NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

PUBLIC HEALTH GUIDANCE

DRAFT SCOPE

This is the scope for one of four pieces of NICE guidance addressing the prevention of unintentional injuries in children and young people aged under 15:

- 1. Preventing unintentional road injuries among under 15s. The subject of this scope. (It will be developed using the public health intervention process with publication expected April 2010.)
- Preventing unintentional injuries among under 15s in the home. It will
 focus on unintentional injuries from fire, hot fluids, electric sockets and
 heat generating appliances. (The guidance will be developed using
 the public health intervention process with publication expected April
 2010.)
- Preventing unintentional injuries among under 15s in the external environment. It is expected to cover the sports and leisure environment. (The guidance will be developed using the public health intervention process with publication expected October 2010.) A scope will be produced for this guidance in early 2009.
- Strategies to prevent unintentional injuries among under 15s. It will
 focus on strategies, policies and national programmes. (The guidance
 will be developed using the public health programme process with
 publication expected October 2010).

1 Guidance title

Road design to prevent unintentional injuries among children and young people aged under 15.

1.1 Short title

Preventing unintentional road injuries among under 15s.

2 Background

- a) The National Institute for Health and Clinical Excellence (NICE) has been asked by the Department of Health (DH) to develop guidance on public health interventions aimed at preventing unintentional injuries on the road among those aged under 15.
- b) NICE public health guidance supports the preventive aspects of relevant national service frameworks (NSFs), where they exist. If it is published after an NSF has been issued, the guidance effectively updates it. Specifically, in this case, the guidance will support NSFs on the following:
 - children, young people and maternity services (DH 2004a)
 - long-term (neurological) conditions (DH 2005), which focuses on brain and spinal injury and damage to other parts of the nervous system.
- c) This guidance will also support the following public service agreements (PSAs):
 - PSA delivery agreement 12: Improve the health and wellbeing of children and young people (HM Government 2007).
 - PSA delivery agreement 13: Improving children and young people's safety (HM Government 2008).

- d) This guidance will support a number of related policy documents including:
 - 'Better safe than sorry: preventing unintentional injury to children'
 (Audit Commission and Healthcare Commission 2007)
 - 'Child road safety strategy 2007' (Department for Transport 2007a)
 - 'Choosing health making healthy choices easier' (DH 2004b)
 - 'Every child matters: change for children programme' (HM Government 2004)
 - 'Preventing accidental injuries: priorities for action. Report to the Chief Medical Officer from the Accidental Injury Task Force' (DH 2002)
 - 'Saving lives: our healthier nation' (DH 1999)
 - 'Second review of the government's road safety strategy' (Department for Transport 2007b)
 - 'Staying safe: action plan' (Department for Children, Schools and Families 2008)
 - 'Tackling health inequalities: a programme for action' (DH 2003)
 - 'The children's plan. Building brighter futures' (Department for Children, Schools and Families 2007)
 - 'Working together to safeguard children' (HM Government 2006).
- e) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at professionals, commissioners and managers with public health as part of their remit working within the NHS, local authorities and the wider public, private, voluntary and community sectors. It is particularly aimed at transport planners, road safety professionals, schools, parents, voluntary and community groups. It will also be of interest to all road users, children, young people, parents and carers.

f) The guidance will complement other NICE guidance on preventing unintentional injuries among children. For further details, see front page and section 6.

This guidance will be developed using the NICE public health intervention process.

3 The need for guidance

- Unintentional injury is a leading cause of death among children and a) young people aged 1–14 years (Audit Commission and Healthcare Commission 2007). Nearly half (46%) of UK deaths from unintentional injury in people aged 1–14 are road related (DH 2002). In 2006, 121 people younger than 15 were killed, more than 25,000 were injured and 2969 were seriously injured in Great Britain on the roads. Most of those killed (70) were pedestrians or cyclists; 47% were pedestrians (Department for Transport 2008). As well as people killed and injured there are other people whose health is affected in less apparent ways. People can be traumatised by near misses, or avoid activities or opportunities because of danger (real or perceived) on the roads. These opportunities include walking or cycling, access to friends, family and recreation as well as the freedom to develop independence. UK population based casualty rates are around the EU average. However, this rating is due largely to good UK figures for the under 15s who are vehicle occupants and masks poorer figures for pedestrians (Department for Transport 2004).
- b) Among people aged under 15 the likelihood of dying as a car occupant is 5.5 times higher if the parents are unemployed than if the parents have managerial or professional jobs; this ratio exceeds 20 among pedestrians and cyclists. The largest factor in this difference in death rate is exposure to danger rather than behaviour (Edwards et al 2006). People from lower social classes are more likely to live in neighbourhoods with unsafe roads and

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high-speed traffic. More than one quarter of child pedestrian injuries happen in the most deprived tenth of wards (Greyling et al. 2002).

- C) National data, such as those reported in the 'Road casualties Great Britain' reports, do not routinely feature information on characteristics of the victim other than age and sex. Information on race, for instance, has generally come from a small number of local studies, which frequently focus on one ethnic group. Thomson and coworkers (Department of the Environment Transport and the Regions 2001) report that results suggest that there is a higher pedestrian accident rate among children (age range not stated) from Asian backgrounds than non-Asian peers in the same area. Other groups may also be similarly affected but have not yet been systematically studied.
- d) Children need special consideration when addressing road injuries. The World Health Organization report 'Youth and road safety in Europe' (Sethi et al. 2007) notes that children have limited ability to handle complex road environments designed for adults because of their cognitive and physical development. Children are also less visible to motorists, and in the case of a crash are more likely than adults to be damaged (Organisation for Economic Cooperation and Development 2004). Because of this vulnerability and difficulty making judgements, it is important to identify elements of road design which produce a road environment that reduces the danger to which they are exposed.
- e) Factors that affect whether someone is injured or killed in a road collision, and severity of injury, play a part either before a collision (such as speed, training and road surface), around the time of collision (such as anti-lock brakes) or after collision (such as vehicle design, seatbelts, airbags and emergency services).

 Approaches to preventing collisions (primary prevention) focus on altering the behaviour of road users (for example, educating about

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road dangers or restricting vehicle speed) or of a vehicle if emergency action is required (for instance anti-lock breaks or anti-skid road surfaces) (Racioppi et al, 2004). Approaches to reducing severity of injury (secondary prevention) include car design and provision and use of safety devices such as seat belts or restraints and helmets. Perceptions of safety, however, can alter behaviour (such as faster driving in a car with anti-lock brakes) so that actual risk remains the same (risk compensation). The logical place to start in considering road injuries is with primary prevention.

f) Road design is a key influence on speed (Department for Transport 2007a). 'Excess and inappropriate' speed contributes to around 30% of fatal crashes in high-income countries (World Health Organization 2004). Higher speeds reduce the time available for reactions and increase the severity of collisions. Vulnerable road users (cyclists and pedestrians) are particularly at risk: pedestrians have a 90% chance of surviving car crashes at speeds below 30 kph but a less than 50% chance of surviving collisions at speeds of 45 kph (Racioppi et al. 2004).

4 The guidance

Public health guidance will be developed according to NICE processes and methods. For details see section 5.

This document defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

4.1 Who is the focus?

4.1.1 Groups that will be covered

Children and young people aged under 15, including those from disadvantaged areas who are likely to be exposed to high traffic volumes and speeds.

4.1.2 Groups that will not be covered

- Anyone aged 15 or older.
- Children and young people aged under 15 who are injured elsewhere (that is, not on the road).

4.2 Activities

4.2.1 Activities/measures that will be covered

NICE is developing public health guidance (using the programme development process) to prevent unintentional injuries among children and young people aged under 15. NICE is also developing public health guidance (developed using the intervention development process) to prevent unintentional injuries in the home and in other external environments. This guidance will complement these publications and will focus on:

- Local or regional interventions to reduce motor vehicle speeds by road design or by modifying the road environment. These will include the following either combined or delivered separately:
 - traffic calming
 - 20 mph zones
 - home zones
 - international examples such as 'woonerven' in the Netherlands: streets or a group of streets that have been redesigned to slow traffic and promote non-motorised traffic
 - 'naked streets' (psychological traffic calming) where road markings,
 lines, traffic lights, signs and curbs and so on are removed to create
 uncertainty in road users and force them to slow down
 - 'quiet lanes' and other rural examples of traffic calming schemes
 - local areas in which speed limits are supported by a design element.

Steps will be taken to identify ineffective as well as effective interventions and approaches.

4.2.2 Activities/measures that will not be covered

- a) National legislation or regulation, including in relation to blood alcohol concentration and other driver legislation.
- b) Enforcement, including local setting of speed limits with no change to the road design, using speed cameras, speed limiters (technology that prevents a vehicle being driven at certain speeds) alcohol testing, enforcing driver legislation and policing policies.
- c) Primary prevention via the education of drivers, cyclists and pedestrians (including national and local media campaigns, leaflets and promotional activities), mandatory training, re-testing and post-offence training.
- d) Secondary prevention measures that aim to change behaviour in individuals (seat belt and safety seat use promotion, helmets, visibility for vehicles and visibility for cyclists and pedestrians such as daytime lights and high visibility clothing), and those that aim to reduce risk through passive methods (such as anti-lock breaks or skid resistant surfaces).
- e) Tertiary prevention, including emergency services, treatment and rehabilitation.

4.3 Key questions and outcomes

Below are the overarching questions that will be addressed along with some of the outcomes that would be considered as evidence:

Question 1: What types of road design or modification to the road environment are effective and cost effective in reducing vehicle speeds and road injuries among children and young people aged under 15?

Expected outcomes: Changes in injuries and deaths in children and young people aged under 15, including changes in injury severity, vehicle speeds, collisions, knowledge and attitudes towards speed.

Question 2: What are the barriers and facilitators to implementing environmental modifications and designs relating to the reduction of vehicle speeds and road injuries?

4.4 Status of this document

This is the draft scope, released for consultation on 3 November 2008 until 1 December 2008, to be discussed at a public meeting on 18 November 2008. Following consultation, the final version of the scope will be available at the NICE website in January 2009.

5 Further information

The public health guidance development process and methods are described in 'Methods for development of NICE public health guidance' (NICE 2006) available at www.nice.org.uk/phmethods and 'The public health guidance development process: An overview for stakeholders, including public health practitioners, policy makers and the public' (NICE 2006) available at www.nice.org.uk/phprocess

6 Related NICE guidance

Published

Behaviour change. NICE public health guidance 6 (2007). Available from: www.nice.org.uk/PH6

Physical activity and the environment. NICE public health guidance 8 (2008). Available from: www.nice.org.uk/PH8

In development

Promoting physical activity for children. NICE public health guidance (due January 2009).

Preventing unintentional injuries among children in the home. NICE public health guidance (due April 2010).

Strategies to prevent unintentional injuries among children. NICE public health guidance (due October 2010).

Preventing unintentional injuries in the external environment among children. NICE public health guidance (due October 2010).

Appendix A Referral from the Department of Health

The Department of Health asked NICE to:

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

Appendix B Potential considerations

It is anticipated that the Public Health Interventions Advisory Committee (PHIAC) will consider the following issues in relation to any interventions it examines:

- Do individual factors (such as gender, age, ethnicity, religion) influence its effectiveness?
- What impact does it have on people with disabilities or mobility impairments?
- What impact does it have on inequalities in health?
- What are the barriers and facilitators to implementation?
- What are the views of children, young people, families, carers and the wider public?
- What issues affect the level of acceptability?
- Which solutions are most suitable for different road environments?
- Does the intensity of the intervention influence effectiveness or duration of effect?
- Does the effectiveness of the interventions change over time?
- What is the role of public health practitioners?
- How do these interventions interact with other types of injury reduction interventions?
- How does effectiveness vary according to different settings such as urban and rural areas?

Appendix C References

Audit Commission and Healthcare Commission (2007) Better safe than sorry: preventing unintentional injury to children. London: Audit Commission.

Department for Children, Schools and Families (2007) The children's plan. Building brighter futures. London: Department for Children, Schools and Families.

Department for Children, Schools and Families/HM Government (2008) Staying safe: action plan. London: Department for Children, Schools and Families.

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HM Government (2004) Every child matters: change for children. London: Department for Education and Skills.

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HM Government (2008) PSA delivery agreement 13: Improving children and young people's safety [online]. Available from: www.hm-treasury.gov.uk

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Sethi D, Racioppi F, Mitis F. (2007) Youth and road safety in Europe. Copenhagen: World Health Organization.

World Health Organization (2004) World report on road traffic injury prevention. Geneva: World Health Organization.