

Preventing unintentional injury in under 15s

Quality standard

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This standard is based on PH29 and PH30.

This standard should be read in conjunction with QS59.

Introduction

This quality standard covers preventing unintentional injury in children and young people under 15. The term 'unintentional injury' is used rather than 'accidents' to recognise that injuries are the result of events that can be prevented. For more information see the [topic overview](#).

Why this quality standard is needed

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). The physical, psychological and behavioural characteristics of children and young people make them more vulnerable to injuries than adults.

The 2007 Audit Commission and Healthcare Commission report [Better safe than sorry](#) found that unintentional injury was a leading cause of death among under 15s. Although child mortality from all causes, including unintentional injury, has decreased over the past 20 years, the [Overview of child deaths in the four UK countries](#) (Royal College of Paediatrics and Child Health 2013) 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 31% of deaths in children aged 1–4 were from unintentional injuries.

A 2013 report from the [Child Accident Prevention Trust](#) said that children and young people from lower socioeconomic groups are more likely to be affected by unintentional injuries. It estimated that each year over 108,000 hospital admissions (estimated cost to the NHS £131 million per year) and around 2 million attendances to A&E (estimated cost £146 million per year) for children and young people under 15 are because of unintentional injury^[i]. The [costing report](#) for the NICE guideline on unintentional injuries highlighted that an 11% national reduction in unintentional injuries for children and young people (under 15) could save £26.4 million, which could offset the cost of implementing the guidance.

Approaches to preventing unintentional injuries include education (providing information and training), altering products or the home environment (child proofing) 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 in the home
- preventable child deaths related to unintentional injury in the home
- hospital admissions
- A&E attendances
- health and wellbeing of children and young people.

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 dimensions 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 2013–16](#).

Tables 1 and 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, 2013–16

Domain	Objectives and indicators
1 Improving the wider determinants of health	<p>Objective</p> <p>Improvements against wider factors that affect health and wellbeing and health inequalities</p> <p>Indicators</p> <p>1.3 Pupil absence</p>
2 Health improvement	<p>Objective</p> <p>People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p> <p>Indicators</p> <p>2.7 Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0–14 and 15–24 years</p>
4 Healthcare public health and preventing premature mortality	<p>Objective</p> <p>Reduced numbers of people living with preventable ill health and people dying prematurely while reducing the gap between communities</p> <p>Indicators</p> <p>4.1 Infant mortality* (NHSOF 1.6i)</p>
<p>Alignment across the health and social care system</p> <p>* Indicator shared</p>	

Coordinated services

The quality standard on preventing unintentional injury in under 15s 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 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 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 and caring for children and young people who are at risk of 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 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 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 unintentional injury.

^[1] Child Accident Prevention Trust (2013) Tackling inequalities in childhood accidents.

List of quality statements

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

Statement 2. Households in which children and young people (under 15) are at greater risk of unintentional injury in the home are identified through collaboration between local agencies for a structured home safety assessment.

Statement 3. Households in which children and young people (under 15) have been identified as being at greater risk of unintentional injury in the home have a structured home safety assessment.

Statement 4. Households with children and young people (under 15) that have had a structured home safety assessment at which risks have been identified receive tailored advice or support to reduce the risks.

Statement 5. Households with children and young people (under 15) receive advice on home safety or are referred for a structured home safety assessment by practitioners providing family support on home visits who identify risks of unintentional injury.

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 in children and young people (under 15) in the home.

Rationale

Coordinated action across all relevant local agencies, including the development and delivery of local strategies, can be more effective when supported by a lead person in the local area. 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 reduced more effectively by another sector if there is coordinated action.

Quality measures

Structure

a) Evidence that there is a designated person responsible for coordinating action among local authority departments, local NHS organisations and other local agencies to prevent unintentional injuries in children and young people (under 15) in the home.

Data source: Local data collection.

b) Evidence that local authority departments, local NHS organisations and other local agencies work in collaboration with a person responsible for coordinating local action to prevent unintentional injuries in children and young people (under 15) 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 public health teams, local children's safeguarding board, children's social services and NHS organisations) collaborate with a person responsible for coordinating action across all local agencies to prevent unintentional injuries in children and young people (under 15) in the home. Service providers may also be jointly involved in designating the

person responsible for local coordination along with local commissioners.

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 in children and young people (under 15) in the home.

Commissioners (such as local authorities and clinical commissioning groups) ensure that they commission services that work in collaboration with a person responsible for coordinating action in their local area to prevent unintentional injuries in children and young people (under 15) in the home. Commissioners may be involved in designating the person responsible for coordinating action jointly with service providers and other local stakeholders.

What the quality statement means for the public

Households with children and young people (under 15) will benefit from locally coordinated action, led by a specially appointed person, to help prevent accidents in the home. This is particularly important for households with children under 5, who are at more risk of accidents in the home.

Source guidance

- [Unintentional injuries: prevention strategies for under 15s](#) (2010) NICE guideline PH29, recommendation 2

Definitions of terms used in this quality statement

Home

This term covers the dwelling where children and young people (under 15) live, the garden or yard, communal areas of flats, as well as other family homes where they visit or stay.

[Expert opinion]

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). In their geographical areas, action should be coordinated with relevant NHS organisations (such as clinical commissioning groups), voluntary sector organisations, fire and rescue services.

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

A person with experience and expertise in injury prevention who has responsibility for helping achieve the commitments set out in local plans and strategies. Their responsibilities include:

- Working with local partnerships that include organisations involved with children and young people, and their parents and carers.
- Developing a 2- to 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 working in line with local safeguarding protocols 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 anyone undertaking home safety assessments.

The person responsible for coordinating action to prevent unintentional injuries to children and young people 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 [Unintentional injuries: prevention strategies for under 15s](#) (NICE guideline PH29), recommendation 2]

Quality statement 2: Identifying households for a structured home safety assessment

Quality statement

Households in which children and young people (under 15) are at greater risk of unintentional injury in the home are identified through collaboration between local agencies for a structured home safety assessment.

Rationale

The risk of unintentional injury in children and young people (under 15) is higher in some population groups (for example in lower socioeconomic groups, with parents who are long-term unemployed) than in others. Collaboration between local agencies (including primary, community and emergency healthcare, social services, schools and public health teams) can lead to more effective identification of children and young people who are at risk of unintentional injury in the home. Local awareness of neighbourhoods and population groups with characteristics associated with increased risk can provide important context for the sharing of information about injuries or risks identified for specific children and young people, for example those attending emergency departments.

Quality measures

Structure

a) Evidence of a local strategy to ensure that households in which children and young people (under 15) may be at greater risk of unintentional injury in the home are identified through collaboration between local agencies for a structured home safety assessment.

Data source: Local data collection.

b) Evidence that local authority departments, local NHS organisations and other local agencies collaborate to implement a local strategy to ensure that households in which children and young people (under 15) may be at greater risk of unintentional injury in the home are identified for a structured home safety assessment.

Data source: Local data collection.

c) Evidence that local authority departments, local NHS organisations and other local agencies collaborate to identify households in which children and young people (under 15) may be at greater risk of unintentional injury in the home.

Data source: Local data collection.

d) Evidence that local authority departments, local NHS organisations and other local agencies collaborate to identify neighbourhoods and population groups in which children and young people (under 15) may be at greater risk of unintentional injury in the home.

Data source: Local data collection.

Outcome

Number of households identified in which children and young people (under 15) may be at greater 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

Local health and wellbeing boards ensure that their local strategies include identifying neighbourhoods, population subgroups and households in which children and young people (under 15) may be at greater risk of unintentional injury in the home for structured home safety assessments.

Service providers (such as local authority public health teams, children's social services and NHS organisations) collaborate to ensure that households in which children and young people (under 15) may be at greater risk of unintentional injury in the home are identified for structured 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 greater risk of unintentional injury in the home for structured 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 greater risk of unintentional injury in the home for structured home safety assessments.

What the quality statement means for the public

Households with children and young people (under 15) who are at greater risk of having an accident in the home are identified so they can have an assessment of the safety risks in their home. This is particularly important in households with children under 5 because they tend to have more accidents at home.

Source guidance

- [Unintentional injuries in the home: interventions for under 15s](#) (2010) NICE guideline PH30, recommendation 1

Definitions of terms used in this quality statement

Home

This term covers the dwelling where children and young people (under 15) live, the garden or yard, communal areas of flats, as well as other family homes where they visit or stay.

[Expert opinion]

Structured home safety assessment

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 (including burns, falls, 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 (not in a priority order):

- the developmental age of children and young people
- whether a child or family member has a disability
- cultural and religious beliefs

- whether there is limited understanding of English 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
- living in a property where there is a lack of appropriately installed safety equipment
- living in a property where hazards have been identified through the Housing Health and Safety Rating System
- the size of the family
- families living on low income
- overcrowded conditions
- the complexity of the family's needs.

[Adapted from [Unintentional injuries in the home: interventions for under 15s](#) (NICE guideline PH30), recommendation 3, and expert opinion]

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

Factors to take into account include (not in an order of priority):

- the developmental age of children and young people
- whether a child or family member has a disability
- cultural and religious beliefs
- whether there is limited understanding of English 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
- living in a property where there is a lack of appropriately installed safety equipment

- living in a property where hazards have been identified through the Housing Health and Safety Rating System
- the size of the family
- families living on low income
- overcrowded conditions
- the complexity of the family's needs.

[Adapted from [Unintentional injuries in the home: interventions for under 15s](#) (NICE guideline PH30), recommendation 1]

Identified for a structured home safety assessment

Households in which children and young people (under 15) may be at greater 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 [Unintentional injuries in the home: interventions for under 15s](#) (NICE guideline PH30), recommendation 1, and expert opinion]

Quality statement 3: Structured home safety assessment

Quality statement

Households in which children and young people (under 15) have been identified as being at greater risk of unintentional injury in the home have a structured home safety assessment.

Rationale

A structured home safety assessment for households in which children and young people (under 15) have been identified as being at greater risk of unintentional injury in the home can identify specific risks of injuries (including burns, falls, poisoning, drowning, suffocation and choking), leading to action to reduce the risks identified by the assessment.

Quality measures

Structure

Evidence of local arrangements for households in which children and young people (under 15) have been identified as being at greater risk of unintentional injury in the home to have a structured home safety assessment.

Data source: Local data collection.

Process

Proportion of households in which children and young people (under 15) have been identified as being at greater risk of unintentional injury in the home that have a structured home safety assessment.

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

Denominator – the number of households in which children and young people (under 15) have been identified as being at greater 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 in which children and young people (under 15) have been identified as being at greater risk of unintentional injury in the home to have a structured home safety assessment. This responsibility can be delivered through the work of a person responsible for coordinating action to prevent unintentional injuries in children and young people.

Home safety assessors (employed specifically to undertake this role or as part of a wider role) carry out structured home safety assessments for households in which children and young people (under 15) have been identified as being at greater risk of unintentional injury in the home.

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

What the quality statement means for the public

Households with children and young people (under 15) who are at greater risk of having an accident in the home have an assessment of the safety risks in their home, which should help to reduce the chance of accidents. This is particularly relevant to children under 5 because they tend to have more accidents at home.

Source guidance

- [Unintentional injuries in the home: interventions for under 15s](#) (2010) NICE guideline PH30, recommendation 3

Definitions of terms used in this quality statement

Home

This term covers the dwelling where children and young people (under 15) live, the garden or yard, communal areas of flats, as well as other family homes where they visit or stay.

[Expert opinion]

Structured home safety assessment

Structured home safety assessments are carried out by trained assessors. The assessors may be employed specifically to undertake this role or as part of a wider role. The structured home safety assessment involves assessing the risk of the most common causes of unintentional injuries to children and young people (including burns, falls, 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 (not in a priority order):

- the developmental age of children and young people
- whether a child or family member has a disability
- cultural and religious beliefs
- whether there is limited understanding of English 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
- living in a property where there is a lack of appropriately installed safety equipment
- living in a property where hazards have been identified through the Housing Health and Safety Rating System
- the size of the family
- families living on low income
- overcrowded conditions
- the complexity of the family's needs.

[Adapted from [Unintentional injuries in the home: interventions for under 15s](#) (NICE guideline PH30), recommendation 3, and expert opinion]

Equality and diversity considerations

The purpose of a structured home safety assessment, and information or advice about the identified risks of unintentional injury to children and young people, 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. When information is communicated, services should be aware of the needs of members of households for whom English is not the first language or if those receiving the information have difficulty understanding it for any other reason. For example, assessors should be aware of the needs of a household in which the primary care giver has health or complex needs that may affect their ability to provide adequate supervision to children and young people or fully understand the information provided.

Quality statement 4: Follow-up actions

Quality statement

Households with children and young people (under 15) that have had a structured home safety assessment at which risks have been identified receive tailored advice or support to reduce the risks.

Rationale

The appropriate response to any identified risk will depend on the circumstances of the household, so tailored advice or support is needed to ensure the follow-up actions are effective. The findings of a structured home safety assessment for households with children and young people (under 15) should be reported so that follow-up support can be provided by children's social services, housing and other appropriate agencies to reduce the risks identified. Awareness of any specific actions carried out at the time of the home safety assessment (such as providing advice for action by members of the household themselves) can prevent duplication of effort.

Quality measures

Structure

Evidence of local arrangements for households with children and young people (under 15) that have had a structured home safety assessment at which risks have been identified to receive tailored advice or support to reduce the risks.

Data source: Local data collection.

Process

a) Proportion of households having a structured home safety assessment of the risk of unintentional injuries to children and young people (under 15) in which risks are identified.

Numerator – the number in the denominator in which risks are identified.

Denominator – the number of households having a structured home safety assessment of the risk of unintentional injuries to children and young people (under 15).

Data source: Local data collection.

b) Proportion of households in which risks of unintentional injuries to children and young people (under 15) are identified by a structured home safety assessment that receive tailored advice to reduce risks identified.

Numerator – the number in the denominator that receive tailored advice to reduce risks identified.

Denominator – the number of households in which risks of unintentional injuries to children and young people (under 15) are identified by a structured home safety assessment.

Data source: Local data collection.

c) Proportion of households in which risks of unintentional injuries to children and young people (under 15) are identified by a structured home safety assessment that receive follow-up support to reduce risks identified.

Numerator – the number in the denominator that receive follow-up support to reduce risks identified.

Denominator – the number of households in which risks of unintentional injuries to children and young people (under 15) are identified by a structured home safety assessment.

Data source: Local data collection.

Outcome

Incidence of unintentional injuries in children and young people (under 15) occurring 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 (in line with local safeguarding protocols) for households with children and young people (under 15) that have had a structured home safety assessment at which risks have been identified to receive tailored advice or support to reduce the risks.

Home safety assessors ensure that when structured home safety assessments identify the risk of

unintentional injury to children and young people (under 15) they report the risks to the appropriate local authority department or other local agency (along with any tailored advice or support provided at the time of the assessment) so that further support can be provided to reduce the risks.

Commissioners (such as local authorities and clinical commissioning groups) ensure that they commission services that offer tailored advice or support to households with children and young people (under 15) that have risks of unintentional injuries in the home identified by a structured home safety assessment.

What the quality statement means for the public

Households with children and young people (under 15) are likely to benefit from tailored advice or support offered by local authority departments and social services to help reduce the risk of accidents in the home. This is particularly important for households with children under 5 because they tend to have more accidents at home.

Source guidance

- [Unintentional injuries in the home: interventions for under 15s](#) (2010) NICE guideline PH30, recommendations 3 and 4
- [Unintentional injuries: prevention strategies for under 15s](#) (2010) NICE guideline PH29, recommendation 9

Definitions of terms used in this quality statement

Tailored advice or support

Advice or support arising from a structured home safety assessment can include installing home safety equipment, advice on obtaining and maintaining equipment, advice or education on home safety, or a combination of these.

[Adapted from [Unintentional injuries in the home: interventions for under 15s](#) (NICE guidance PH30), recommendations 3 and 4, and [Unintentional injuries: prevention strategies for under 15s](#) (NICE guideline PH29), recommendation 9]

Equality and diversity considerations

The purpose of a structured home safety assessment, and information or advice about the identified risks of unintentional injury to children and young people, 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. When information is communicated, services should be aware of the needs of members of households for whom English is not the first language or if those receiving the information have difficulty understanding it for any other reason. For example, assessors should be aware of the needs of a household in which the primary care giver has health or complex needs that may affect their ability to provide adequate supervision to children and young people or fully understand the information provided.

Quality statement 5: Integrating home safety into other visits

Quality statement

Households with children and young people (under 15) receive advice on home safety or are referred for a structured home safety assessment by practitioners providing family support on home visits who identify risks of unintentional injury.

Rationale

Practitioners from various local agencies who provide family support on home visits 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 referral for a structured home safety assessment.

Quality measures

Structure

Evidence of local arrangements to ensure that households with children and young people (under 15) receive advice on home safety or are referred for a structured home safety assessment by practitioners providing family support on home visits who identify risks of unintentional injury.

Data source: Local data collection (evidence of local arrangements may be collected from individual local authority departments, NHS organisations or social care providers whose staff undertake family support on home visits).

Process

a) Proportion of households with children and young people (under 15) that receive advice on home safety from practitioners providing family support on home visits who identify risks of unintentional injury.

Numerator – the number in the denominator that receive advice on home safety.

Denominator – the number of households with children and young people (under 15) in which risks of unintentional injury are identified by practitioners providing family support on home visits.

b) Proportion of households with children and young people (under 15) that are referred for a structured home safety assessment by practitioners providing family support on home visits who identify risks of unintentional injury.

Numerator – the number in the denominator that are referred for a structured home safety assessment.

Denominator – the number of households with children and young people (under 15) in which risks of unintentional injury are identified by practitioners providing family support on home visits.

Data source: Local data collection (information to support local audit against this measure may be more readily available in relation to home visits by certain types of practitioners, such as GPs, community nurses, midwives and health visitors).

Outcome

Number of referrals for structured 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 local authority children's social services, local education departments and NHS organisations) ensure that systems are in place so that households with children and young people (under 15) receive advice on home safety or are referred for a structured home safety assessment by practitioners providing family support on home visits who identify risks of unintentional injury.

Practitioners (such as social workers, health visitors, community nurses and midwives, and GPs) who provide family support on home visits give advice or refer for a structured home safety assessment if they identify risks of unintentional injury in households with 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 (under 15) receive advice on home safety or are referred for a structured home safety assessment by practitioners providing

family support on home visits who identify risks of unintentional injury.

What the quality statement means for the public

Households with children and young people (under 15) are given advice or are referred for a detailed assessment of the safety risks in their home by health or care workers providing family support on home visits who identify risks of accidents in the home. This is particularly important for households with children under 5 because they tend to have more accidents in the home.

Source guidance

- [Unintentional injuries in the home: interventions for under 15s](#) (2010) NICE guideline PH30, recommendation 5

Definitions of terms used in this quality statement

Structured home safety assessment

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 (including burns, falls, 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 (not in a priority order):

- the developmental age of children and young people
- whether a child or family member has a disability
- cultural and religious beliefs
- whether there is limited understanding of English 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
- living in a property where there is a lack of appropriately installed safety equipment

- living in a property where hazards have been identified through the Housing Health and Safety Rating System
- the size of the family
- families living on low income
- overcrowded conditions
- the complexity of the family's needs.

[Adapted from [Unintentional injuries in the home: interventions for under 15s](#) (NICE guideline PH30), recommendation 3, and expert opinion]

Equality and diversity considerations

The purpose of a structured home safety assessment, and information or advice about the identified risks of unintentional injury to children and young people, 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. When information is communicated, services should be aware of the needs of members of households for whom English is not the first language or if those receiving the information have difficulty understanding it for any other reason. For example, assessors should be aware of the needs of a household in which the primary care giver has health or complex needs that may affect their ability to provide adequate supervision to children and young people or fully understand the information provided.

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.

NICE's [quality standard service improvement template](#) helps providers to make an initial assessment of their service compared with a selection of quality statements. It includes assessing current practice, recording an action plan and monitoring quality improvement.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in [development sources](#).

Diversity, equality and language

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

Good communication between health, public health and social care practitioners and children and young people who are at greater 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 who are at greater 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.

- [Unintentional injuries in the home: interventions for under 15s](#) (2010) NICE guideline PH30
- [Unintentional injuries: prevention strategies for 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](#)
- 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 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

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

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

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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.

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Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Public Health England](#)
- [Royal College of Paediatrics and Child Health](#)