

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. 'Preventing unintentional injuries among under 15s in the home'. The subject of this scope. The guidance will be developed using the public health intervention process. (Publication expected April 2010.)
2. 'Strategies to prevent unintentional injuries among under 15s'. This guidance will focus on legislation, regulation, standards, enforcement, monitoring, evaluation and workforce development. It will be developed using the public health programme process. (Publication expected October 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

Preventing unintentional injuries in the home among children and young people aged under 15: providing safety equipment and home risk assessments

1.1 Short title

Preventing unintentional injuries among under 15s in the home.

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 in the home 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 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)
- '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)
- '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, 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 to prevent unintentional injuries among children and young people aged under 15. One is being produced using our programme development process. The others focus on preventing injuries on the road (one on road design and one on education and protective

equipment) and in other external environments (and are being produced using the intervention development process). 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 intervention 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 2006). Each year in the UK, unintentional injury results in more than two million visits to accident and emergency (A&E) departments by children. Half of these injuries occur at home and many are preventable (Audit Commission and Healthcare Commission 2007). In England alone in 2006/07, it led to over 100,000 children and young people aged under 15 being admitted to hospital (The NHS Information Centre 2007).

- b) Unintentional injuries and deaths are highest among children and young people from lower socioeconomic groups. Those whose parents have never worked (or who are long-term unemployed) are 13.1 times more likely to die from an unintentional injury than those whose parents are managers and professionals (Edwards et al. 2006). Residential areas with a high proportion of lower socioeconomic groups have higher rates of unintentional injury than more affluent areas. This is most marked among under 16s and, in particular, among those under age 5 (Department of Trade and Industry 2002).

- c) Young children are vulnerable to a range of unintentional injuries in the home, including, falls, burns and scalds, drowning, suffocation and poisoning. The injuries can result in severe pain, multiple hospitalisations, lengthy treatment and permanent disability and disfigurement (Child Accident Prevention Trust 2008). Such injuries may also have an impact on social and psychological wellbeing (for example, due to enforced absence from school and in terms of the resulting burden on families and carers). The World Health Organization (WHO) estimates that by 2020, unintentional injury will account for the largest single loss of human life (Towner et al. 2001).
- d) 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). Interventions that involve providing (supplying and/or installing) safety equipment have been shown to reduce injuries and change behaviour. For example, the provision of child-resistant packaging, smoke alarms, window bars and stair gates have reduced injuries from poisoning, burns and falls respectively (Towner et al. 2001). Home risk assessments have also had an impact, by changing people's behaviour (Towner et al. 2001). The latter may also prove an effective way to reduce child injuries by reducing hazards in the home and generally making it safer for children (Kendrick et al. 2008).
- e) Unintentional injuries in the home (affecting all ages) cost society an estimated £25 billion a year. The estimated cost to the NHS is £2.2 billion a year (Office of the Deputy Prime Minister 2006). Treating unintentional injuries among children and young people costs UK A&E departments approximately £146 million a year. Further treatment costs are significant, for example, it can cost £250,000 to treat one severe bath water scald (Child Accident Prevention Trust 2008).

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 or older, except parents and 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 the following interventions in the home, either combined or delivered separately:

- Supply of safety equipment (for example, smoke alarms, hot water temperature restrictors, stair gates and oven, window and door guards and locks).
- Installation of safety equipment.

- Home risk assessments.

These interventions are expected to prevent a range of unintentional injuries including those caused by falls, fires, heat, hot substances and suffocation.

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) Policy and legislative interventions.
- b) National and local media campaigns
- c) Educational interventions (unless they are delivered alongside the activities outlined in 4.2.1)
- d) Reward and incentive schemes, hazard and risk counselling (unless delivered alongside the activities outlined in 4.2.1)
- e) Design, manufacture and measures of efficacy of safety equipment (this includes the efficacy of safety equipment).

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: Which interventions involving the supply and/or installation of home safety equipment are effective and cost effective in preventing unintentional injuries among children and young people aged under 15 in the home?

Question 2: Are home risk assessments effective and cost effective in preventing unintentional injuries among children and young people aged under 15?

Expected outcomes:

- Changes in injuries and deaths in children and young people aged under 15. Changes in knowledge, attitude, skills and behaviour in relation to preventing unintentional injuries among children and young people aged under 15 in the home.
- The supply, installation and maintenance of safety equipment resulting in a reduction in unintentional injuries among children and young people aged under 15 in the home.

Question 3: What are the barriers to, and facilitators of, interventions involving the supply and/or installation of home safety equipment, and/or home risk assessments.?

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

In development

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

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

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

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

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

Preventing unintentional road injuries among young people aged 15–24. 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 NICE to:

‘Produce guidance on public health interventions to reduce accidental injuries to persons under the age of 15 in the home’.

Appendix B Potential considerations

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

- Do individual factors (such as gender, age, ethnicity, religion) influence its effectiveness, cost effectiveness and acceptability?
- What impact does it have on disadvantaged groups, for example, people with disabilities?
- What impact does it have on inequalities in health?
- What are the barriers to and facilitators of implementation?
- What impact do the following have on effectiveness, cost effectiveness and acceptability:
 - provider
 - setting
 - who delivers the intervention, their level of training and competence
 - format of advice and information (for example, is it better to give advice verbally or in printed format)?
- Are tailored services/interventions more effective and cost effective than generic services/interventions?
- Is it more effective and cost effective to combine interventions or to provide them in isolation?
- How available, complex and costly is the safety equipment used?
- Do regular maintenance checks and/or the provision of additional maintenance equipment (for example, batteries and instruction manuals) increase the effectiveness and cost effectiveness of safety equipment?

- Are there any adverse or unintended consequences? For example, does supplying safety equipment/safety education make people more complacent about the risks of a fire?
- How do children, young people, families, carers and the wider public view the intervention?

Appendix C References

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