



# Community Planning Aberdeen

<b>Progress Report</b>	Project End Report 4.2: To reduce the number of <b>repeat</b> emergency hospital admissions for unintentional injury to children under 5 years by 5% by 2023
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<b>Governance Group</b>	CPA Board – 15 February 2023

<b>Purpose of the Report</b>
This report presents the results of the LOIP Improvement Project Aim 4.2 to reduce the number of <b>repeat</b> emergency hospital admissions for unintentional injury to children under 5 years by 5% by 2023’ along with project work carried out from the original charter aim which was agreed in January 2020 and seeks approval to end the project.

<b>Summary of Key Information</b>
<p><b>1 BACKGROUND</b></p> <p>1.1 The term ‘unintentional injury’ is used rather than ‘accidents’ to recognise that injuries are usually ‘predictable and preventable’ (NICE, 2010). Unintentional Injuries (UI’s) 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.</p> <p>1.2 Data sources from 2008/2009 indicated Aberdeen (along with Dundee) had seen highest number of unintentional injuries in children aged 0-4 years. The reduction of UI’s in childhood remains an important public health priority. There has subsequently been a steep, staggered reduction in numbers and current figures now sit just above the Scottish figure.</p> <p>1.3 In light of this position, in September 2020 the Community Planning Aberdeen Board (CPA) approved the initial project charter using the Model for Improvement. In July 2021 a revised aim to focus on the reduction of the number of <b>repeat</b> emergency hospital admissions for unintentional injury to children under 5 years by 5% by 2023. The charter was updated and amended to reflect the revised aim. This was approved by the Children’s Services Board in October 2021. The current charter can be viewed <a href="#">here</a>. Data was examined which indicated that repeat admissions were not a major concern for emergency admissions, however to reduce repeat admissions it was important</p>

to reduce initial unintentional injuries overall therefore the project group carried out activity to focus on 3 priority areas.

1.4 The project identified 3 areas to prioritise for local support and awareness:

1. Training to support knowledge, skills and confidence in staff
2. Tools to support with Risk assessment in the home
3. Deliver KKS packs to families as an introduction to accident prevention

## **2 IMPROVEMENT PROJECT AIM**

2.1 The project aim was to reduce the number of repeat emergency hospital admissions for unintentional injury to children under 5 years by 5% by 2023.

## **3 WHAT CHANGES DID WE MAKE?**

3.1 Several changes were tested which focused on both repeat UIs and UIs throughout the project and are listed below:

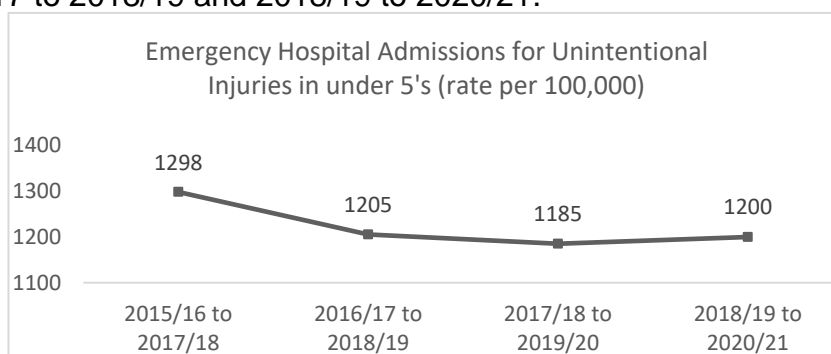
1. Training to support knowledge, skills and confidence in staff
- Develop staff capacity to pick up on observations in the home whilst visiting and conversations to consider the impact of UIs. This also reinforced the role staff played in preventing UI's. Each service was asked to identify 5 staff to undertake the Preventing unintentional injuries in early years - Learning resources - Public Health Scotland.
2. Tools to support with Risk assessment in the home and deliver Keeping Kids Safe Packs (KKS packs to families as an introduction to accident prevention
- Home start/ Child-minding/ Family learning and Pre-Birth team were provided with 75 Keeping Kids Safe Packs. Each organisation was asked to disseminate 5 packs to 5 families in each service. This was to include a discussion about safety in the home to ensure parents are empowered to confidently utilise the resources to best effect.
  - A video was created by ROSPA which the group suggested was broken into bite size clips to make talking about each room in the house more manageable as a tool for staff to provide an initial introduction for a run through for safety in each room of the home.
4. Awareness Raising
- In addition, 2 social media campaigns were run with the 4 early years services, the library service and the Health and Social Care Partnership. One campaign was run as a test in the run up to Christmas 2020 and focussed on the main unintentional injuries that occur around this period (Swallowing small batteries, fire, non-EU compliant soft toys, risks with dangerous Christmas decorations, being aware of hot items and keeping wrapped up for the weather). The second

was an introduction/ launch of the Keeping kids' safe packs and key messages for safety.

#### 4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1 The project has surpassed its aim of a 5% reduction with an 11% reduction in the number UI repeat admissions between 2017/18 to 2020/21. There were only 12 readmissions over five years with the highest percentage readmission rate being 2.53% (2017/18) and the lowest 0.67% (2020/21).

4.2 In addition, the data also shows an improvement in the number of overall emergency admissions for UIs in under 5's with a 4% reduction between 2016/17 to 2018/19 and 2018/19 to 2020/21.



4.3 The changes tested by the project have seen positive outcomes as detailed below. The changes were tested with 4 early years' service (Homestart, Childminding, pre-birth team and Family learning).

1. Training to support knowledge, skills and confidence in staff

4.4 18 staff have been trained using the e-learning module. The staff development training has proved successful and has been recommended it should be embedded as business as usual across new Childminders and Homestart staff.

4.5 Evaluation of the training package found that

- 88% of respondents understood what 'unintentional injuries' are and 88% said it was their role to support with reducing accidents.
- 75% felt well enough equipped to support the families they worked with to help reduce accidents in the home.
- A 50% average was received with staff indicating their knowledge and understanding the policies, guidance and approaches that reduce accidents in children under 5.
- 0% of staff had known about the eLearning module previously.

2. Tools to support with Risk assessment in the home and deliver KKS packs to families as an introduction to accident prevention

4.6 Distribution of Keeping Kids Safe (KKS) packs and the requirement for distribution to be part of a meaningful conversation was impacted by resourcing capacity issues and the lockdowns associated with COVID 19. Despite these 75

packs have been issued by Childminding services. There was an expectation that a conversation about risks and steps to take to mitigate against accidents. There was a requirement to carry out pre and post evaluations forms when distribution was completed with each family however this was not always the case in practice. Whilst accident prevention is recognised as an intrinsic part of the group's individual roles, feedback has shown that the packs, with the conversation, have had a positive impact in raising awareness and implementing changes in the home to prevent potential UIs.

4.7 Pre and post Evaluations were created for staff to complete with families when they could get out and start having face to face conversations about risk whilst using the RoSPA video tools and the KKS packs. Due to not being able to provide large group briefings on the project and delivery, a step-by-step guide was created (which included links to videos and pre and post evaluation forms) and were provided to staff.

4.8 The most positive interaction with the evaluation and data collection process was seen through a project in Tillydrone previously created to support teen pregnancy agenda. The 8-week programme looked at aspects of being a young parent and included financial assessment, employability, and Accident prevention. Success was seen through connecting the young mums with services they had not previously been made aware of, and gaining quick access to Homecheck input, which saved the mum money as she was about to spend unnecessarily on a stairgate and potentially fit it poorly as she had previously made attempts to 'child proof' her home. This highlighted the possibility that services may not be fully aware of a key service that can support parents and that knowledge and referrals need to be reviewed.

### 3. Raising Awareness

4.9 Evaluation of the social media campaign showed that reach and engagement peaked was high within the first 5 days, but then showed a gradual decline in engagement towards the end of the week which highlight to the project that that campaigns should be kept short and sharp to avoid overload and apathy around the subject matter.

## 5. HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

5.1 The data shows that the improvement has been sustained with a continuous reduction in the number of repeat UIs. To ensure this continues to be sustained the changes tested have been adopted as business as usual in 2 services and as detailed at section 7, the project is now looking to scale up and for the changes to be adopted at all family touchpoints.

5.2 A key aspect to sustaining the improvements was embedding the changes, specifically the training and KKS pack/risk conversation as part of the staff roles and therefore not seen as an 'add on' to their existing workloads and roles. This was agreed by all at the outset and is embedded. To support this and ensure UIs continue to remain a focus and reduction below the Scottish average is

achieved accident prevention is also considered within GIRFEC and the SHANARRI indicators for early years practitioners.

- 5.3 Finally, the resources should be reviewed on a regular basis and a co-production approach should be used to ensure they meet the needs of practitioners and clients. For example, ACC Housing are currently undertaking a review of the Homecheck service and the group recommend that there be a coproduction approach to the review to support ensuring the service fits the needs of practitioners who refer and their clients.

## **6 HOW WILL WE MONITOR THESE IMPROVEMENTS?**

- 6.1 Data on A&E admissions for under 5's will continue to be gathered and reported locally and nationally and is available on the Outcomes Framework. Also, as above accident prevention is also considered within GIRFEC and the SHANARRI indicators for early years practitioners.

## **7. OPPORTUNITIES FOR SCALE UP AND SPREAD**

- 7.1 The project focused specifically on working with 4 early years services which aimed to carry out direct work with families, the library service, were also involved with the social media aspect of the project. Given the outcomes achieved there is now opportunity to spread this across early years who also support families with children under 5 to ensure we are promoting whole system consideration for families to help build on the reduction of hospital attendance with unintentional injuries. This would ensure that UIs are considered at all potential family touchpoints.
- 7.2 As such, the project is looking to promote that accident prevention is everyone's responsibility and encourage partners to sign up relevant staff who have contact with families with children under 5 to receive the training and have access to the KKS packs. Ensuring staff undertake the e-Learning module to help them realise their role in reducing accidents to ensure children are not impacted by unintentional injuries. Staff should also be trained with key messages that are in line with ROSPA's guidance and provided with the tools to raise the conversation in a non-judgemental and solution focused way.

### **Recommendations for Action**

It is recommended that the CPA Board

- i) Agree that testing is concluded and that the improvement project is ended on the basis that the project aim has been achieved and change ideas now embedded as business as usual;
- ii) Note that the project team recognise that consistency in approaches and use of tools are still a challenge and that prevention is key so will continue to promote, encourage, and scale up and spread the change ideas as described in section 7 and that the Children's Services Board would promote the outcomes achieved and encourage partners to sign up relevant staff who have contact with families

with children under 5 to receive the training and have access to the KKS packs;  
and

- iii) Note that the dataset for the overall aim will continue to be reported via the Improvement Programme dashboard/outcomes framework to ensure progress is monitored.

### Opportunities and Risks

#### Opportunities:

- improving awareness for staff for training with PH Scotland e-learning module For Unintentional injuries
- Improved service delivery and targeted support through the redesign or Homecheck
- Network development to support with up-to-date messaging, sharing practice etc and encourage collaboration and cascading of key messaging across services
- Investing in effective social media targeting.

#### Risks

- staff being overwhelmed with caseloads and priorities and always fire fighting
- single system thinking and reporting
- lack of in-depth reporting on circumstances relating to unintentional injuries
- lack of funding

### Consultation

Best Start in Life group.  
Children's Services Board  
CPA Management Group

### Background Papers

The following papers were used in the preparation of this report.

[Original charter: Charter-3.8-Preventable-Injuries-in-Under-5s-V3.pdf \(communityplanningaberdeen.org.uk\)](#)

[Revised Charter](#)



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