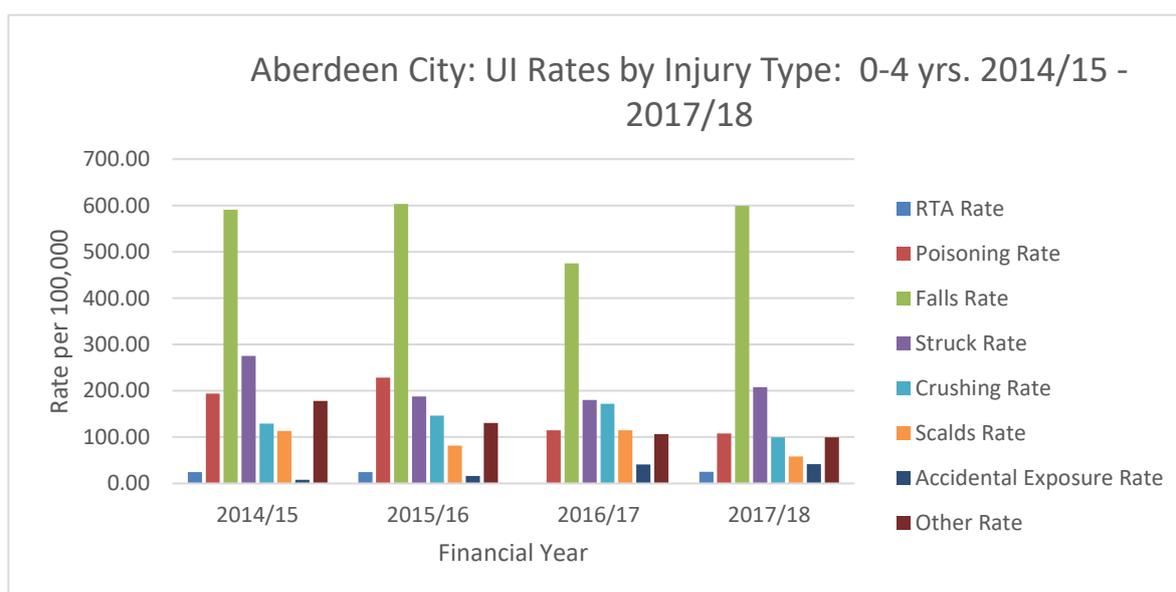
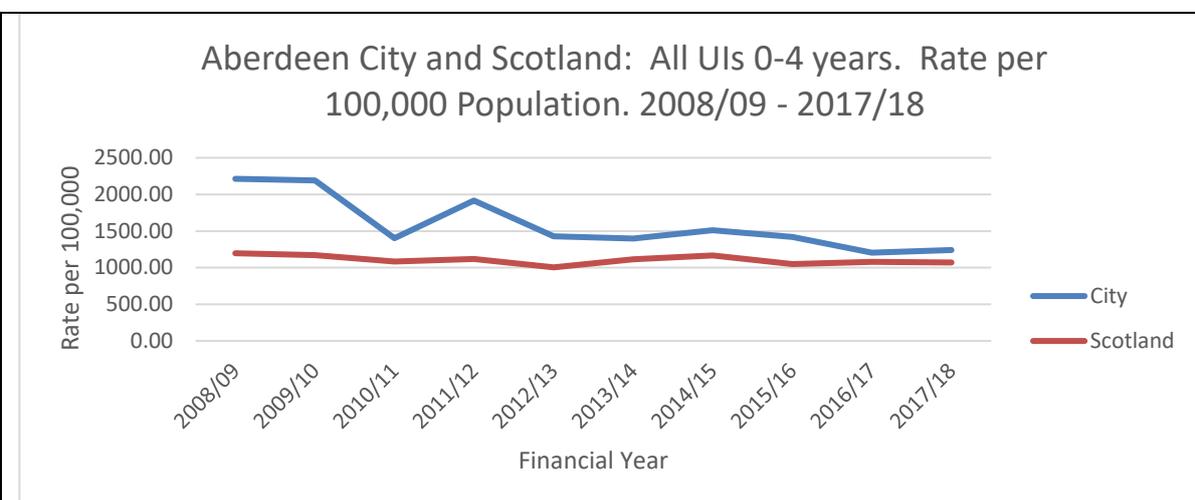


3.8 Reduce Preventable Injuries

Improvement Project Title: Reduce preventable injuries in the home with children under 5 years old
Executive Sponsor (Chair of Outcome Improvement Group): Rob Polkinghorne (ICS)
Project Lead: Rachel Thompson, Health Improvement Officer Children and Young People and Charmaine Mackenzie (HIO Neighbourhoods)
Aim statement Reduce the number of emergency hospital admissions for unintentional injury to children under 5 years by 3.69%, by 2021
Link to Local Outcome Improvement Plan: Stretch Outcome 3: 3.95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2016
Why is this important The term 'unintentional injury' is used rather than 'accidents' to recognise that injuries are usually 'predictable and preventable' (NICE, 2010). Unintentional injury is one of the main causes of death and a leading cause of attendances at emergency departments in Scotland. It's approximately 5% of deaths in young children are caused by an unintentional injury and the national data tells part of the story. In Scotland in one year alone, there were over 7,500 emergency admissions in children as a result of unintentional injury. However, it is important to say that the majority of injuries do not result in death or hospital admission, but they are a major cause of attendances to GPs and Accident and Emergency departments. Large numbers of children and their families are therefore affected. Aberdeen city has remained an outlier for unintentional injuries for a number of years and to date is still substantially higher than the Scottish average (Aberdeen city 1,239 per 100,00 population) Data below highlights the top 3 injuries for Aberdeen city are Falls, Poisoning and being struck by an inanimate object (not including motorised vehicles)



Unintentional injuries in and around the home are a leading cause of preventable death for children under five years and are a major cause of ill health and serious disability.

The reduction of unintentional injuries in childhood remains an important public health priority. In 2014 Public Health England, with the Royal Society for the Prevention of Accidents and the Child Accident Prevention Trust, published a five year trend analysis of these injuries and deaths in England.

The report highlighted the scale of this public health issue, and the steps local areas can take to reduce casualty rates. The resources have been used extensively by local authorities, and we have taken the opportunity to refresh the original analysis with the most recently available admissions data from 2012/13 – 2016/17 and deaths data from 2012 to 2016. Our analysis of the five years of data shows that each year an average of 55 children under the age of five died due to an unintentional injury, 370,000 children attended accident and emergency (A&E) and 40,000 children were admitted to hospital as an emergency.

There are three action areas for local authorities and their partners that aim to reduce the numbers of children injured and killed. It also describes four steps local partnerships can take to build robust injury prevention strategies.

There are three key action areas.

1. Providing leadership and mobilising existing services prevents injuries

Reducing unintentional injuries requires a whole system approach to address key determinants. Directors of public health and directors of children's services, together with local Clinical Commissioning Groups, members of health and wellbeing boards and Sustainability and Transformation Partnerships (STP), (or Accountable Care Systems where they are in place), are in an ideal position to provide strategic leadership for injury prevention through focused planning, coordination of services and commissioning to support a collaborative approach with effective allocation of resources.

2 . Preventing unintentional injuries cuts across a range of stakeholders working with children and their families;

Much can be achieved by mobilising existing services to develop a local child unintentional injury strategy that builds on strengths and develops capacity. Broader partnership working across the public, social enterprise, private, voluntary and community (VCS) sectors is essential, bringing together a very wide range of services including health, education, social care, housing and fire and rescue. Establishing a multi-agency child unintentional injury group and identifying a lead professional to coordinate this work is likely to improve implementation 13 . NICE PH29 makes recommendations on ways to improve effective coordination of services.

The early years workforce has a central role in helping to reduce unintentional injuries preventing unintentional injuries requires a whole system approach that maximises the contribution of all staff working with the under-fives and their families. Evidence suggests that training all staff to develop confidence and competence in reducing unintentional injuries is 6 important¹⁴. With appropriate training and supervision, voluntary and community organisations will also be able to focus more explicitly on injury prevention in their work with families.

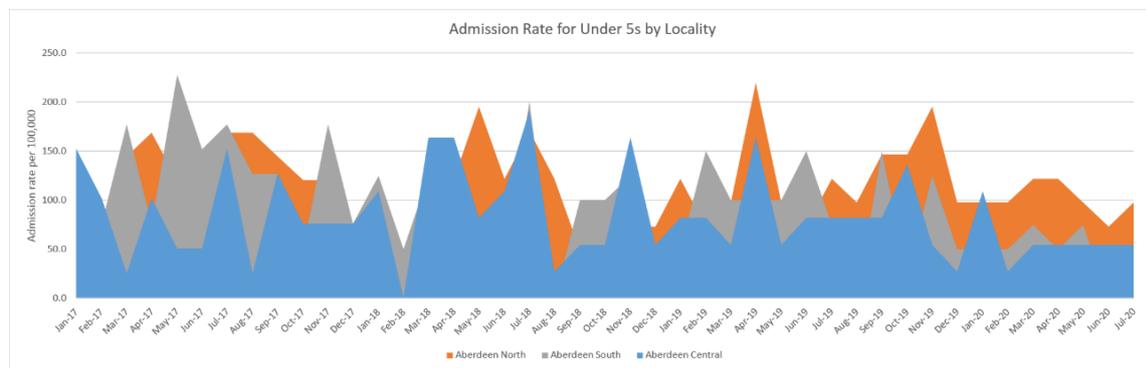
Health visitors provide a universal service to all families and there is a strong economic case for preventing unintentional injuries by incorporating developmentally specific safety advice into universal child health contacts; this could also include contacts following injuries where appropriate. Health visitors have a national framework on which local services can build. The health visiting 4-5-6 model¹⁵ sets out four levels of service from community action to complex needs, five universal health reviews for all children and six high impact areas where health visitors have the greatest impact on child and family health and wellbeing. The Early Years High Impact Area 5¹⁶ sets out the key contribution of health visitors to manage minor illness and reduce accidents to improve outcomes for all children.

3. Focusing on five kinds of injuries for the under-fives to tackle the leading preventable causes of death and serious harm Five causes account for 90% of unintentional injury

hospital Admissions for this age group and are a significant cause of preventable death and serious long-term harm - these are choking, suffocation and strangulation; falls; poisoning; burns and scalds; and drowning; therefore taking action in these areas would make a significant difference. Local injury and other data will provide important local context, but the national data on deaths and injuries provides a powerful call to action.

A broad partnership approach working across the public, private and voluntary and community sectors is essential. Bringing together a wide range of services from diverse settings including health, education, and local authority children’s services such as early years teams, housing, fire services and police would ensure that staff and families are aware and understand the risk posed by unintentional injuries, and consider how they can be avoided.

This work will aim to assist people working with young families to understand the role they play in helping predict and prevent unintentional injuries in and around the home. It will identify opportunities and aim to overcome challenges for approaching families, **raising awareness, provision of tools and signposting**. As well as providing relevant support to help with empowering families with risk assessment in their homes.



The initial focus of the project will be in the North Locality and the associated wider Northfield area. Data on monthly admissions through unintentional injuries and anecdotal feedback from practitioners in area indicate that numbers have been higher than in other locality areas for the past 2 years, as shown in the graph above. Scoping available data sources has revealed It is not possible to share drilled down data publicly due to the small numbers seen in geographical data zones.

Measures: (How will we know if a change is an improvement?)

Outcome measures

Reduced rates of unintentional injuries for under 5’s coming through A&E .

Process measures

- Number of staff / volunteers introducing risk assessment tool to families
- Confidence of parents using Risk assessment tool
- Number of staff/ Volunteers introducing Keeping Kids Safe resources to families
- Number of families using the contents of the Keeping Kids Safe resources
- Number of families signing up to SSEN home emergency kit
- Number of staff/ volunteers engaging with/ joining the local network
- Number of those taking up online training (Health Scotland VLE)
- Number of those taking up ‘Homecheck’ service with families of children under the age of 1 year old

- Number of people engaging with social media posts/tweets.

Change ideas (What changes can be made that will result in improvement?)

- To develop capacity in staff to support them to consider the impact of UI's and understand the role they play in prevention
 - Online training package promoted to staff/ volunteers to complete
 - Easy accessible risk assessment for the home is co-developed for staff/ volunteers to introduce to families to self-assess their homes
 - Local child safety online network is developed along with running a child safety campaign using social media.
- Vulnerable Families are provided with RoSPA safety packs via a relevant support services (ie Homestart/ PEEP/ Family Learning) staff will work to ensure parents are empowered to confidently utilise the resources to best effect through face to face discussion with key staff
- A referral process within all services working with expectant parents that links 'Homecheck' service will provide a consistent approach that support parents-to-be to provide appropriate advice and timely provision of recommended safety equipment in anticipation for the new arrival.

Potential risks and/or barriers to success & actions to address these

- Volunteers / staff being in a position to be able to go into family homes (PVG)
- Knowledge/ Attitudes of parents/staff – not seen as a priority or seen as 'accidents happen'
- Many cultures and varying practices which need to be understood and respected – pride/ privacy
- RoSPA safety packs (300 available) not certain on future availability

Project Team:

Homestart	Eleanor McEwan
Peep	Natasha Martens
Family Learning	Pamlea Maclure
Pre Birth team	Jane Trail
Childminding network	Loraine Duncan
Libraries	Margaret Hill
HIO neighbourhoods	Charmaine Makenzie
HIO children & Young people	Rachel Thompson

Further consideration for input or communication:

RoSPA (Royal Society for Prevention of Accidents)
 Fire and rescue Scotland
 Police Scotland
 Homecheck
 FNP

Approached but have indicated no capacity:

Health visiting
 Paediatric professional (Dr Cochrane or intern)

Outline Project Plan		
Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> • Identifying key contacts and organisations • Developing charter Group • Identifying baseline data • Progressing with Drafting Charter and PDSA's for change ideas • Identifying key dates in the calendar to communicate/promote safety messages • Planning focussed activity with parents' group • Liaising with RoSPA on resources to be tested • 44th City Questionnaire – data/info from community 	Dec 2019 – August 2020
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> • Facilitate parent focus group(rising stars) as a starting point to identify appropriate risk assessment approaches and RoSPA activity planning • Identifying and adapting examples of risk assessment tools • Progressing with development of a referral pathway to maximise on the benefits of 'Homecheck' service • Group decision made on agencies RoSPA pack distributing and evaluation process / SSEN registration 	Sept 2020

