

PUBLIC HEALTH GUIDANCE

FINAL SCOPE

This is the scope for one of five pieces of NICE guidance on how to prevent unintentional injuries among children and young people aged under 15.

1. 'Strategies to prevent unintentional injuries among under 15s'. The subject of this scope. The guidance will be developed using the public health programme process. (Publication expected October 2010.)
2. 'Preventing unintentional injuries among under 15s in the home'. This guidance will focus on the supply and/or installation of home safety equipment and home risk assessments. It will be developed using the public health intervention process. (Publication expected April 2010.)
3. 'Preventing unintentional road injuries among under 15s: road design'. This guidance will focus on the design and modification of highways, roads and streets. It will be developed using the public health intervention process. (Publication expected April 2010.)
4. 'Preventing unintentional injuries among under 15s in the external environment'. This guidance is expected to cover sports and leisure. It will be developed using the public health intervention process. A scope will be produced at a later date. (Publication expected October 2010.)
5. 'Preventing unintentional road injuries among under 15s: education and protective equipment'. This guidance is expected to cover safety equipment such as helmets and visibility clothing. It will be developed using the public health intervention process. (Publication date and scope to be confirmed.)

1 Guidance title

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

1.1 Short title

Strategies to prevent unintentional 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 a public health programme aimed at preventing unintentional injuries among children and young people 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 the NSF on children, young people and maternity services (DH 2004a).
- c) This guidance will also support the following public service agreements (PSAs):
 - PSA 3: Reduce the number of accidental fire-related deaths in the home (Communities and Local Government 2005)
 - PSA 12: Improve the health and wellbeing of children and young people (HM Government 2008a)
 - PSA 13: Improving children and young people's safety (HM Government 2008b).
- 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' (Department for Transport 2007a)

- 'Choosing health: making healthy choices easier' (DH 2004b)
- 'Every child matters: change for children' (HM Government 2004)
- 'Fire and rescue service national framework 2008–2011' (Communities and Local Government 2008)
- '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)
- 'The operating framework 2009/10 for the NHS in England' (DH 2008)
- '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 primary care trusts, children's trusts, road safety, highways, planning, environmental health, education, children's services, police, fire and rescue services and youth/sports/cultural/social clubs. It will also be of interest to children, young people, parents and carers.

f) Please note: NICE is developing four other pieces of public health guidance (using the intervention development process) to prevent unintentional injuries among children and young people aged under

15. They will cover unintentional injuries on the road (one on road design and one on education and protective equipment), in the home and in other external environments. This guidance will complement these publications and support other NICE guidance on preventing unintentional injuries among children and young people. For further details, see front page and section 6.

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

3 The need for guidance

- a) Unintentional injury is a leading cause of death among children and young people aged 1–14 (Audit Commission and Healthcare Commission 2007). It led to 246 deaths in those aged 0–14 in England and Wales in 2006 (Office for National Statistics 2008). The majority (121) involved a road injury. Other causes included choking, suffocation or strangulation (47), smoke, fire and flames (24), and drowning (22) (Office for National Statistics 2008).
- b) Around two million children and young people visit UK accident and emergency departments each year as a result of non-fatal injuries, at a cost of approximately £146 million to the NHS (Audit Commission and Healthcare Commission 2007). In England alone in 2006–2007, unintentional injuries resulted in over 100,000 children aged 0–14 being admitted to hospital (The NHS Information Centre 2007).
- c) Children and young people from lower socioeconomic groups are more likely to be affected by unintentional injuries (Towner et al. 2005). From 1979–1983, the number who died from such injuries was 3.5 times higher among those from social class V compared with social class I; from 1989–1992, the rate was five times higher (Roberts and Power 1996). Children and young people of parents classified as never having worked or long-term unemployed were

13.1 times more likely to die from an unintentional injury than the offspring of managers/professionals. The differences were greater when the figures were broken down: 20.6 times higher for road accidents among pedestrians, 27.5 for road accidents among cyclists, 37.7 for fires and 32.6 for other causes (Edwards et al. 2006).

- d) A range of factors influence the likelihood of an unintentional injury. These include: age, behaviour (for example, smoking or use of safety equipment), the environment (for example, roads) and socioeconomic structure (for example, affordability of and access to safety equipment) (Millward et al. 2003). Personal (for example, demographic), socioeconomic (for example, poor housing or unemployment) and lifestyle factors (for example, fast driving or substance misuse) also have an impact. While combinations of these factors create the conditions in which unintentional injuries occur, many are preventable (Audit Commission and Healthcare Commission 2007).
- e) Approaches to preventing unintentional injuries range from education (providing information and training) to product or environmental modifications and enforcement (regulations, legislation). The most effective strategies use a combination of these approaches (British Medical Association 2001).
- f) Experience from countries with the best safety records show that positive leadership, together with widespread efforts to provide safer physical and social environments, can reduce unintentional injuries (Sethi et al. 2006).

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, particularly those in disadvantaged circumstances (for example, those living with families on a low income, living in overcrowded housing or with a lone parent).
- Parents and carers of children and young people aged under 15.

4.1.2 **Groups that will not be covered**

Anyone aged 15 and over, except the parents or carers of children and young people aged under 15.

4.2 *Activities*

4.2.1 **Activities/measures that will be covered**

This guidance will focus on: design and modification to highways, roads and streets, the supply and/or installation of home safety equipment, home risk assessments and prevention activities in the external environment. It will cover the following measures:

- primary and secondary legislation
- regulation and standards
- enforcement.

The guidance will also cover compliance with the above and supporting mass-media campaigns.

In addition, it will cover the following in relation to preventing unintentional injuries in children under 15:

- injury surveillance, data collection and analysis

- workforce training, support and capacity building.

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

4.2.2 Activities/measures that will not be covered

Legislation, regulation, standards, enforcement and compliance relating to:

- a) The technical efficacy of products (including, for example, airbags, brakes and smoke detectors).
- b) Tertiary prevention, including emergency services, treatment and rehabilitation to limit long-term impairments caused by injury.

4.3 Key questions and outcomes

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

Questions:

1. Which approaches are effective and cost effective in preventing or reducing unintentional injuries among children and young people aged under 15?
2. Which approaches are effective and cost effective in preventing or reducing unintentional injuries among children and young people aged under 15 from disadvantaged families?
3. Which types of approach effectively (and cost effectively) support and help develop the skills of professionals and others involved in childhood injury prevention?
4. What type of monitoring systems are effective and cost effective in recording and detecting changes in the type, incidence and prevalence of unintentional injuries among children and young people aged under 15?

5. What are the barriers and facilitators to implementing initiatives to prevent unintentional injuries among children and young people aged under 15?

Expected outcomes:

Expected outcomes include changes in the:

- rates of unintentional injuries
- rates of hospital admissions and preventable child deaths related to unintentional injuries
- severity of unintentional injuries
- physical environment (for example, changes to road design and the home environment, including the installation of safety equipment)
- legislation, regulations and enforcement activities related to unintentional injuries
- accessibility – and uptake – of programmes and initiatives aimed at preventing unintentional injuries among children and young people
- accessibility – and uptake – of professional development and workforce training programmes and initiatives to prevent unintentional injuries
- perceptions of parents/carers about how safe and protected their children are or their childrens' perceptions of their own safety and protection
- attitudes, knowledge, social skills and behaviours associated with unintentional injury.

4.4 *Status of this document*

This is the final scope, incorporating comments from a 4-week consultation including a stakeholder meeting held on 18 November 2008.

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

When to suspect child maltreatment. NICE clinical guideline (due May 2009).

Preventing unintentional injuries among under 15s in the home. NICE public health guidance (due April 2010).

Preventing unintentional road injuries among under 15s: road design. NICE public health guidance (due April 2010).

Preventing unintentional injuries among under 15s in the external environment. NICE public health guidance (due October 2010).

Preventing unintentional road injuries among young people aged 15–24. NICE public health guidance (publication date to be confirmed).

Preventing unintentional road injuries among under 15s: education and protective equipment. NICE public health guidance (publication date to be confirmed).

Transport policies that prioritise walking and cycling. NICE public health guidance (publication date to be confirmed).

Appendix A Referral from the Department of Health

The Department of Health asked the Institute:

'To prepare public health programme guidance on the prevention of unintentional injury in children under 15'.

Appendix B Potential considerations

It is anticipated that the Programme Development Group (PDG) will consider the following issues in relation to any approach that it examines.

- What criteria should be used to prioritise injury prevention efforts?
- What are the most effective and cost effective ways of reviewing injury priorities?
- What are the optimum ways to monitor and review prevention strategies and approaches?
- Is a combination of approaches more effective and cost effective than providing initiatives in isolation?
- How do different approaches impact on inequalities in health?
- How can children and young people in disadvantaged areas be targeted effectively and cost effectively?
- Does effectiveness, cost effectiveness, uptake, accessibility and acceptability vary according to:
 - different subpopulations of children and young people (for example, by age, gender, ethnicity, household income)
 - the characteristics of those responsible for decision-making and delivery
 - site/setting
 - the intensity and duration of the approach?
- Are there any adverse or unintended outcomes?
- What are the views of children, young people, their families and carers?

Appendix C References

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

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HM Government (2006) Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children. London: The Stationery Office.

HM Government (2008a) PSA 12: Improve the health and wellbeing of children and young people [online]. Available from www.hm-treasury.gov.uk

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

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