

Preventing unintentional injury among children and young people under 15

NICE quality standard

Draft for consultation

January 2016

Introduction

This quality standard covers preventing unintentional injury in the home in children and young people under 15. For more information see the [topic overview](#).

Why this quality standard is needed

Unintentional injury to children and young people under 15 most commonly happens in the home. The term ‘unintentional injury’ is used rather than ‘accidents’ to recognise that injuries are usually ‘predictable and preventable’¹. The likelihood of unintentional injury is affected by a number of factors, including personal attributes (such as age and any medical conditions), behaviour (such as risk-taking) and the environment (such as poor quality housing). Children and young people’s physical, psychological and behavioural characteristics make them more vulnerable to injuries than adults.

The Audit Commission and Healthcare Commission reported in 2007 that unintentional injury is a leading cause of death among children and young people aged 1–14. Although child mortality from all causes, including unintentional injury, has decreased over the past 20 years, the 2013 report [Overview of child deaths in the four UK countries](#) from the Royal College of Paediatrics and Child Health found that injury is still the most frequent cause of death in children. Analysis of UK death registration data from 1980 to 2010 found that one-third of deaths in children aged 1–4 (31%) were from unintentional injuries.

¹ Davis R, Pless B (2001) BMJ bans ‘accidents’. Accidents are not unpredictable. BMJ 322:1320–21

Children and young people from lower socioeconomic groups are more likely to be affected by unintentional injuries². Children whose parents are long-term unemployed (or have never worked) are 13 times more likely to die from unintentional injury than children whose parents are in higher professional occupations.

The Child Accident Prevention Trust report *Tackling inequalities in childhood accidents* estimated that, each year, over 108,000 hospital admissions (estimated cost to the NHS £131m per year) and around 2 million attendances to A&E (estimated cost £146m per year) for children under the age of 15 are as a result of unintentional injury³. The [costing report for the NICE guideline on Strategies to prevent unintentional injuries among the under-15s](#) highlighted that an 11% national reduction in unintentional injuries for children under 15 could save £26.4 million, and concluded that this could offset the cost of implementing the guidance.

Many of the factors that can result in unintentional injuries occur are preventable. There are several approaches to preventing unintentional injuries, including education (providing information and training), altering products or the environment, and enforcement (regulations and legislation).

The quality standard is expected to contribute to improvements in the following outcomes:

- unintentional injuries in children and young people under 15
- preventable child deaths related to unintentional injury
- hospital admissions
- A&E attendances
- Health and wellbeing of children and young people.

² Towner E, Dowswell T, Errington G et al. (2005) *Injuries in children aged 0–14 years and inequalities*. London: Health Development Agency.

³ Child Accident Prevention Trust. (2013) *Tackling inequalities in childhood accidents*.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimension of quality – patient safety, patient experience and clinical effectiveness – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- [NHS Outcomes Framework 2015–16](#)
- [Public Health Outcomes Framework 2013–2016](#).

Tables 1–2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 [NHS Outcomes Framework 2015–16](#)

Domain	Overarching indicators and improvement areas
1 Preventing people from dying prematurely	<i>Improvement areas</i> Reducing deaths in babies and young children 1.6 i Infant mortality* (PHOF 4.1)
Alignment across the health and social care system * Indicator shared	

Table 2 [Public health outcomes framework for England, 2013–2016](#)

Domain	Objectives and indicators
2 Health improvement	<i>Objective</i> People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities <i>Indicators</i> 2.7 Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0–14 and 15–24 years

4 Healthcare public health and preventing premature mortality	<p>Objective Reduced numbers of people living with preventable ill health and people dying prematurely while reducing the gap between communities</p> <p>Indicators 4.1 Infant mortality* (NHSOF 1.6i)</p>
<p>Alignment across the health and social care system * Indicator shared</p>	

Coordinated services

The quality standard on preventing unintentional injury in children and young people under 15 in the home specifies that services should be commissioned from and coordinated across all relevant agencies involved in preventing unintentional injury in children and young people under 15. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to children and young people under 15 who are at risk of unintentional injury.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality.

Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing high-quality services that can prevent accident and unintentional injury in children and young people under 15 are listed in Related quality standards.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All health, public health and social care practitioners involved in assessing, caring for and treating children and young people under 15 who are at risk of accident and unintentional injury should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However,

recommendations in the development source(s) on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in protecting children and young people under 15 from unintentional injury. If appropriate, health, public health and social care practitioners should ensure that family members and carers are involved in the decision-making process about preventing accident and unintentional injury in the home.

List of quality statements

[Statement 1](#). Local authority areas have a person responsible for coordinating action to prevent unintentional injuries to children and young people under 15 in the home.

[Statement 2](#). Households in which children and young people under 15 may be at risk of unintentional injury in the home are identified for a formal home safety assessment.

[Statement 3](#). Households having children and young people under 15 at risk of unintentional injury in the home have a formal home safety assessment.

[Statement 4](#). Households with children and young people under 15 that have a formal home safety assessment have action needed to reduce the risk of unintentional injuries reported to the relevant local authority and social care providers.

[Statement 5](#). Households with children and young people under 15 get advice from or are referred for a formal home safety assessment by health and social care practitioners on home visits who identify risks of unintentional injury.

Questions for consultation

Questions about the quality standard

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

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

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

Questions about the individual quality statements

Question 4 For draft quality statement 5: Has the key quality improvement area relating to the identification of risks during home visits by health and social care practitioners been addressed?

Quality statement 1: Coordinating action to prevent unintentional injuries

Quality statement

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

Rationale

Coordinating action across all relevant local agencies to prevent unintentional injuries can reduce the risk of such injury for children and young people. Coordinated action can prevent duplication of activity, improve record keeping and information sharing and achieve better use of resources. In practice, risks identified by staff in one sector may be mitigated more effectively by another sector if there is coordinated action.

Quality measures

Structure

Evidence that local authority areas have a person responsible for coordinating action to prevent unintentional injuries to children and young people under 15.

Data source: Local data collection.

What the quality statement means for service providers, health, public health and social care practitioners, and commissioners

Service providers (such as local authority public health teams, children's social services and NHS organisations) have a person responsible for coordinating action to prevent unintentional injuries to children and young people under 15 in the home.

Health, public health and social care practitioners (such as GPs, health visitors, community nurses and midwives, social workers and health promotion workers) use frameworks and protocols that are led by the person who is responsible for

coordinating action in their local area to prevent unintentional injuries to children and young people under 15 in the home.

Commissioners (such as local authorities and clinical commissioning groups) ensure that they commission services that have a person responsible for coordinating action in their local area to prevent unintentional injuries to children and young people under 15 in the home.

What the quality statement means for patients, service users and carers

Households with children and young people under 15 who are at risk of having an accident in the home may benefit from local coordination of action, led by a responsible person, to help prevent such accidents.

Source guidance

- [Strategies to prevent unintentional injuries among under-15s](#) (2010) NICE guideline PH29, recommendation 2

Definitions of terms used in this quality statement

Local authority areas

Action to prevent unintentional injuries to children and young people under 15 is likely to be led by local authorities (including public health, social care and children's services). Within their geographical areas, action should be coordinated with relevant NHS organisations (such as clinical commissioning groups), fire and rescue services.

Person responsible for coordinating action to prevent unintentional injuries to children and young people under 15

This person should help to achieve the commitments set out in local plans and strategies by:

- Working with local partnerships that include organisations involved with children and young people, and their parents and carers.

- Developing a 2–3-year injury prevention strategy with local partners that is integrated into all relevant local plans and strategies for children and young people’s health and wellbeing.
- Networking at a regional and national level with other people responsible for coordinating action to prevent unintentional injuries to children and young people under 15.
- Raising local awareness about the need for prevention activities. This includes sitting on the local safeguarding children board and acting as a local source of information and advice on prevention.
- Monitoring progress made on the injury prevention commitments set out in local plans and strategies for children and young people’s health and wellbeing. They should report progress to the director of children’s services and/or the director of public health.
- Providing and/or coordinating specialist training of health and social care practitioners who carry out formal and informal home safety assessments.

The person responsible for coordinating action to prevent unintentional injuries to children and young people under 15 does not have to be a full time post, but may be a role incorporated into the job description of a key worker from a local service.

[Adapted from [Strategies to prevent unintentional injuries among under-15s](#) (NICE guideline PH29), recommendation 2]

Quality statement 2: Identifying households for a formal safety assessment

Quality statement

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

Rationale

Identifying the households in which children and young people under 15 may be most at risk of unintentional injury in the home will allow them to benefit from formal home safety assessments and reduce this risk. Identifying at-risk households can be done by targeting population groups or neighbourhoods, or it can relate to specific households in which risks to children are identified. Health and wellbeing boards should have oversight of this work, and should include it in their local strategies, but it may be the responsibility of the local authority.

Quality measures

Structure

Evidence of a process to ensure that households in which children and young people under 15 may be at risk of unintentional injury in the home are identified for a formal home safety assessment.

Data source: Local data collection.

What the quality statement means for service providers, health, public health and social care practitioners, and commissioners

Local health and wellbeing boards ensure that their local strategies include identifying households in which children and young people under 15 may be at risk of unintentional injury for formal home safety assessments.

Service providers (such as local authority public health teams, children's social services and NHS organisations) ensure that households in which children and

young people under 15 may be at risk of unintentional injury in the home are identified for formal home safety assessments.

Health, public health and social care practitioners (such as GPs, health visitors, community nurses and midwives, social workers and health promotion workers) contribute to identifying households in which children and young people under 15 may be at risk of unintentional injury for formal home safety assessments.

Commissioners (such as local authorities and clinical commissioning groups) include within the service specifications for commissioned services the need to identify households in which children and young people under 15 may be at risk of unintentional injury for formal home safety assessments.

What the quality statement means for patients, service users and carers

Households with children and young people under 15 who are at risk of having an accident in the home are identified so that they can have an assessment of how safe their home is.

Source guidance

- [Preventing unintentional injuries among the under-15s in the home](#) (2010) NICE guideline PH30, recommendation 1

Definitions of terms used in this quality statement

Formal home safety assessment

Formal, or structured, home safety assessments are carried out by trained assessors and usually involve assessing the risk of the most common causes of unintentional injuries to children and young people under 15 (including burns, poisoning, drowning, suffocation and choking) in each room.

The assessment should be tailored to meet the household's specific needs and circumstances, and its purpose should be thoroughly and clearly explained to members of the household.

[Adapted from [Preventing unintentional injuries among the under-15s in the home](#) (NICE guideline PH30), recommendation 3, and expert opinion]

Households in which children and young people under 15 may be at risk of unintentional injury in the home

Factors to take into account include:

- the developmental age of children
- whether a child or family member has a disability
- cultural and religious beliefs
- whether English is the first language
- levels of literacy in the household
- the level of control people have over their home environment
- the household's perception of, and degree of trust in, authority
- the size of the family
- the complexity of the family's needs.

[[Preventing unintentional injuries among the under-15s in the home](#) (NICE guideline PH30), recommendation 1]

Identified for a formal home safety assessment

Households in which children and young people under 15 may be at risk of unintentional injury can be identified by using local injury and socioeconomic data. Local data may come from surveys, health services (such as A&E and hospital admission records), joint strategic needs assessments and existing datasets (such as emergency service datasets, local socioeconomic profiles and housing records). Some data may be accessed via local profiles maintained by the Child and Maternal Health Observatory, which is now part of Public Health England. [Adapted from [Preventing unintentional injuries among the under-15s in the home](#) (NICE guideline PH30), recommendation 1, and expert opinion]

Quality statement 3: Formal home safety assessments

Quality statement

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

Rationale

Households may have a higher risk of unintentional injury to children and young people under 15 because of the socioeconomic characteristics of the household or hazards associated with the property, or where there is evidence of a history of unintentional injury. Those households can benefit from a formal home safety assessment and resulting action to reduce the risks identified by the assessment.

Quality measures

Structure

Evidence of local arrangements for households with children and young people under 15 at risk of unintentional injury in the home to have a formal home safety assessment.

Data source: Local data collection.

Process

Proportion of households with children and young people under 15 at risk of unintentional injury in the home that have a formal home safety assessment

Numerator – the number in the denominator that have a formal home safety assessment.

Denominator – the number of households with children and young people under 15 at risk of unintentional injury in the home.

Data source: Local data collection.

What the quality statement means for service providers, health, public health and social care practitioners, and commissioners

Service providers (such as local authority children's social services and NHS organisations) ensure that systems are in place for households having children and young people under 15 at risk of unintentional injury in the home to have a formal home safety assessment.

Home safety assessors carry out formal home safety assessments for households having children and young people under 15 at risk of unintentional injury in the home.

Commissioners (such as local authorities and clinical commissioning groups) ensure that they commission services in which households having children and young people under 15 at risk of unintentional injury in the home have a formal home safety assessment.

What the quality statement means for patients, service users and carers

Households with children and young people under 15 who are at risk of having an accident in the home have an assessment of how safe their home is, which should help to lower the chance of accidents.

Source guidance

- [Preventing unintentional injuries among the under-15s in the home](#) (2010) NICE guideline PH30, recommendation 3

Definitions of terms used in this quality statement

Formal home safety assessment

Formal, or structured, home safety assessments are carried out by trained assessors and usually involve assessing the risk of the most common causes of unintentional injuries to children and young people under 15 (including burns, poisoning, drowning, suffocation and choking) in each room.

The assessment should be tailored to meet the household's specific needs and circumstances, and its purpose should be thoroughly and clearly explained to members of the household. Factors to take into account include:

- the developmental age of children
- whether a child or family member has a disability
- cultural and religious beliefs
- whether English is the first language
- levels of literacy in the household
- the level of control people have over their home environment
- the household's perception of, and degree of trust in, authority
- the size of the family
- the complexity of the family's needs.

[Adapted from [Preventing unintentional injuries among the under-15s in the home](#) (NICE guideline PH30), recommendation 3, and expert opinion]

Equality and diversity considerations

The purpose of a formal home safety assessment, and information or advice about the identified risks of unintentional injury to children and young people under 15, should be communicated to members of the household in a way that is easily understood. This may include providing information in a written or verbal form. If English is not the first language of the household, or if anyone in the household has a learning disability, interpreters or other means of communication should be used.

Quality statement 4: Actions after formal home safety assessments

Quality statement

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

Rationale

It is important that all local authority and social care providers are made aware of the outcome of a formal home safety assessment and that follow-up action is taken by children's social services, housing and other appropriate agencies to reduce the risks identified. Awareness of any actions carried out at the time of the home safety assessment (such as providing advice) can prevent duplication of effort.

Quality measures

Structure

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

Data source: Local data collection.

Process

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

Numerator – the number in the denominator with action needed to reduce the risk of unintentional injuries reported to the relevant local authority and social care providers.

Denominator – the number of households who have home safety assessment for risk of unintentional injuries to children and young people under 15.

Data source: Local data collection.

Outcome

Number of unintentional injuries to children and young people under 15 occurring in households.

Data source: Local data collection.

What the quality statement means for service providers, health, public health and social care practitioners, and commissioners

Service providers (such as local authority children's social services and NHS organisations) ensure that systems are in place so that local authority and social care providers are told after a formal home safety assessment about actions needed to reduce the risk of unintentional injuries in households with children and young people aged under 15.

Home safety assessors ensure that actions needed to reduce the risk of unintentional injuries identified in home safety assessments of households with children and young people under 15 are reported to local authority and social care providers.

Commissioners (such as local authorities and clinical commissioning groups) ensure that they commission services in which local authority and social care providers are told after a formal home safety assessment about actions needed to reduce the risk of unintentional injuries in households with children and young people under 15.

What the quality statement means for patients, service users and carers

Households with children and young people under 15 are likely to benefit when any risks identified in an assessment of how safe their home is are reported to local authority departments and social services, which can then help to reduce those risks.

Source guidance

- [Preventing unintentional injuries among the under-15s in the home](#) (2010) NICE guideline PH30, recommendations 3 and 4
- [Strategies to prevent unintentional injuries among the under-15s](#) (2010) NICE guideline PH29, recommendation 9

Definitions of terms used in this quality statement

Action needed to reduce the risk of unintentional injuries

Documented actions arising from a formal home safety assessment can include installing home safety equipment, advice on maintaining equipment and advice or education on home safety.

[Adapted from [Preventing unintentional injuries among the under-15s in the home](#) (NICE guidance PH30), recommendations 3 and 4, and [Strategies to prevent unintentional injuries among the under-15s](#) (NICE guideline PH29) recommendation, 9]

Local authority and social care providers

These include housing agencies and children's social services. [Expert opinion]

Quality statement 5: Identifying risks during home visits

Quality statement

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

Rationale

Health and social care practitioners can assess potential risks of unintentional injury to children and young people under 15 when visiting households for other reasons. Considering risk during all household visits means that immediate advice can be given or further action can be arranged, including a formal home safety assessment.

Quality measures

Structure

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

Data source: Local data collection.

Process

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

Numerator – the number of households with children and young people under 15 that get advice or referral for a formal home safety assessment.

Denominator – the number of households with children and young people under 15 for which risks of unintentional injury are identified on home visits.

Data source: Local data collection.

Outcome

Number of referrals for formal home safety assessments in households with children and young people under 15.

Data source: Local data collection.

What the quality statement means for service providers, health, public health and social care practitioners, and commissioners

Service providers (such as such as local authority children's social services and NHS organisations) ensure that systems are in place so that households with children and young people under 15 get advice from or are referred for a formal home safety assessment by health and social care practitioners on home visits who identify risks of unintentional injury.

Health and social care practitioners (such as social workers, health visitors, community nurses and midwives, and GPs) on home visits give advice or refer for a formal home safety assessment if they identify risks of unintentional injury to children and young people under 15.

Commissioners (such as local authorities and clinical commissioning groups) ensure that they commission services in which households with children and young people aged under 15 get advice from or are referred for a formal home safety assessment by health and social care practitioners on home visits who identify risks of unintentional injury.

What the quality statement means for patients, service users and carers

Households with children and young people under 15 are given advice or are referred for a detailed assessment of how safe their home is by health and social care workers on home visits who spot things that may put the children or young people at risk of having an accident.

Source guidance

- [Preventing unintentional injuries among the under-15s in the home](#) (2010) NICE guideline PH30, recommendation 5

Definitions of terms used in this quality statement

Formal home safety assessment

Formal, or structured, home safety assessments are carried out by trained assessors and usually involve assessing the risk of the most common causes of unintentional injuries to children and young people under 15 (including burns, poisoning, drowning, suffocation and choking) in each room.

The assessment should be tailored to meet the household's specific needs and circumstances, and its purpose should be thoroughly and clearly explained to members of the household. Factors to take into account include:

- the developmental age of children
- whether a child or family member has a disability
- cultural and religious beliefs
- whether English is the first language
- levels of literacy in the household
- the level of control people have over their home environment
- the household's perception of, and degree of trust in, authority
- the size of the family
- the complexity of the family's needs.

[Adapted from [Preventing unintentional injuries among the under-15s in the home](#) (NICE guideline PH30), recommendation 3, and expert opinion]

Equality and diversity considerations

The purpose of a formal home safety assessment, and information or advice about the identified risks of unintentional injury to children and young people under 15, should be communicated to members of the household in a way that is easily understood. This may include providing information in a written or verbal form. If

English is not the first language of the household, or if anyone in the household has a learning disability, interpreters or other means of communication should be used.

Question for consultation

Has the key quality improvement area relating to the identification of risks during home visits by health and social care practitioners been addressed?

Status of this quality standard

This is the draft quality standard released for consultation from 16 June 2015 to 14 July 2015. It is not NICE's final quality standard on Homes: preventing accident and unintentional injury among children and young people under 15. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 3 July 2015. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the [NICE website](#) from January 2016.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [What makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments](#) [add correct link] are available.

Good communication between health, public health and social care practitioners and children and young people under 15 who are at risk of unintentional injury, and their parents or carers (if appropriate), is essential. Treatment, care and support, and the information given about it, should be both age-appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Children and young people under 15 who are at risk of unintentional injury and their parents or carers (if appropriate) should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards [Process guide](#).

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Preventing unintentional injuries among the under-15s in the home](#) (2010) NICE guideline PH30
- [Strategies to prevent unintentional injuries among the under-15s](#) (2010) NICE guideline PH29

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Department of Health (2014) [Commissioning of public health services for children](#)
- Keeping Children Safe at Home Project (2014) [Injury prevention briefing: Preventing unintentional injuries to the under fives: a guide for practitioners](#)
- Local Government Association (2014) [Healthy homes, healthy lives](#)
- Public Health England (2014) [Reducing unintentional injuries among children and young people](#)
- Public Health England (2014) [Reducing unintentional injuries in and around the home among children under five years](#)
- Royal College of Paediatrics and Child Health (2014) [Why children die: death in infants, children and young people in the UK](#)
- Shelter (2014) [Home improvement: tackling poor electrical safety in the private rented sector](#)
- Department of Health (2013) [Annual report of the Chief Medical Officer 2012: Our children deserve better: prevention pays](#)
- The Royal Society for the Prevention of Accidents (2013) [Delivering accident prevention at local level in the new public health system](#)

Related NICE quality standards

Published

- [Alcohol: preventing harmful alcohol use in the community \(2015\) NICE quality standard 83](#)
- Antisocial behaviour and conduct disorders in children and young people (2014) NICE quality standard 59

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Child abuse and neglect
- Community engagement (update)
- Housing: planning to improve health and wellbeing
- Falls prevention
- Road safety

The full list of quality standard topics referred to NICE is available from the [quality standards topic library](#) on the NICE website.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 4. Membership of this committee is as follows:

Miss Alison Allam

Lay member

Dr Harry Allen

Consultant Old Age Psychiatrist, Manchester Mental Health and Social Care Trust

Mrs Moyra Amess

Associate Director, Assurance and Accreditation, CASPE Health Knowledge Systems

Dr Jo Bibby

Director of Strategy, The Health Foundation

Mrs Jane Bradshaw

Lead Nurse Specialist in Neurology, Norfolk Community Health and Care

Dr Allison Duggal

Consultant in Public Health, Public Health England

Mr Tim Fielding

Consultant in Public Health, North Lincolnshire Council

Mrs Frances Garraghan

Lead Pharmacist for Women's Health, Central Manchester Foundation Trust

Mrs Zoe Goodacre

Network Manager, South Wales Critical Care Network

Ms Nicola Hobbs

Assistant Director of Quality and Contracting, Northamptonshire County Council

Mr Roger Hughes

Lay member

Mr John Jolly

Chief Executive Officer, Blenheim Community Drug Project, London

Dr Damien Longson (Chair)

Consultant Liaison Psychiatrist, Manchester Mental Health and Social Care Trust

Dr Rubin Minhas

GP Principal, Oakfield Health Centre, Kent

Mrs Julie Rigby

Quality Improvement Programme Lead, Strategic Clinical Networks, NHS England

Mr Alaster Rutherford

Primary Care Pharmacist, NHS Bath and North East Somerset

Mr Michael Varrow

Information and Intelligence Business Partner, Essex County Council

Mr John Walker

Specialist Services Deputy Network Director, Greater Manchester West Mental Health NHS Foundation Trust

Mr David Weaver

Head of Quality and Safety, North Kent Clinical Commissioning Group

The following specialist members joined the committee to develop this quality standard:

Catherine Churchill

Operational Lead, Health Visiting and School Nursing, Lincolnshire Community Health Services

Carolyn Cripps

Consultant/Trainer, Community member, Fit for Safety

Davina Hartley

Children's Accident Prevention Coordinator, Bradford Safeguarding children's Board

Mike Hayes

Principal Consultant, Child Accident Prevention Trust

Julie Mytton

Associate Professor in Child Health, University of the West of England

Rob Taylor

National capability advisor, Fire and rescue representative

NICE project team

Rachel Neary Jones

Acting Associate Director

Karen Slade

Consultant Clinical Adviser

Tony Smith

Technical Adviser

Karyo Angeloudis

Technical Analyst

Anthony Gildea

Project Manager

Lisa Nicholls

Coordinator

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

This quality standard has been incorporated into the NICE pathway on [unintentional injuries among under-15s](#).

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern

Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Copyright

© National Institute for Health and Care Excellence 2015. All rights reserved. NICE copyright material can be downloaded for private research and study, and may be reproduced for educational and not-for-profit purposes. No reproduction by or for commercial organisations, or for commercial purposes, is allowed without the written permission of NICE.

ISBN: