The reduction of accidental injury in Hull

2010-2013

Accident prevention in Hull

Summary

For children and young people aged under 18 years
Accident prevention in Hull

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Introduction

Accidental injury is a leading cause of death amongst children and young people aged 1-14. Many of these injuries are preventable. It is the duty and responsibility of everyone living and working in Hull to promote the safety of children and young people through the Every Child Matters agenda.

Our target is to reduce the number of emergency hospital admissions caused by accidental injuries to children and young people aged under 18 years per 10,000 of the population by 3.5% year on year until the strategy review.

Effective partnership working and collaborative effort underpin this strategy.

“Partnerships are key to the delivery of strategies aimed at preventing unintentional injury and require cooperation at a local level”

Better safe than sorry (audit commission 2007)
National Context

Around 2 million children and young people visit UK accident and emergency departments each year as a result of non fatal injury. In England unintentional injuries resulted in over 100,000 children aged 0-14 being admitted to hospital each year from 2003-2008 (The NHS information centre) and put more children in hospital than any other cause. Many more are treated by GPs, minor injuries, out of hours services or by parents or carers.

All children are vulnerable to injury because they live in a world in which they have little control. All children are exposed to hazards as part of their everyday lives as they play, travel around, when they are at home and when they are asleep. However some groups of children are more vulnerable to the risk of injury for example if children:

- Are under the age of 5 years (generally, under-5s are more vulnerable to unintentional injuries in the home)
- Are over the age of 11 (generally, over-11s are more vulnerable to unintentional injuries on the road)
- Have a disability or impairment (physical or learning)
- Are from some minority ethnic groups
- Live with a family on a low income
- Live in accommodation which potentially puts them more at risk (this could include multiple-occupied housing, social or privately rented housing).
Local context

The city of Hull has a resident population of approximately 260,000, of which 62,000 are children and young people aged 0-19 years. Hull is the 11th most deprived city in England based on the index of multiple deprivation (2007). Over one third of children and young people live in ‘income deprived’ households and around 33% live in poverty. (Hull Children and Young People’s Plan 2010-2013)

Admission to hospital of children and young people for unintentional injury is a key indicator for child safety, and includes situations such as road traffic accidents, trips falls and stumbles, burns and scalds. Hull appears to have a higher than national and other comparators rate of admissions for these reasons. (Hull Children and Young People’s Plan 2010-2013).

Poorer children are much more likely to be involved in accidents. With young people from the most deprived families 13 times more likely to die from accidents, and 37 times more likely to die in a fire than the children of professionals. (Tim Loughton speech to the Safety 2010 conference)

Building an evidence base

There is a need to build, use and share an established evidence base in order to make progress on reducing unintentional injury (Audit commission 2009).

A better understanding of the impact and cost of accidental injuries at all levels will be a powerful enabler in raising its priority. There is a need to build, use and share the evidence base in order to make progress on reducing unintentional injury and target local resources efficiently.

Children and young people’s views

As part of the consultation for this strategy the KEY group of children and young people were asked the following questions:

What is an accident to you?
- Something that hurts
- Something accidental

What type of accident do you feel most at risk from?
- Being run over
- Falling
- Something unusual that doesn't happen often
- Being burnt
- Heights

How can adults / professionals help prevent children from having accidents?
- Providing protective equipment (helmets as an example)
- Staying with us
- Talk to them
- Teach us (to tie shoe laces etc)
The reduction of accidental injury in Hull

The children and young people of the KEY group highlighted that being burned or being run over were the areas that they were most concerned about with regard to accidents.

The information displayed in the chart below was provided by NHS Hull and describes a breakdown of the top three reasons for children under 18 years being admitted to hospital in Hull following accidental or deliberate injury for the period of 2009/2010.

As can be seen from these figures, the main reason for admission to hospital for children under the age of 16 years are falls, with intentional self harm being highest for admission for those 17 to 18 years of age.

Using this information to build this strategy will be important in informing planning for services to reduce the number of accidents and admissions in these areas.

**Data Analysis**

Hospital admission caused by unintentional and deliberate injuries 2009/2010

<table>
<thead>
<tr>
<th>Age band</th>
<th>IC10 Category</th>
<th>No. of Injuries</th>
<th>% of injuries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5's</td>
<td>Falls</td>
<td>142</td>
<td>55%</td>
</tr>
<tr>
<td></td>
<td>Exposures to inanimate mechanical forces</td>
<td>56</td>
<td>22%</td>
</tr>
<tr>
<td></td>
<td>Accidental poisoning by and exposure to</td>
<td>18</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>noxious substances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-11</td>
<td>Falls</td>
<td>119</td>
<td>51%</td>
</tr>
<tr>
<td></td>
<td>Exposures to inanimate mechanical forces</td>
<td>40</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td>Exposures to animate mechanical forces</td>
<td>24</td>
<td>10%</td>
</tr>
<tr>
<td>12-16</td>
<td>Falls</td>
<td>73</td>
<td>23%</td>
</tr>
<tr>
<td></td>
<td>Intentional self-harm</td>
<td>72</td>
<td>23%</td>
</tr>
<tr>
<td></td>
<td>Exposure to inanimate mechanical forces</td>
<td>42</td>
<td>14%</td>
</tr>
<tr>
<td>17</td>
<td>Intentional self-harm</td>
<td>24</td>
<td>34%</td>
</tr>
<tr>
<td></td>
<td>Exposure to inanimate mechanical forces</td>
<td>12</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td>Falls</td>
<td>11</td>
<td>16%</td>
</tr>
</tbody>
</table>

Inanimate mechanical forces - This includes being struck/contact with an object such as glass, knife, machinery etc.

Animate mechanical forces - this includes contact/collision with animals or persons, for example striking against or bumped into by another person, bitten or struck by a dog etc.
Preventing injury

“Most injuries and their precipitating events are predictable and preventable” (Davis R Pless B 2001)

The World Health Organisation advises that by providing the right information in a timely fashion to allow families to make their own informed decisions about safety is essential in creating sustainable outcomes for children and young people.

Action planning

Accident prevention is a very complex area, involving many different agencies. When agencies and the community work together there is a better chance of creating a safer environment for children and young people.

Prevention activities range from education and training to product or environmental modifications and enforcement (regulations, legislation).

The Prevention of Accidents multi agency work stream under Hull Safeguarding Children Board has responsibility for reducing the number of emergency hospital admissions caused by unintentional and deliberate self injury to children and young people aged under 18 years.

This joint strategy has been developed with commitment from key partners to tackle a wide range of risks both inside and outside the home.

Some of the local recommendations which are based on the identified need are highlighted below. More comprehensive strategic and operational action plans are described in the tables in appendix 3 of the full strategy document.

- A dedicated lead for accident prevention
- To strengthen formalised operational partnerships
- To monitor data collection against current National targets
- To formally evaluate campaigns and services with an impact assessment.
- To continue to provide home safety checks and safety equipment to targeted high need areas.
- To continue to deliver the safe sleeping campaign
- To continue to deliver safety information messages to children, young people, parents carers and professionals on areas such as road safety, fire safety and rail safety
- To ensure the promotion of the Child and Adolescent Mental Health care pathway
Conclusion

- There are a range of front line services and staff engaged in reducing accidents and many examples of good practice as outlined in Appendix 2 of the full strategy document.
- Some local partnership arrangements are well developed and do contribute to reducing accidents – but this is still dependent on the commitment of individuals rather than formal arrangements.
- There is a need to review existing services and their impact on the prevention of accidents.
- There is a need to think long term when it comes to accident prevention particularly in creating sustainable outcomes for children and young people.
- Cooperation is key.
Many thanks to...
Accident and Emergency
Child Death Overview Panel
Children’s centres and extended services
Children and Young Peoples Services
Children’s Social Care
City Health Care Partnership
Learning, Participation and Skills
Health promotion / City Safe
Healthy Schools
Hull Safeguarding Children Board
Humberside Fire and rescue service
Humberside Police
IMPS
Key group
Minor injury units
Network Rail
Play development (Hull City Council)
Public health nursing
Road safety
Specialist practitioner for child deaths

To access the full document visit
www.hullsafeguardingchildren.org/preventionofaccidents

For further information
Call: 01482 300 300
Visit: www.hullcc.gov.uk

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