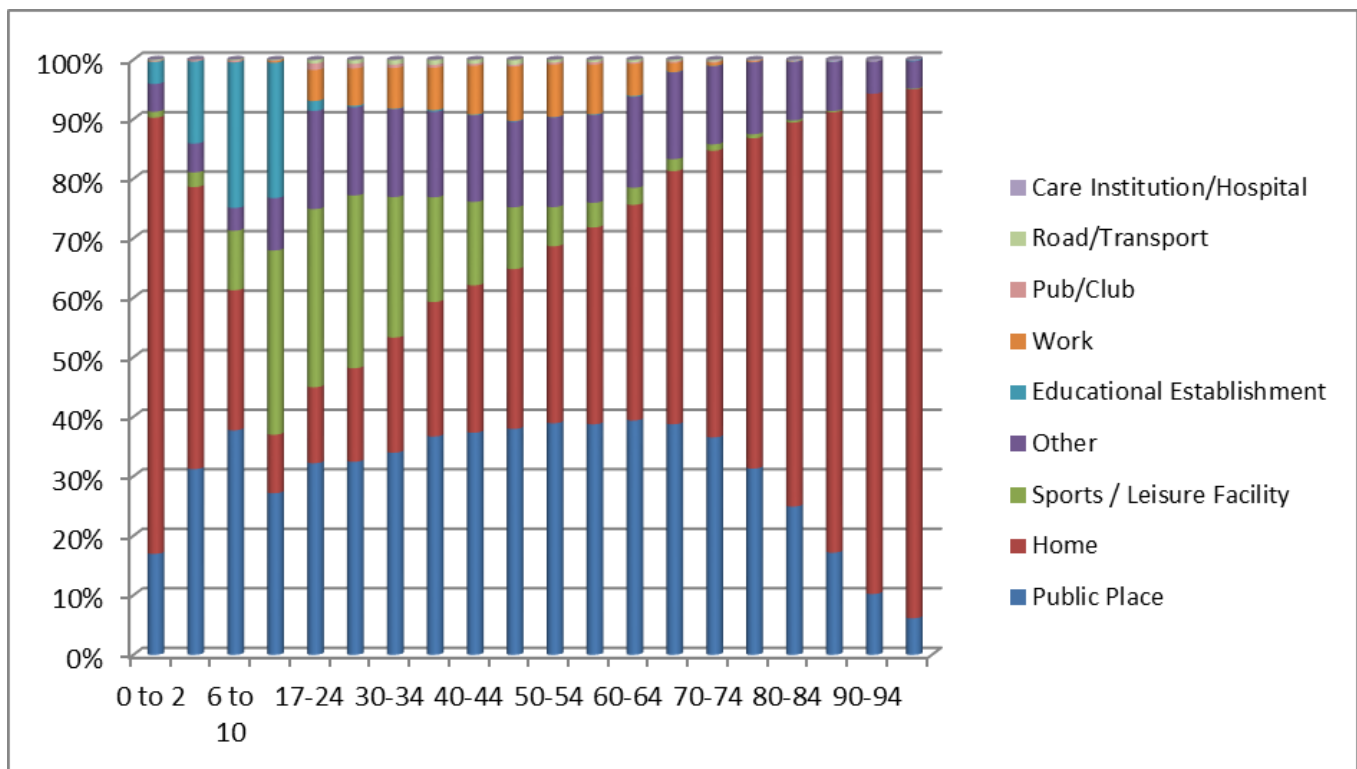


Figure 5 Physical Unintentional Harm Incidents by Age Group and Location of Incident (One Scottish Healthboard's A&E Attendance 2010/11-2014/15)

Within the home falls are the most common type of incident (for all age groups) but poisonings and burns/thermal injuries in young children also occur comparatively frequently too - most scalds occur in the home (72% of the total emergency hospital admissions for scalds) and the home is an important location for fires too - the majority of fire casualties occur in dwelling fires (87% of casualties in the last ten years were injured in a fire in the home)<sup>5</sup>. According to the Water Incident Database (WAID), fatal incidents that happen around the home account for a small number of fatalities – in 2010-13 there were four (2% of the total) in the bath/jacuzzi. When it does occur however, drowning within the home particularly affect vulnerable groups such as children and the elderly.

### 2.2.2 Key Findings

#### Nature of Injury in the Home

Figure 6 shows that falls account for the largest proportion of physical unintentional harm in all age groups, but are particularly high in the over-65s and over-75s, and also in the 5-9 and under-five age groups. Crushing and struck by/against are

<sup>5</sup> Scottish Fire and Rescue Service (2016) *Fire and Rescue Statistics Scotland 2014-15 (provisional data)* [http://www.firescotland.gov.uk/media/880577/statistics\\_2014\\_15\\_v1.1.pdf](http://www.firescotland.gov.uk/media/880577/statistics_2014_15_v1.1.pdf)

noteworthy in children and young people (under-15s) and struck by/against in the 15-24 age group.

**Poisonings** are highest in the under-fives and the 15-44 age groups, and even then they account for a small proportion of physical unintentional harm in these groups. In toddlers poisoning tends to be unintentional but as a result of them consuming prescribed drugs.

**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. The over 75 age groups have a higher discharge rate than for all age adults: 10.2 per 100k population compared to five per 100k population (see Figure 19) but still lower than that of the under-fives.

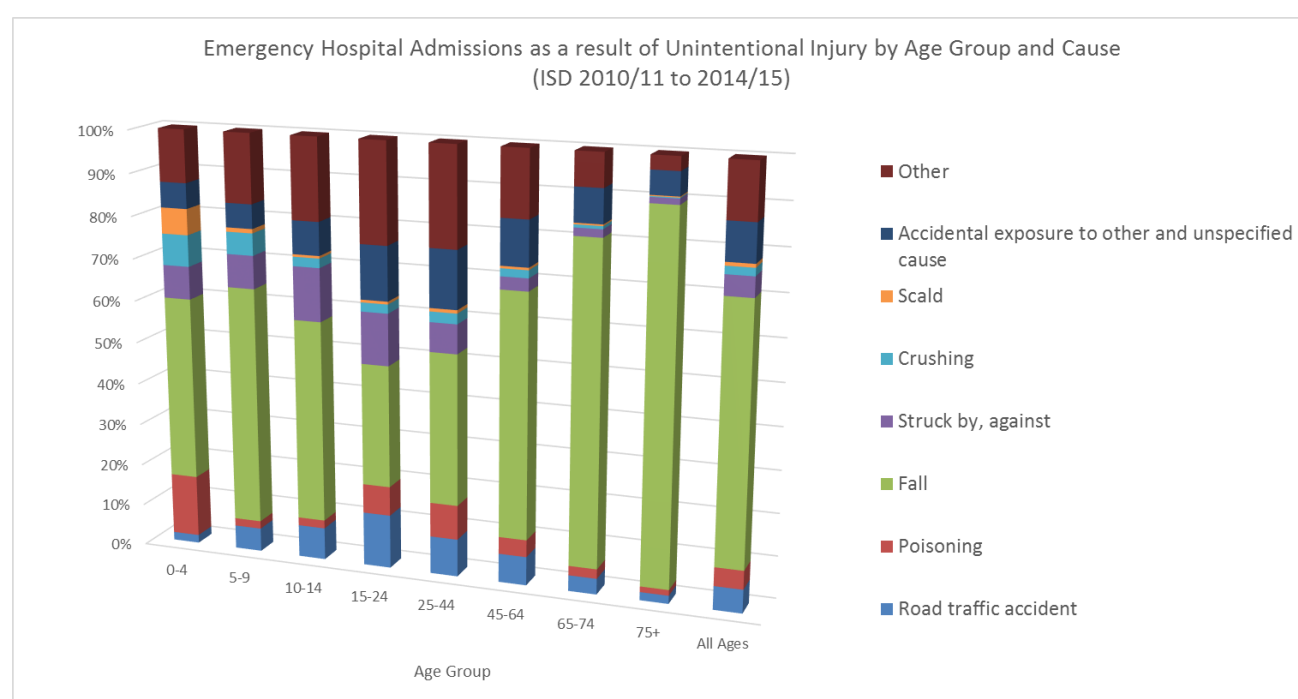


Figure 6 Emergency Hospital Admissions as a Result of Physical Unintentional Harm (“Unintentional Injury”) 2010/11-2014/15 by Cause of Injury and Age Group (Information Services Division)

## Causes

Unintentional harm incidents to the under-fives tend to happen in and around the home<sup>6</sup> and are linked to a number of factors including:

<sup>6</sup> Public Health England, CAPT and RoSPA (2014) *Reducing Unintentional Injuries in and around the Home among Children Under Five Years*  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/322210/Reducing\\_unintentional\\_injuries\\_in\\_and\\_around\\_the\\_home\\_among\\_children\\_under\\_five\\_years.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322210/Reducing_unintentional_injuries_in_and_around_the_home_among_children_under_five_years.pdf) accessed 08.09.2015.



- Child development<sup>7</sup> (see the 'Risk Factor' column in the table on the following pages)
- The physical environment in the home
- The knowledge and behaviour of parents and other carers (including literacy)<sup>8</sup>
- Overcrowding or homelessness - as part of developing the context around home safety, around 3% of properties are classed as overcrowded by the Scottish House Condition Survey (SHCS) bedroom standard. This rises to 6% within social housing and emphasise the inequalities that exist in unintentional harm.
- The availability of safety equipment
- New consumer products in the home

## Response

The Scottish Household Survey asks about the availability of a first aid kit and how quickly respondents could access it in an emergency – two thirds of households have one (though 7% would be unable to access it within five minutes) and almost 1 in 3 households do not have one. In the 15% most deprived areas 42% do not have a first aid kit. Owner occupiers have the highest first aid kit ownership – almost 70%.

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<sup>7</sup> Stages of development and injury: *An epidemiological survey of young children presenting to an emergency department* Kirsty MacInnes and David H Stone BMC Public Health 2008, 8:120

<sup>8</sup> Cree C, Kay A, Steward J. (2012) *The economic and social cost of illiteracy: a snapshot of illiteracy in a global context* [www.worldliteracyfoundation.org/The\\_Economic\\_&\\_Social\\_Cost\\_of\\_Illiteracy.pdf](http://www.worldliteracyfoundation.org/The_Economic_&_Social_Cost_of_Illiteracy.pdf) Accessed on 1 April 2014.

	Key Facts	Risk Factors	Demographics
Falls	<p>Falls are consistently the most common cause of accidental deaths - in 2014 739 deaths, or 42% of the total number of accidental deaths were as a result of a fall.</p> <p>Falls were the most common cause of emergency hospital admissions for unintentional injuries in adults, accounting for 64% of unintentional injury admissions to hospitals.</p> <p>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.</p> <p>Falls (particularly from a low height – under 2m) are also the primary cause of attendance at A&amp;E for an unintentional injury - 62% (3701 attendances) in 2013-14.</p> <p>Scottish Health Survey data tells a similar story - injury as a result of a slip/trip/fall is the most common type of unintentional harm incident – around 50% of all incidents.</p> <p>Studies by Office of National Statistics (ONS) in England found that falls in children fell into four distinct groups:</p> <ul style="list-style-type: none"> <li>• Falls from furniture</li> <li>• Falls on and from stairs and steps</li> <li>• Rarer are Falls while being carried and Falls from/out of buildings, such as from windows or balconies</li> </ul>	<p>Increasing age is one of the key risk factors for falls. Older people have the highest risk of death or serious injury arising from a fall and the risk increases with age:</p> <ul style="list-style-type: none"> <li>• Age related changes such as deterioration in hearing, eyesight, blood pressure, reflexes, or similar changes resulting from a medical condition e.g. stroke or dementia</li> <li>• Declining strength, mobility &amp; balance plus physical inactivity as people age</li> <li>• Some medications can also increase the risk of falls</li> </ul> <p>Environmental hazards such as loose carpets/rugs and stairs in addition to conditions like osteoporosis can increase the risk of falling and the severity of the resultant injury if fall should occur.</p> <p>Another high risk group is children - childhood falls occur largely as a result of their evolving developmental stages, innate curiosity of their surroundings and increasing levels of independence in the early years. Later on this increasing independence coincides with more challenging behaviours commonly referred to as 'risk taking'.</p>	<p>The death rate from falls is higher in &lt;5s and in the over 75s - the death rate from falls in the elderly is 8.5 times higher than that for the wider population (138.5 per 100,000 population in the over-75s compared to 16 deaths per 100,000 for the &gt;15 age group as a whole).</p> <p>Emergency hospital admission rates vary by age: accounting for just over 28% of relevant admissions in the 15-24 age group compared to almost 87% in the 75 and over age group.</p> <ul style="list-style-type: none"> <li>• Older women and younger children are especially prone to increased injury severity when they fall – young children suffer head injuries as they are unable to throw their arms up to protect themselves and older women tend to suffer more from osteoporosis resulting in more severe injuries when they fall than men of the same age.</li> </ul>

	Key Facts	Risk Factors	Demographics												
Thermal (including burns and scalds)	<p>In 2014-15, there were 41 deaths from smoke/fire/flame (7.7 per million population in Scotland). Scotland has consistently had a higher rate of fire fatalities than England and Wales (4.7 and 6.8 per million population respectively).</p> <p>There are very few deaths as a result of other thermal injuries – 3 to 4 per year based on 2011-2014 averages.</p> <p>Scalds in the home account for less than 1% of emergency hospital admissions for unintentional harm in Scotland (0.8% or between 320 and 410 in 2014/15). No data is available for burns.</p> <p>Burns and thermal injuries account for around 3% of A&amp;E attendances for unintentional harm per year in one Scottish health board area (just under 1,000 attendances per year).</p> <p>There were 1,098 non-fatal fire casualties in 2014-15 in Scotland. On average for every five fires in Scotland there is a casualty or fatality. 87% of casualties are injured in a fire in the home.</p> <p>The severity class at A&amp;E attendance is similar to unintentional harm overall (around 70% 'see and treat' or 'standard' and 15-20% as 'urgent' or 'very urgent').</p> <p>From a small sample of thermal injuries in England - 55% of hospital attendances required no follow up and 35% require follow up either as an outpatient or through primary care services. The remaining 10% (estimated to be 11,600 per year) are admitted to hospital; and 75% of these (8-9,000) per year</p>	<p>Similar to falls, childhood thermal injuries occur largely as a result of their evolving developmental stages, innate curiosity of their surroundings and increasing levels of independence in the early years.</p> <p>Based on Office of National Statistics (ONS) England work they come from five main sources:</p> <ul style="list-style-type: none"> <li>• Scalds from hot drinks</li> <li>• Contact with hot household appliances (in recent years burns from hair straighteners has doubled – and account for up to 1 in 10 burns injuries to children)</li> <li>• Contact with other hot fluids</li> <li>• Burns from hot heating appliances</li> <li>• Bath water scalds are rarer but the injuries can be severe. They peak when children are about a year old but also occur in older people too.</li> </ul> <p>The most common source of ignition for accidental dwelling fires in which a fatality occurred was "smoker's materials" and "matches". For non-fatal casualties the main source of ignition is consistently cooking appliances (mostly the cooker) accounting for around three in five non-fatal casualties (59% or 583 non-fatal casualties); though microwave fires are increasing (from 162 in 2009-10 to 204 in 2013-14).</p> <p>Contributory factors and circumstances identified across the fire fatalities include</p>	<p>Tends to happen in the very young and (to a lesser extent) in the old: The discharge rate per 100,000 for scalds in 2014-15 are shown below for adults and children and for each age group.</p> <table border="1"> <thead> <tr> <th colspan="4">Discharge rate per 100,000 population for scalds (2014-15)</th> </tr> <tr> <th>Under-Fives</th> <th>All Ages under 15</th> <th>Over-75s</th> <th>All Ages over 15</th> </tr> </thead> <tbody> <tr> <td>65.0</td> <td>25.8</td> <td>10.2</td> <td>5.0</td> </tr> </tbody> </table> <p>1-2 year olds, have the highest number of incidents followed by 2-3 and 0-1 year olds. There is a significant drop off after this point.</p> <p>Many of those who die as a result of thermal injuries (whether it is smoke/fire/flame or scalds or contact injuries) are over the age of 75.</p>	Discharge rate per 100,000 population for scalds (2014-15)				Under-Fives	All Ages under 15	Over-75s	All Ages over 15	65.0	25.8	10.2	5.0
Discharge rate per 100,000 population for scalds (2014-15)															
Under-Fives	All Ages under 15	Over-75s	All Ages over 15												
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	Key Facts	Risk Factors	Demographics
Poisoning	<p>Poisoning accounts for a relatively small proportion of total physical unintentional harm - 5.5% in 2014/15 around 1400-3000 emergency hospital admissions per year.</p> <p>However it is rather severe compared to other unintentional harm:</p> <ul style="list-style-type: none"> <li>74% of all poisonings are classed as urgent (compared to 19.5% classed this way for all physical unintentional harm) and only 20% of poisonings are 'see and treat' or 'standard' (compared to 76% for physical unintentional harm overall).</li> <li>They tend to result in a longer stay than all physical unintentional harm overall – a much higher proportion of four hour stays (34% compared to 18%) <i>and</i> a high inpatient admittance than the rest of physical unintentional harm incidents – 28% of poisonings are admitted as inpatients compared to 10% of all physical unintentional harm incidents.</li> </ul> <p>In toddlers poisoning tends to be unintentional but as a result of them consuming prescribed drugs – methadone gets a particular mention in publications<sup>9</sup>; but tranquilizers or sleeping and anti-anxiety medication are noted too. Deaths and severe side effects are rare in comparison to adults but the incidents are still occurring and result in needless harm to children.</p>	<p>For children, maternal psychiatric distress increases poisoning risk (likely to be linked to medication being present within the household). In addition less nearby maternal supervision during risk taking activities and medicinal substances stored in more accessible locations in the home are risk factors. There is no specific information available on poisoning risk factors in adults.</p>	<p>The very young are particularly affected – the poisoning discharge rate per 100,000 population is 241.2 in under-fives. This is almost four times more than the next highest age group.</p>
	<p><sup>9</sup> Schmertmann M et al (2013) <i>Risk factors for unintentional poisoning in children aged 1-3 years in NSW Australia: a case-control study</i>. BMC Paediatrics (<a href="http://www.ncbi.nlm.nih.gov/pubmed/23705679">http://www.ncbi.nlm.nih.gov/pubmed/23705679</a>) and <a href="http://edition.cnn.com/2016/05/16/health/poisoning-deaths-and-injury-uk-teenagers-and-toddlers/">http://edition.cnn.com/2016/05/16/health/poisoning-deaths-and-injury-uk-teenagers-and-toddlers/</a> for more detail. Accessed July 2016.</p> <p>In adults there is a varied picture with substances from paracetamol, prescription medication such as benzodiazepines to accidental overdoses of illegal drugs involved.</p>		

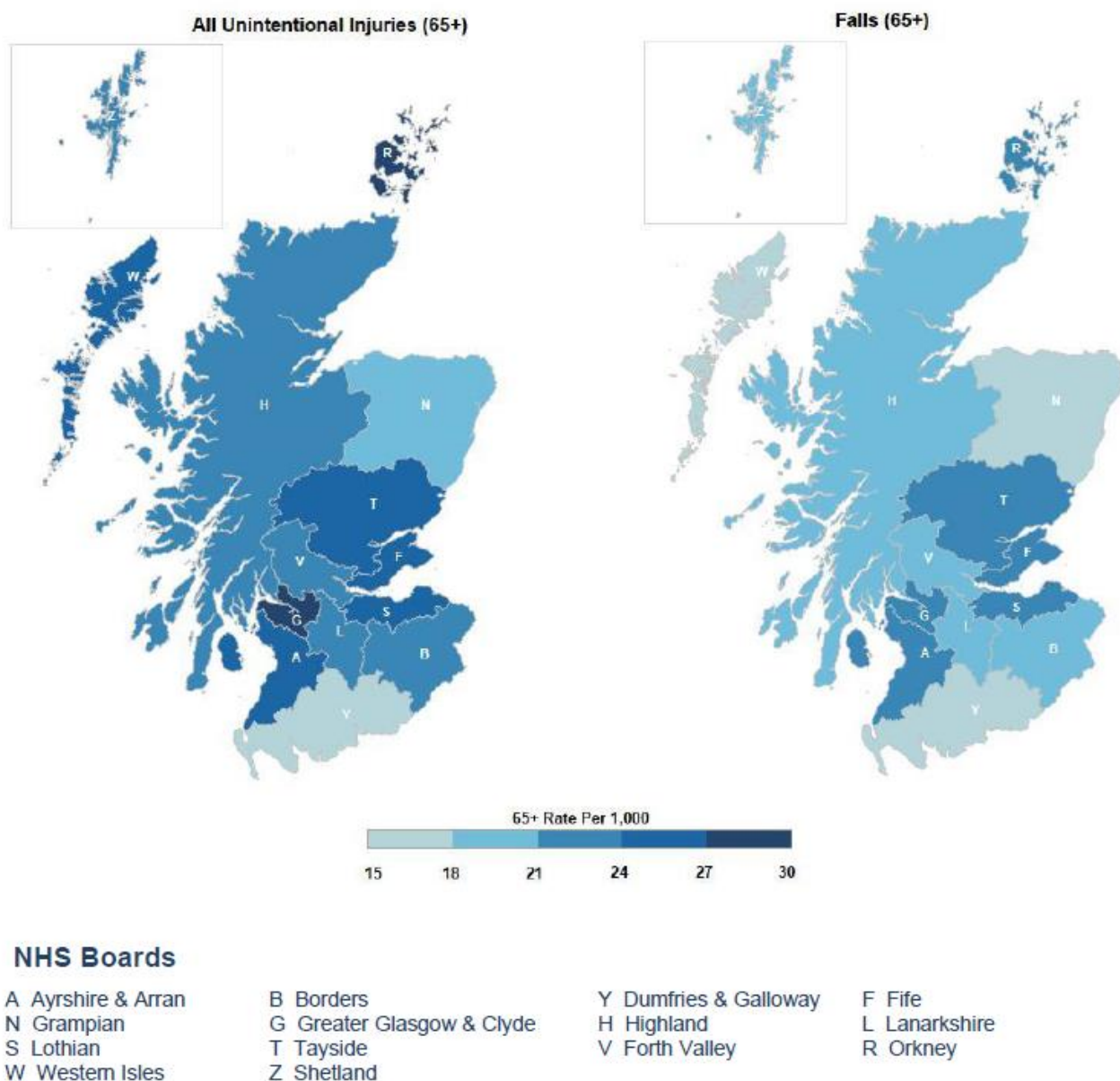
	Key Facts	Risk Factors	Demographics
Drowning	According to the Water Incident Database (WAID), fatal incidents that happen around the home account for a small number of fatalities in Scotland – in 2010-13 there were four (2% of the total) in the bath/jacuzzi.	For example, young children are most vulnerable when they first begin to move in, around and close to the home and stray further from parental supervision and the elderly are more commonly affected by underlying health conditions which can lead to drowning incidents.	Drowning within the home particularly affects vulnerable groups such as children and the elderly.
Threats to Breathing (including choking, strangulation and suffocation)	<p>Accounts for a relatively small proportion of unintentional harm.</p> <p>On average in Scotland there are 37 deaths as a result of 'other threats to breathing' each year (based on a five year average from 2010-2014).</p> <p>This is, on average, 3% of all deaths from physical unintentional harm per year (based on the five year average)</p> <p>The most common incidents are:</p> <ul style="list-style-type: none"> <li>• Inhalation/ingestion of food causing obstruction to respiratory tract (16 deaths per year)</li> <li>• Inhalation of gastric contents (eight deaths per year)</li> <li>• Inhalation/ingestion of other objects causing obstruction to respiratory tract (six deaths per year).</li> </ul> <p>Much less frequent are accidental hanging and strangulation (four deaths per year, mainly in bed) and other threats to breathing or being trapped in a low oxygen environment.</p>	<p>No specific data available for Scotland however can include inhalation of an object/substance or foodstuff with the increasing innate curiosity that is a natural part of child development (younger children in particular have no understanding of the risks items could pose). Dangers posed by blind cords, bedding, nappy sacks have all been highlighted as risks by organisations like the Royal Society for the Prevention of Accidents (RoSPA) and the Child Accident Prevention Trust (CAPT).</p> <p>For older people documented factors associated with ageing or medications such as a reduction in saliva and/or medical conditions which make chewing or swallowing difficult can all pose risks.</p>	<p>Deaths from this are higher in the under-fives, 65-69 and over 80s.</p> <ul style="list-style-type: none"> <li>• Accidental suffocation and strangulation occur much more frequently in the early years than other age groups.</li> <li>• RoSPA on some small area work in England showed that ages 2-3 and 3-4 year olds are at higher risks of incidents of this type. Similar to fatalities, inhalation of an object or substance are the most prevalent threats to breathing.</li> <li>• The over 60s have rather more deaths as a result of inhalation / ingestion of food.</li> </ul>

### 2.2.3 Sub-National Picture

There is little consistent localised data published for the whole of Scotland, however analysts will be able to request the following through Michelle Harrity at the Community Safety Unit within the Scottish Government.

- Postcoded emergency hospital admission data from NHS Information Services Division (ISD)
- Geo-coded data from the Scottish Ambulance Service
- Geo-coded data from the Scottish Fire and Rescue Service for accidental dwelling fires or accidental fires resulting in a casualty or fatality
- Analysts from within the Lothian healthboard area will also be able to access postcode A&E attendance data through the same route

The following maps (Figure 7) show the variation across NHS Boards in the rates of emergency hospital admissions in the over-65s age group for unintentional harm and also for falls for the year 2014/15.



*Figure 7 Variation across NHS Boards in the rates of emergency hospital admissions in the over-65s age group for unintentional harm and also for falls for the year 2014/15.*

The under-fives and over-65s are at a greater risk of unintentional harm within the home so Section 2.2.3 in the thematic papers on Older People and Children and Young People showing the highest datazone concentrations of these age groups and Appendices for the populations of these groups within all datazones in Scotland may assist in targeting home safety prevention to the most at risk groups.

### 3. 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.

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 older people and unintentional harm highlights the importance of considering and mentioning unintentional harm when looking at policy and prevention in the areas of older people, health and social care integration and ageing well.	
	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.	
The European Child Safety Alliance report cards published in 2012 <sup>10</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,	<ul style="list-style-type: none"> <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</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</li> </ul>	

<sup>10</sup> European Child Safety Alliance (2012) *Child Safety Report Card 2012* <http://www.childsafetyeurope.org/reportcards/downloads.html>



Approach / Source	National Role	Local Role
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.	governing product safety for children such as a ban or redesign of specific products such as latex balloons and blind cords <ul style="list-style-type: none"> <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>	
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 analysts; or other commissioned work.</li> <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</li> </ul>	Local strategic assessments of unintentional harm would support local prioritisation and activity.

Approach / Source	National Role	Local Role
	<p>predictive models to scope future demands, benchmark performance and understand costs and benefits of approaches.</p> <ul style="list-style-type: none"> <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 classed as 'other' would be valuable.</li> <li>• A horizon scanning exercise assessing longer-term risks and opportunities relating to unintentional harm in Scotland should be undertaken in order than opportunities for</li> </ul>	

Approach / Source	National Role	Local Role
	<p>mitigating risk can be seized.</p> <ul style="list-style-type: none"> <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>	

## 4. CASE STUDIES

### Accounts from Scottish Councils

#### Aberdeen

*Mary J Agnew, Health, Safety and Wellbeing Manager, Aberdeen City Council,*

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,*

**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.

## **East Lothian**

*Christine Dora, Executive Assistant, East Lothian Council,*

**Telecare service-** Telecare offers a tailored support package to meet an individual's needs following an assessment. The package provides a range of telecare sensors and alarms to increase safety for elderly clients in the home. This includes system alerts for gas, smoke and water leakages; fall detectors and bed sensors.

Training and awareness raising for staff in the community was provided to ensure knowledge around technology is consistent.

**Falls Training-** Physio therapists from East Lothian's Duty Response and Rehab Team has provided fall training to all staff who interact with vulnerable elderly adults in the community.

**Home Fire Safety Checks-** Working in partnership with the Scottish Fire and Rescue Service to undertake risk assessments in the home.

**Emergency Care Alarms-** Alarms are now linked to the community alarm service, providing 24/7 response for people in the community who may be at risk of falls and require support at home following a triggered alarm.

**Home Assessments:** OT service provides support and advice on a range of assistive equipment and adaptations in the home to maintain safety and reduce levels of risk for vulnerable elderly people. Assessments are shared with medical and health professionals to ensure adequate care is provided. Elderly clients are provided with safety equipment where necessary after home assessment.

## **Fife**

*Samantha Pairman, Policy officer, Fife Council,*

*David Birrell, Fife Community Safety Partnership,*

**Safer by Design-** resulted in Fife being the first and only Scottish local authority to date to agree to implement all of the standards within RoSPA's guidance for all new build housing. The first phase of housing was completed in 2011. Fife council housing and Neighbourhood Service have also agreed to install safety catches to kitchen units, domestic sprinkler systems and an additional double socket in each bedroom when undertaking upgrades to properties.

**Home Fire Safety training-** Fife carers developed a programme to roll out to the Scottish Fire and Rescue Service to assist them in delivering home safety whilst undertaking fire safety checks. Fife carers developed a training programme in the hope that all fire staff will be trained to conduct a home safety risk assessment by the start of the new financial year 2016. For more information on this project please visit the **Scottish Fire and Rescue, Fife** section of this report.

**Electric Blanket Testing-** Fife carers in partnership with Fife Council Trading Standards and the Scottish Fire and Rescue Service have been running an electric blanket safety campaign across Fife. Funds of £5000 were provided by trading standards and Fife Community Safety Partnership, in previous years grant funding has been provided by the Electrical Safety Council and Scottish and Southern energy. The project was launched to reduce the number of fire related injuries and fatalities in the home, due to unsafe electric blankets. Events were held in community halls across Fife where electric blankets were tested to match current safety standards. After testing, customers were advised if it was safe to continue using. If the blanket was deemed unsafe customers were offered a new one.

**Be Safe, Be Secure-** Multi agency approach with a focus on community safety. Parents came together from; Fire, Police, Housing, Trading Standards and Victim support. The scheme targeted vulnerable people in the community and offered advice on how to be safe at home. The Big Lottery Fund has awarded £690,000 over 5 years to Be Safe, Secure and Supported at home. The partnership worked to ensure that more women who have experienced domestic abuse are in a home of their choice and are more emotionally and practically supported. Fife carers provide a home security assessment for women suffering from domestic abuse; they provided home safety and security equipment to families in need.

## **Moray**

*Roddy Burns, Chief Executive, Moray Council,*

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.

## **Perth & Kinross**

A number of years ago Perth and Kinross council appointed a Home Safety Officer. Their remit was to undertake a generic home safety visit looking at; fire safety, electrical safety, security, medication/dangerous liquid storage and of course falls environmental screening. Where the falls indicated there was a need advice, minor repairs and referrals were incorporated as part of the service.

In early 2015 the service was further developed and now have the Community Fire Safety Officers also trained to do all of the above. They undertake their visits in conjunction with the Community Wardens and where appropriate, tenants applying for a smoke detector will also get a home safety visit. They likewise have referral procedures on to the falls service.

## **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 over 75s;

- Promotion of the Care and Repair service
- Falls prevention annual road show in five Border towns during Falls Prevention Week in June. This is a multi agency event supported by the NHS Borders, Safer Communities team, Care and Repair, borders Care alarms, Scottish Fire and Rescue, Age Scotland and Border Elder Voice
- 'Falls and Fire' safety displays in Elder Voice Road Show events across the Borders each year
- Regular falls prevention talks to older people groups throughout the year
- 2014 falls prevention was key strand in a active ageing seminar held in Galasheils
- 2014 launched Stay Steady- Community falls prevention boxes. Funded through the Change fund, these resource boxes are designed for local communities to be able to deliver basic falls awareness sessions and include: a presentation, fitness DVD and a broad range of information regarding preventing falls, keeping active, making changes to the home environment, healthy diet. It cost a total of £2,000 to create 36 of these boxes, compared with a serious injury resulting in hip replacement which costs £50,000



## 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.

## Care and Repair

*Care and Repair services operate throughout Scotland to offer independent advice and assistance to help homeowners repair, improve or adapt their homes so that they can live in comfort and safety in their own community.*

### Angus

*Judith Leslie, company manager, [Judith@anguscareandrepair.org](mailto:Judith@anguscareandrepair.org)*

**Home Safety Visits:** Care and Repair carry out home safety visits for the elderly, fitting small adaptations and safety equipment to help their mobility around the home.

**Recipe Book:** A recipe book has been developed to assist the elderly in cooking nutritious low cost meals. Funding was secured from Awards for All Scotland (£4,500) and Angus Council Community Grant Scheme (£1,000) has been provided to Care and Repair to produce a small recipe book filled with local recipes.

### West Dunbartonshire

*Elizabeth Eadie, Care and Repair Manager, [Elizabeth@care-repair.co.uk](mailto:Elizabeth@care-repair.co.uk)*

**Home Safety visits:** Care and Repair carry out Home Safety Inspections in the homes of elderly and disabled people living in West Dunbartonshire. These safety audits are carried out by our RoSPA qualified team of small repair workers. Home safety checks are carried out to identify hidden danger points such as worn carpets and damaged electrical sockets/household appliances.

The Audit includes an Inspection of each room in the home; falls prevention advice; home security advice; and general home safety advice.

This would include:

- Checking smoke alarms are present
- Checking for potential trip hazards
- Checking for trailing cables and flexes
- Checking for overloaded sockets
- Check doors locks are adequate
- Signposting to other agencies if required, e.g. Welfare Rights for benefit check, Fire Service for fire safety visit, etc.

A minimum of one follow up visit is made to carry out any minor repairs that were found during the audit. Any repairs that are the responsibility of the West Dunbartonshire Council/Housing Association are referred to the relevant department. Referrals are also made to the Social Work, Scottish Fire and Rescue and Sensory Impairment if required.

## **Electrical Safety First ([www.electricalsafetyfirst.org.uk](http://www.electricalsafetyfirst.org.uk))**

Wayne Mackay, Deputy Public Affairs Manager, [wayne.mackay@electricalsafetyfirst.org.uk](mailto:wayne.mackay@electricalsafetyfirst.org.uk)

**Electrical Safety First is a charity dedicated to preventing deaths, injuries and damage caused by electricity.**

The Charity undertakes a range of activities to protect people and places from the dangers of electricity – including public safety and media campaigns, and industry and government liaison to promote best practice. They provide free advice and guides on a range of issues, including for: [Parents](#); [Students](#); [Tenants](#) and [Landlords](#); on [Electrical Items](#) and [Around the Home](#).

### **Electrical Equality in Housing**

Electrical Safety First has developed a range of resources for landlords, tenants and homeowners, to be able to check the safety of their property. This includes a [mobile phone app](#); which provides a quick visual check of the electrics in a property; an [overloading socket calculator](#) to check if you are exceeding the maximum load and a [link to find a registered electrician in your area](#).

In addition to these resources, the Charity successfully campaigned for mandatory electrical safety checks to be introduced in the Private Rented Sector (PRS). These checks are required to be undertaken every five years of both the electrical installation and any appliances supplied with the let. Electrical Safety First is now calling for improved electrical safety standards across other tenures, as part of its new ['Inequality Street'](#) campaign.

### **Electrical Safety and Older People**

Official figures show that people over 65 in Scotland are at a greater risk from fires in the home than any other age group. Electrical accidents in the home can pose a more significant risk to older or vulnerable people. This is often due to old or poor quality housing that contains faulty electrics and appliances. With 78% of older people's homes in disrepair (and 58% requiring a critical repair), Scotland's ageing population is at an increasing risk of electrical dangers.

The Charity's new study, [Age Safe Scotland: Electrical Safety in an Ageing Society](#), was established to better understand the impact of poor electrical safety on an ageing society in Scotland and offers recommendations that will help older people to stay safely in their own homes for longer.

### **Grants and Funding**

Electrical Safety First awards funding under its Home Improvement Grants Scheme and Electrical Fire Safety Fund. The schemes enable funded partners to offer direct support to vulnerable groups and raise awareness of electrical safety issues in local communities. More details [here](#).

### **Media campaign to highlight the dangers of hair straightener burns**

With nearly one in ten burns amongst children caused by hair straighteners, the Charity raised awareness of the dangers and urged retailers and manufacturers to provide heat

proof pouches with the products. To support the campaign, it developed a hard-hitting video that showed a doll's face melting, accompanied by the sound of a music box playing a lullaby and a baby crying. The message was simple: **Turn them off. Put them away. Pass this on.**

Within one month the video had received over 140,000 views on Facebook and YouTube. As a result of the campaign, two manufacturers approached the Charity with a commitment to include pouches with their products in the future. The campaign won the 'Best Use of Video' category at Corporate Comms Magazine's 2014 Digi Awards. To view the video, [click here](#)

## **Electrical Fire Safety Week**

Each year, Electrical Safety First works with the Scottish Fire and Rescue Service to promote electrical fire safety in the home, raise awareness of electrical fire risks and the simple steps that people can take to avoid a devastating fire in their homes.

Last year, [Electrical Fire Safety Week](#) took place in November and the Charity warned about the dangers of buying counterfeit electrical products. There is always a lot of media interest in this subject in the run up to Christmas, particularly around "Black Friday" and "Cyber Monday" – when retailers (online and on the High Street) offer big discounts to drive sales of must-have Christmas gifts.

## **The National Falls Programme**

*Ann Murray, Falls Programme Coordinator, NHS, [ann.murray3@nhs.net](mailto:ann.murray3@nhs.net)*

Home hazards are one of many risk factors for falls, however, assessment of the home environment in combination with actions to mitigate identified risk are key components of primary and secondary falls prevention.

Over the past few years national resources have been produced which guidance to health and social care and partner organisations to help reduce falls. Resources include:

[Up and About. Pathways for the prevention and management of falls and fragility fractures](#), published by NHS Quality Improvement Scotland in 2010. This document outlines the following falls prevention priorities relating to home safety:

- Supporting people to make their home environment safe by sign posting to Scottish Fire and Rescue, Care and Repair, Telecare and Community Alarm Services and services providing assistive devices.
- Assessment of the home environment for trip and fall hazards following a fall, and assessment of a person's ability to carry out daily activities safely.
- Working with the person to adapt or modify their home to make it safer in terms of preventing falls.
- Rehabilitation to regain function and confidence following a fall.

[The Prevention and Management of Falls in the Community. A Framework for Action for Scotland 2014/16](#) reinforces this approach and states that an environmental screen should be a core component of every multifactorial falls risk screen carried out by health and social services.

NHS Inform's [Falls Information Zone](#) has a section dedicated to "Home Safety" and includes pages on 'How to identify hazards' and 'How to safety check your home'. It includes a link to the [FallCheck App](#) and links to Care and Repair Services and Scottish Fire and Rescue. It also links to information on lighting your home. It also provides information on what to do in the event of a fall.

SCTT's SmartCare [FallsAssistant](#) enables people to self assess their risk of falls – it includes a section on 'a safe home'.

[Preventing Falls](#), an e-learning resources and pocket guide for care at home providers, includes 'Supporting a person to keep their home environment safe' as a key component.

**Local work:** Health and Social Care Partnerships are working toward implementing the Falls Framework for Action outlined above. Many areas are testing and adopting new ways of working with a range of partners to improve home safety.

Work is underway in a number of NHS Board areas to improve joint working between health and social care services and SFRS, these include:

- Grampian
- Tayside
- Forth Valley
- Dumfries and Galloway
- Lothian
- Highland
- Fife

### [The Joint Improvement Team](#)

*The JIT provide a range of practical improvement support and challenge including knowledge exchange, developmental innovation and improvement capacity and direct practical support to local health, housing and social care partnerships across Scotland. The JIT champion the identification, development, evaluation, spread and adoption of good practice to accelerate the pace of improvement towards the Scottish Government's vision for 2020; a vision that includes the aims that each of us is able to lead a longer, healthier life at home or in our own choice of setting in an integrated health and social care environment – which includes an increasing focus on prevention, anticipation and supported self-management.*

Doreen Watson, Action Group Member, [dkawatson@hotmail.co.uk](mailto:dkawatson@hotmail.co.uk)

**Technology Enabled Care Programme 2014-2016:** The Technology Enabled Care Programme looks at funding organisations to improve the lives of dementia sufferers through the use of advanced technology. The programme is split into four work streams; expansion

of home health monitoring, expanding the use of video conferencing, digital platforms and expanding the uptake of telecare. There are 41 specific pieces of funded activity, spread across different health boards, local authorities and third sector organisations. The telehealth and telecare delivery plan highlighted four main ambitions:

- Telehealth and telecare will enable choice and control in health, care and wellbeing services for an additional 300,000 people
- People who use out health and care services, and the staff working with them, will proactively demand the use of telehealth and telecare as positive options
- There is a flourishing innovation centre where an interacting community of academics, care professionals, service providers and industry innovate to meet future challenges and provide benefits for Scotland's health, wellbeing and wealth.
- Scotland has an international reputation as a centre for the research development, prototyping and delivering of innovative telehealth and telecare services and products at scale.

**Alzheimer's Scotland- Dementia Friendly Charter:** The Charter aims to help every person with dementia have the opportunity to benefit from technology appropriate to their needs and to outline and encourage the implementation of high-level principles and best practice for organisations that provide services to people with dementia.

Technology can be invaluable in helping people with dementia remain self-sufficient and carry on living their lives as independently as possible.

This report asks members of Alzheimer's Society Service Users what difficulties they think could be made easier by technology:

- Alarms and Sensors for independence: Peace of mind and reassurance
- Safer Walking Technologies: It might be nice, as it would be like someone's walking alongside you, able to lend a hand if you get lost
- Medication dispensers: This would be really useful- I always find it difficult to remember if I have taken my tablets.

## **NHS Tayside**

*Shelagh Creegan, NHS Tayside,*

### **Partnership working between SFRS and NHS: delivering a cost-saving service to improve the safety of high-risk people:**

The SFRS and NHS Tayside piloted partnership working. A community Safety fire link worker provided risk assessments to adults, identified by community health teams, at high risk of fires, with the aim of reducing fires. An existing evaluation shows the service developed a culture of 'high trust' between partners and had high client satisfaction.

The project estimated to save 4.4 fires, equivalent to £286 per client. The estimated cost of delivering the Service was £55 per client, giving net savings of £231 per client. The project was cost-saving under all scenarios, with results sensitive to the probability of fire.

Partnership working, delivering joint Risk Assessments in the homes of people at high risk of fire is modelled to be cost saving.

Both organisations have been working closely to produce a new e-learning module for health care professionals, which is hoped will improve home fire safety for the most vulnerable members of the community.

Health practitioners will use information contained in the new LearnPro module (being launched today) to identify indicators of people who are at risk from fire, establish fire risks within the home, raise awareness of the prevention services the SFRS can provide and have a better understanding of how to refer individuals to SFRS for a Home Fire Safety Visit.

## **Police Scotland**

### **West Dunbartonshire**

**Safety Plays:** The play, called *Home Sweet Home*, addresses issues such as slips trips and falls, fire safety, and cold calling in a light-hearted and entertaining way. It is performed by the Kickstart Theatre Company and lasts around 20 minutes. Police Scotland have worked in partnership with West Dunbartonshire Community Safety Team, Care and Repair and the Scottish Fire and Rescue Service. Funding is provided from West Dunbartonshire Council.

## **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/carer 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 SMCI 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.

## **The Scottish Ambulance Service**

*As the front line of NHS services in Scotland our key role is to respond to 999 calls as quickly as possible with the most appropriate skills and equipment. The Scottish Ambulance Service's mission is to deliver the best ambulance services for every person, every time.*

Colin Crookston, patient safety manager, [c.crookston@nhs.net](mailto:c.crookston@nhs.net)

**ASSET:** The Scottish Ambulance Service has been working with NHS Lanarkshire to support the development of their Age Specific Service Emergency Team (ASSET) model for frail and elderly patients. The ASSET team aims to manage patient care at home to avoid unnecessary admissions to hospital. A team of practitioners trained in elderly care are able to assess, treat and monitor patients in the home where it is safe and clinically appropriate.

**Making the right call for a fall:** The Scottish Ambulance Service respond to around 45,000 calls a year where people aged 65 years or older have fallen. The ambulance service have been working in conjunction with Health and Social Care Services to develop integrated pre-hospital pathway to make sure frail and elderly patients are provided with the right care at the right time following a fall.

## The Scottish Fire and Rescue Service

*The Scottish Fire and Rescue Service works to protect every community, not only by responding to incidents but by preventing them from happening in the first place.*

### **Aberdeen**

*Ally Brikett, Group Manager, Aberdeen, Aberdeenshire and Moray*  
[ally.brikett@fire.scotland.gov.uk](mailto:ally.brikett@fire.scotland.gov.uk)

Working in partnership Care and Repair, Home Check and the SFRS, have merged home safety and fire safety visits into a single service. When entering a home, the three organisations focus on slips, trips and falls, burns and scalds, hypothermia, poisoning and strangulation along with fire safety walk through. Every person in Aberdeen City making requests for Home Fire Safety Visits or Home Safety visits will all receive the same standard of home check regardless of which partner delivers the service.

### **East Lothian, Midlothian and the Scottish Borders**

*Michael Jaffray, Station Manager, East Service Delivery Area,*  
[Michael.jaffray@firescotland.gov.uk](mailto:Michael.jaffray@firescotland.gov.uk)

This partnership initiative have involved SFRS providing fire safety training to the British Red Cross and Health and Social Care Teams allowing them to make referrals for Home Fire Safety Visits. In addition, Third Sector agencies; Penumbra, Women's Aid, Dementia groups, Elderly groups, Alzheimer's Scotland has also received fire safety training. SFRS has also developed strong links with Social Work in relation to safe guarding children and adults at risk of harm. Whilst carrying out Home Fire Safety Visits established referral pathways have been established made should concern for a child or adult appear.

### **East Renfrewshire**

*Paul Nelis, Group Manager, East Renfrewshire, Renfrewshire and Inverclyde,*  
[paul.nelis@firescotland.gov.uk](mailto:paul.nelis@firescotland.gov.uk)

Reaching Older People in Renfrewshire (ROAR): SFRS are working with ROAR to help prevent falls and accidents in the homes of elderly people. The SFRS have received training on the following:

- How to conduct slips, trips and falls assessment
- How to provide slips, trips and falls advice
- How to make referrals following an assessment to other services which will deal with the issues, e.g.- referral to care and repair who will attend and fix trip hazard caused by fraying carpets or defective flooring.

'Better by Design'- a project targeted at supporting elderly people home from hospital. The project is in its infancy and will firstly scope out challenges and opportunities to people going into and coming out of hospital, and working with partners to improve outcomes. A test of change will then be made and agreed on with a range of local partners.

## **Fife**

Steven Michie, Station Manager, Scottish Fire and Rescue Fife,  
[steven.michie@firescotland.gov.uk](mailto:steven.michie@firescotland.gov.uk)

A Home Safety Visit concept was agreed and developed by the SFRS in partnership with the Fife Community Safety Partnership, who have seconded a firefighter to their team to ensure effective implementation. A training package was designed and delivered to watch based personnel. This was initially piloted in one station until March 2015 after which the project was rolled out.

The Home Fire Safety Visit (6,500 carried out in Fife ) includes elements targeted at the under 5s and the over 65s, providing specialised advice and small scale safety equipment. Referrals can be made to partner agencies to fit larger pieces of equipment such as stair gates, window restrictors and fireguards.

**Home Safety Check-** Scottish Fire and Rescue have worked in partnership with Fife carers to produce a joint approach to home safety across the local authority of Fife.

Local issue: Fife community safety analyst gathered data from NHS hospital admissions. In Fife alone, between 2013 and 2014, there were 5,851 Accident and Emergency hospital attendees for home accidents over a range of age groups. The partnership highlighted trends and noticed the target age groups of over 65s and under 5s.

They worked in partnership to develop home safety visits for under 5s and under 65s.

The project provides a home safety assessment and free safety equipment where appropriate.

The incorporated visits began in April and aimed to be a 'One Stop Shop'- reducing the number of people entering homes.

Along with a home safety assessment the partnership offered equipment where necessary:

Blind Cord Cleats	Door Stickers
Hair Straighter Bag	Magnifier
Socket Covers	Key cord
Restraining Straps	Walking Stick Supports
Cupboard Locks	Plug Pullers
Door Jammers	Car Safety- Good Egg guide
Corner Protectors	Home Safety- Good Egg Guide
Bath Thermometer	Top ten Tips booklet

Safety Gates, Fire Guards and Window Restrictors can be ordered separately through Building Standards who will fit the equipment free of charge.

400 fire officers in Fife were trained in Home Safety by Fife Carers, in return the fire service trained fife carers in Fire Safety checks in the home.

It cost £16,300 for the equipment pack for 1 year which was funded by Scottish Fire and Rescue Service and Fife Community Safety Partnership.

It took 6 months to train 400 staff in joint working approach.

## **Highlands**

*John MacDonald, Group Manager, Highlands, [john.macdonald7@firescotland.gov.uk](mailto:john.macdonald7@firescotland.gov.uk)*

**Home Fire Safety Visits with partnership working to target high risk groups:** NHS 'in home' care staff were trained by SFRS on the fire risk identification and the referral process for home fire safety visits. SFRS also trained third sector organisations to deliver the fire safety message to their retrospective audiences which consist of elderly people. Risk Identification, risk reduction and home fire safety visit referral training was provided.

Scottish Fire and Rescue staff worked in partnership with the NHS to refer clients onto the falls team should they suspect they are susceptible to a fall in their home. In turn NHS falls staff will refer on clients who may be in need of a fire safety check.

Project ongoing with NHS Highland in the delivery of Alcohol Brief Interventions, fire staff can undertake alcohol assessments and refer clients onto NHS should they need extra support.

Formal referral process with Police Scotland where officers can refer households onto SFRS with immediate action being taken where necessary

Partnership with Highland MARAC where cases with a known or perceived risk of fire being used as a weapon or threat are referred to the SFRS for Fire safety talks and referrals onto other relevant safety organisations who need to know of high risk clients.

## **Perth and Kinross**

*Rab Middlemiss, Group Manager-Service Delivery, Scottish Fire and Rescue, [Rab.Middlemiss@firescotland.gov.uk](mailto:Rab.Middlemiss@firescotland.gov.uk)*

**Partnership Home Safety Visits:** A partnership approach had been developed between Scottish Fire and Rescue Service and PKC's Safer Communities Wardens to deliver joint Home Safety Visits to cover a wider range of risks in the home. These include a basic falls assessment, fire, electrical and gas safety, financial harm awareness and home security information, all of which is intended to support healthy independent living and keep people safe within their homes.

Over 375 visits have taken place as part of the scheme in the first year.

The scheme used volunteers from Perth and Kinross' Safer Communities Team to work in partnership with SFRS. The partners worked together in the home to pick up on home safety issues. A check list was used to highlight issues and solutions were put in place where applicable. If solutions could not be made by the partnership, referrals were made to other agencies.

SFRS trained volunteers on home fire safety checks, and volunteers trained SFRS in other aspects of home safety

£3,500 was used to provide equipment: Cooker guards, mail guards.

After year 1 the scheme has targeted 375 households and has referred a further 92 cases onto relevant organisations.

The scheme is now looking to continue into year two.

## **Scotland's Gas Network**

*SGN manage the network that distributes natural and green gas to 5.8 million homes and businesses across Scotland and the south of England.*

*Caroline Lawrie, stakeholder strategy manager, SGN, [caroline.lawrie@sgn.co.uk](mailto:caroline.lawrie@sgn.co.uk)*

**Gas Safety in the Home:** SGN working in partnership with Dying to Keep Warm launched a Gas Safety in the home initiative which looks at training professionals on gas safety. The aims of the training are to:

- Educate frontline workers and raise their levels of risk awareness so that vulnerable people are identified, and risks to their health can be reduced and managed properly.
- Provide emergency safety interventions to prevent serious harm and death for vulnerable people from the cold, fires, gas leaks, and CO poisoning
- Give frontline workers real life experience points and examples to work with in order to broaden their knowledge through shared experience.
- Offer solid and tangible support by providing checklists and procedure to follow in most case scenarios.

**Lockable Gas Safety Device:** Statistics show that elderly and vulnerable people, and particularly those suffering from conditions such as dementia, are at a much greater risk in their homes from gas leaks and fires.

The lockable safety valve can be fitted to cooker pipe work, allowing it to be locked by a carer and prevent a potential explosion from the appliance being turned on but the gas not lit. It will also put a stop to fires caused by burnt-out saucepans and kettles and, most

importantly, give reassurance to carers and relatives that the cooker cannot be used when they leave the house or even the room.

SGN is leading a pilot project, initially taking place in Fife, Dundee and the Borders, to test the process for referrals and installation of the valves. The initiative is being carried out in partnership with community safeguarding groups including social services, occupational health, Scottish Fire and Rescue Service (SFRS) and social housing providers.

If, after visiting the home of a vulnerable person, social workers, occupational therapists or community safety representatives from SFRS feel they would benefit from having one of the valves installed, they will refer them to SGN's Customer Service team, who will arrange for one of its engineers to visit the home and fit the valve.

A carer or relative must be present during the visit to the vulnerable person's home and they would agree the position of the valve with the engineer. They will then be given the key for the valve or it will be placed in a key safe.

SGN's own engineers will also be able to refer people to their local safeguarding group for assessment and approval. To help them recognise the signs of dementia, the company has invested in Care Inspectorate-accredited training which is being trialled over the next year by 500 staff, including frontline engineers, customer service staff, the stakeholder team and Executive team.

At the end of the trial period, the results will be analysed by all partners involved. If successful, the process will be rolled out across both SGN's Scottish and southern networks, and the trial findings shared with the UK's other gas distribution network operators.

## 5. LINKS TO FURTHER READING AND SUPPORT

### 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>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>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 Adolescent Lifestyle and Substance Use Survey (SALSUS)</b>	Vast array of information on mental health and wellbeing.	Various	SHeS annually  NHS Health Scotland various  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

## 5.2 Organisations

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

- Age Scotland <http://www.ageuk.org.uk/scotland/>
- Building Safer Communities (BSC) Programme <http://www.bsc.scot/>
- Child Accident Prevention Trust (CAPT) <http://www.capt.org.uk/>
- Cross-party group on Accident Prevention and Safety Awareness <http://www.parliament.scot/msps/100957.aspx>
- Electrical Safety First <http://www.electricalsafetyfirst.org.uk/>
- European Child Safety Alliance <http://www.childsafetyeurope.org/>
- Go well Glasgow <http://www.gowellonline.com/>
- Growing Up in Scotland <http://growingupinScotland.org.uk/>
- Home Safety Scotland <http://www.homesafetyscotland.org.uk/>
- The Royal Society for the Prevention of Accidents (RoSPA) <http://www.rospace.com/> and <http://www.rospace.com/about/around-the-uk/scotland/>
- Safety policy leads group within Scottish Government (contact Michelle Harriy at the Community Safety Unit for more information)
- Scottish Community Safety Network <http://www.safercommunitiesScotland.org/>
- Scottish Fire and Rescue Service <http://www.firescotland.gov.uk/your-safety.aspx>
- Water Safety Scotland <http://www.watersafetyscotland.org.uk/>
- World Health Organisation (WHO) [http://www.who.int/violence\\_injury\\_prevention/en/](http://www.who.int/violence_injury_prevention/en/)

### 5.3 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
- Grant S, et al (2014) *Home Visits for Prevention of Impairment and Death in Older Adults: A Systematic Review*. Campbell Systematic Reviews 2014:3
- Joint Improvement Team and NHS Health Scotland (2014) *Active and Healthy Ageing: An Action Plan for Scotland 2014-2016*
- 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) *Associations between risk behavior and injury and the protective roles of social environments: an analysis of 7235 Canadian school children* 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*
- The National Falls Programme in association with WorksOut (2012) *Up and About or Falling Short? A report of the findings of a mapping of services for falls prevention and management and fracture prevention in older people in Scotland*.