#### 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 among children and young people aged under 15:

- 1. Strategies to prevent unintentional injuries among under 15s. The subject of this scope. (It will be developed using the public health programme process with publication expected October 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 road injuries among under 15s. It will focus on reducing vehicle speeds. (The guidance will be developed using the public health intervention process with publication expected April 2010.)
- 4. 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.

## 1 Guidance title

Strategies, policies and national programmes 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 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 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)
  - '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) The guidance will complement 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 England and Wales in 2006. The majority (121) involved a road injury, 47 were caused by choking or suffocation, 24 by smoke, fire and flames and 22 drowning (Office for National Statistics 2008). From 1991 to 1995, the UK had one of the highest rates of childhood death from fires among countries of the Organisation for Economic Cooperation and Development (OECD) (The United Nations Children's Fund 2001).
- b) 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

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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 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 a combination of these factors create the conditions in which unintentional injuries occur, many are preventable (Audit Commission and Healthcare Commission 2007).
- e) Prevention activities 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.
- 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 could be covered

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

The guidance will consider activities that address the cultural, social, economic, environmental and organisational determinants of unintentional injury. It could focus on:

- national and local policies and strategies
- primary and secondary legislation, regulation and standards, including local authority bye-laws and statutory instruments
- national programmes, campaigns and initiatives, including mass-media campaigns
- professional support and workforce development
- national monitoring systems.

It could consider:

- a range of injuries including falls, lacerations, burns and scalds
- a range of settings, including the road, home and wider environment.

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

Please note: it will not be possible for the guidance to cover all the potential areas outlined above. The purpose of this consultation is to determine which ones should be prioritised.

#### 4.2.2 Activities/measures that will not be covered

- a) Local initiatives, campaigns, services and interventions unless they are part of a national initiative.
- b) Individual activities, such as bicycle safety or swimming lessons, unless part of a national initiative.
- c) Treatment or rehabilitation to limit long-term impairments and disability 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?
- Which approaches are effective and cost effective in preventing or reducing unintentional injuries among children and young people from disadvantaged families?

- 3. Which types of initiative 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 preventing or reducing 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)
- design of products
- 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
- legislation, regulations and enforcement activities related to 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 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 <a href="www.nice.org.uk/phmethods">www.nice.org.uk/phmethods</a> and 'The public health guidance development process: An overview for stakeholders, including public health practitioners, policy makers and the public' (NICE 2006) available at <a href="www.nice.org.uk/phprocess">www.nice.org.uk/phprocess</a>

# 6 Related NICE guidance

### **Published**

Behaviour change. NICE public health guidance 6 (2007). Available from: <a href="https://www.nice.org.uk/PH6">www.nice.org.uk/PH6</a>

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. NICE public health guidance (due April 2010).

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

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# **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 policy, strategy, legislation, programme, campaign or initiative that it examines.

- Which strategies, policies and plans are most effective and cost effective?
- What criteria should be used to prioritise injury prevention efforts?
- What are the most effective and cost effective ways of reviewing injury priorities and ensuring they reflect local needs?
- What are the optimum ways to monitor and review prevention strategies, policies and programmes?
- Are 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**

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Communities and Local Government (2008) Fire and rescue service national framework 2008–2011. London: Communities and Local Government.

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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 (2008a) PSA 12: Improve the health and wellbeing of children and young people [online]. Available from: <a href="www.hm-treasury.gov.uk">www.hm-treasury.gov.uk</a>

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Millward LM, Morgan A, Kelly MP (2003) Prevention and reduction of accidental injury in children and older people. London: Health Development Agency.

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Roberts I, Power C (1996) Does the decline in child injury mortality vary by social class? A comparison of class specific mortality in 1981 and 1991. BMJ 313: 784–786.

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The United Nations Children's Fund (2001) A league table of child deaths by injury in rich nations. Innocenti report card. Issue 2. Florence: The United Nations Children's Fund.

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