

Reducing unintentional injuries in and around the home among children under five years

Report for Harrow

Purpose

Reducing unintentional injuries in childhood remains a priority within PHE's aim to promote best evidence, continue to make the economic case for prevention and work towards a healthier fairer society. PHE has published a number of documents to inform this work: '[Reducing unintentional injuries in and around the home among children under 5 years](#)' (PHE, 2018) and '[Preventing unintentional injuries: a guide for all staff working with children under 5 years](#)' (PHE, 2017).

The publication '[Reducing unintentional injuries in and around the home among children under five years](#)' explains the scale and nature of the problem. It looks at how often children die, what this means in terms of rates of deaths and injuries and the impact of deprivation. It covers the costs to families and health and social care services and presents the priorities for action. The publication goes on to describe the ways that local authorities and their partners can achieve change, building on what they do currently.

This report presents local data alongside evidence for use by local authorities. It begins with general information about the benefits for children, families and local services of reducing accidents in the home. The report then provides an overview of relevant local data which can be used to prioritise activity to reduce injuries. Reading the national reports described above first will help you when interpreting the data for your local area given in this report. A detailed explanation of the injury causes in this report is included at the end to explain the terms used.

Using this report

Health and social needs are inherently complex; it is unlikely that there will be a single factor which is responsible for the particular situation in your local area. For this reason, it is important that no single item of information is treated in isolation. Instead the various pieces of data and evidence should be used as pieces of a jigsaw which when linked together give you a picture of the needs of your local community.

As with all health data and intelligence, it is important to 'sense check' the findings with colleagues and triangulate the data with other sources available locally such as from children's social care, community health services providers and Child Death Overview Panel reviews. Is the picture given by the data what you would expect? There can sometimes be anomalies in data which have resulted in atypical results, for example a new housing development. The data may not be wrong but you should be sure that you understand the reasons why something is not as you might expect.

Contact your local PHE knowledge and intelligence service (see next steps section) if you need further advice.

This report is intended for you to cut and paste text, tables and charts and include them in your own local documents. Please acknowledge Public Health England as the source and state the date on which you accessed the report. If cutting and pasting sections that quote from or reference other sources, please make sure you also reference the original source.

Summary

- Unintentional injuries in and around the home are a leading cause of preventable death and are a major cause of ill health and serious disability for children under five. Reducing unintentional injuries is important and requires a whole system approach to address the reasons behind accidents occurring.
- 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 presenting to primary, secondary and tertiary care. Similar advice could also be incorporated into health promotion materials for parents of young children. There is good evidence to suggest that families at higher injury risk can benefit from schemes providing and fitting free or low-cost home safety equipment which have been shown to increase home safety practices (1). The extent to which this activity additionally reduces child injuries has been difficult to evaluate, although there is emerging evidence that demonstrates a reduction in injury rates (2, 3, 4).
- There are inequalities in unintentional injuries, with those from more deprived areas more likely to suffer injury. Targeting preventative interventions to children and young people living in the most deprived areas will help to address these inequalities.
- Reducing unintentional injuries is not solely the remit of traditional public health services but requires a whole system approach with safety improvements in the built environment of homes and gardens. The implementation of simple low-cost measures in new and existing housing stock can reduce accidents in the home and improve the quality of life. Recommended interventions include fitting blind cord cleats, stair gates and cupboard locks.

Making the case for reducing childhood injury

Unintentional injuries in and around the home are a leading cause of preventable death for children under five years old and are a major cause of ill health and serious disability. The reduction of unintentional injuries in childhood remains an important public health priority. The most recently available national data (hospital admissions data for 2012/13 to 2016/17 and deaths data for 2012 to 2016) shows that on average each year approximately 55 children die, 370,000 attend A&E and 40,000 are admitted to hospital as an emergency as the result of injuries in and around the home.

In England injuries in the home account for 6% of deaths of children aged between 1 month and 4 years (Office for National Statistics, 2016).

The majority of unintentional injuries are preventable. A recent programme of evaluation produced extensive new evidence and resources on preventing falls, poisonings and thermal injuries in the under-fives. Providing such resources to children's centres increases their injury prevention activity and some parental safety behaviours. (5)

Reducing injuries has clear benefits for children and their families. Childhood injuries, especially severe injuries, can have long-term health, educational, social and occupational consequences. These include physical disability, long-lasting psychological impact, cognitive or social impairment, lower educational achievement and poorer employment prospects. The personal costs of an injury can be devastating. For example, a toddler's severe bathwater scald may require years of painful skin grafts and disfigurement and a fall at home can result in permanent brain damage. In addition, injuries also have a negative effect on the psychological health and wellbeing of those caring for children (5, 6).

While the cost of a severe injury in childhood such as a severe head injury or bath water scald can be considerable, because less severe injuries occur much more frequently, these also incur substantial costs for a local health economy. Recent research shows that the average NHS **short-term** cost of a

hospital admission of 2 days or more for a burn, poisoning or fall in the under-fives (the three most common causes of hospital admissions in this age group) ranges from £2,500 to £3,000, the NHS cost of an admission for a day or less from £700 to £1,000 and for an emergency department attendance without admission from £100 to £180. These do not include costs for NHS or social care for longer term follow-up of more severely injured children, and will therefore underestimate the true costs of these injuries. (7)

Parents also face substantial costs when their children are injured: the short term cost to parents (such as childcare and travel) for children admitted for 2 or more days ranges from £100 to £400; for those admitted for a day or less from £40 to £200 and for those attending emergency departments without admission from £20 to £70 (8).

Unintentional injuries disproportionately affect children living in socioeconomic disadvantage and deaths from injuries in childhood have the steepest social gradient of any cause of death in childhood (9, 10, 11). Reducing inequalities in child injury should therefore be a priority, in addition to reducing injury rates overall.

Even when local authorities have child injury rates that are similar to those for England, this may mask significant inequalities between smaller geographical areas (for example within districts and wards) which need addressing. Local authorities should consider not only the overall child injury rate but also the extent of inequalities in child injury rates across smaller geographical areas when deciding what child injury prevention interventions are required. Analysis shows that the emergency hospital admission rate for unintentional injuries among the under-fives is 42% higher for children from the most deprived areas compared with children from the least deprived, and for some injury types this inequality may be much larger. Data on A&E attendance is routinely provided directly to health visiting and school nursing teams and provides an additional means to identify small scale local trends. PHE's **Local Health** tool also offers access to data at small area level.

The Chief Medical Officer made a powerful economic case for preventing unintentional injuries (12). Injury reductions can be achieved at low cost with good evidence that some falls, poisonings and scalds may be prevented by incorporating specific safety advice into universal child health contacts, providing home safety assessments and providing and fitting home safety equipment, including interventions to reduce accidental fires in the home. Local authorities can strengthen their existing work by prioritising the issue and mobilising existing programmes and services through leadership, co-ordination and training. National Institute for Health and Care Excellence (NICE) guidance PH29 and PH30 (2010) (13, 14, 15), alongside PHE's **Preventing unintentional injuries guide**, offer a framework for shaping the work locally.

Three key action areas are identified:

Providing leadership and mobilising existing services

Reducing unintentional injuries is important and requires a whole system approach to address key determinants. Directors of public health and directors of children's services, together with local children's trust boards and children's partnership boards, clinical commissioning groups and health and wellbeing boards, are in an ideal position to provide strategic leadership for injury prevention through focused planning and commissioning to support a collaborative approach to implementation of guidance with effective allocation of resources.

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. Establishing a multi-agency child unintentional injury group and identifying a lead professional to coordinate this work is likely to improve implementation (16).

Broader partnership working across the public, private, voluntary and community (VCS) sectors is essential, bringing together a very wide range of services from diverse settings including health, education, social care, housing, fire services and police. With partners, local authorities have the opportunity to bring together services for children in the early years and to join up 0 to 19

commissioning across a local area; new models of care are emerging with the remit to maintain and improve public health outcomes and build on community assets.

Good co-ordination adds value and enables more to be achieved than organisations working in isolation. NICE PH29 makes recommendations on how to do this.

Supporting and training the early years workforce to enable it to strengthen its central role in helping to reduce unintentional injuries

Effective local action to reduce unintentional injuries in children requires health visitors, school nurses, local authority children's services such as early help teams, early years settings and voluntary organisations to work together to lead and support local delivery of accident prevention interventions.

The Healthy Child Programme (HCP) (17) and the **Early Years High Impact Area 5** set out the key contribution of health visitors to manage minor illness and reduce accidents to improve outcomes for all children. PHE have produced **Guidance to support the commissioning of the Healthy Child Programme 0-19: Health Visiting and School Nursing services**. Evidence suggests that training and resources to further develop confidence and competence of practitioners working with children under 5 is important (18), alongside support to plan, implement and evaluate effective injury prevention programmes (19).

Focusing on five kinds of injuries for the under-fives

There is a strong argument to focus on tackling the leading, preventable causes of death and serious long-term harm. Our analysis of national data identifies five unintentional injury types which could be prioritised: choking, falls from furniture, burns, scalds, and poisoning from medicines.

Data for Harrow

Key findings

We looked at hospital admission and death data over a five-year period to understand the causes of injuries young children experience and why, and to be clear on the characteristics of these causes with regard to which cause high numbers of hospital admissions and which cause most deaths.

Unintentional injuries for the under-fives tend to happen in and around the home. They are linked to a number of factors including:

- child development
- the physical environment in the home
- the knowledge and behaviour of parents and other carers (including literacy) (20)
- overcrowding or homelessness
- the availability of safety equipment
- new consumer products in the home

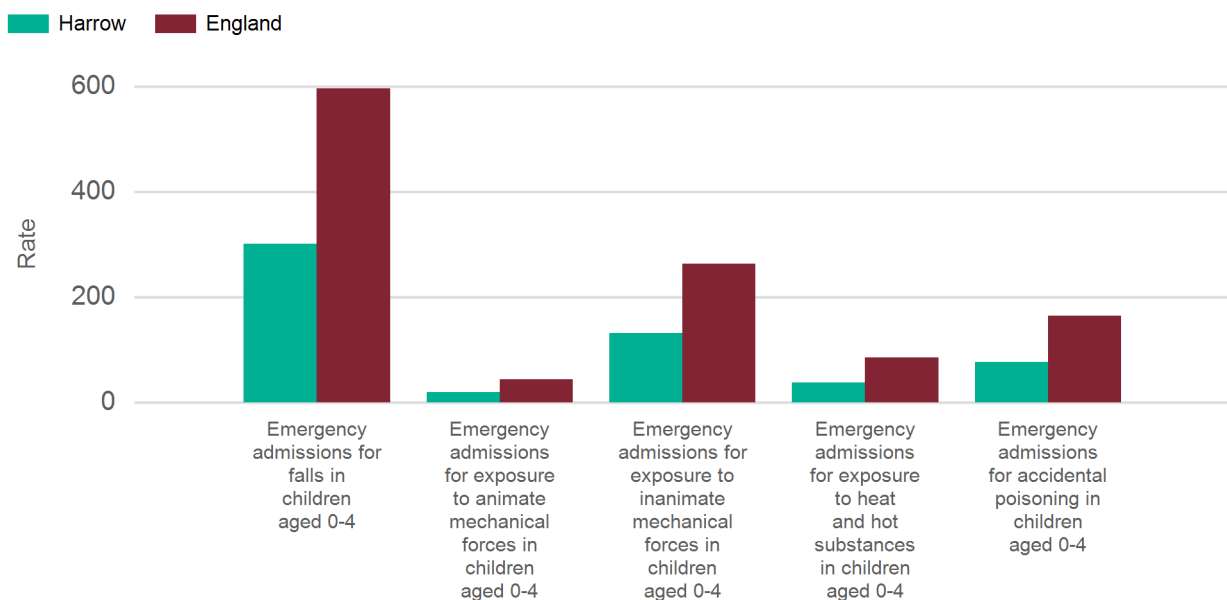
Accident types have different profiles – some are often fatal, such as choking and strangulation and drowning. Others, such as burns and scalds, result in hospitalisation and sometimes serious long-term acquired disability but rarely death.

Nationally the five most common causes of emergency hospital admission for injury are falls, injuries caused by humans (not including assaults or self-harm) or animals, injuries from being hit, crushed or cut by physical objects, burns and scalds, and poisoning. These causes account for over 90% of all emergency hospital admissions for unintentional injuries. Rates for these causes are shown in table 1 below, for the three-year period 2014/15 to 2016/17. The count of emergency admissions is shown in brackets. Counts below six have been suppressed.

Table 1: The main causes of emergency hospital admissions for under-fives following unintentional injuries in and around the home in 2014/15-2016/17 (rate per 100,000 resident population of children aged 0 to 4 years)

	Emergency admissions for falls in children aged 0-4	Emergency admissions for exposure to animate mechanical forces in children aged 0-4	Emergency admissions for exposure to inanimate mechanical forces in children aged 0-4	Emergency admissions for exposure to heat and hot substances in children aged 0-4	Emergency admissions for accidental poisoning in children aged 0-4
Harrow	300.7 (160)	18.8 (10)	131.5 (70)	37.6 (20)	76.8 (40)
England	595.7 (31,237)	43.8 (2,299)	263.4 (13,810)	85.3 (4,470)	164.5 (8,623)

Figure 1: The main causes of emergency hospital admissions for under-fives following unintentional injuries in and around the home in 2014/15-2016/17 (rate per 100,000 resident population of children aged 0 to 4 years)



Source for table 1 and figure 1: Hospital Episode Statistics, NHS Digital

Note: '-1' indicates the value has been suppressed. Blank cells indicate no data for that area.

Choosing priorities

While the above table shows the highest rates of hospital admissions, local authorities should also consider the specific causes of unintentional injuries that are most likely to result in more severe injury and death when setting their priorities. The following list shows the specific types of injuries that result in high death rates and the largest number of emergency hospital admissions. Each has its own profile and characteristics.

- Choking
- Falls from furniture
- Tap water scalds
- Burns from foods and hot fluids
- Poisoning from medicines

The following sections include tables that show the crude rates of emergency admissions for these various types of unintentional injuries in Harrow. The count of emergency admissions is shown in brackets. Counts below six have been suppressed. Brief advice on prevention is also given but detailed information is available from www.rosa.com.

Choking caused by the inhalation of food or vomit

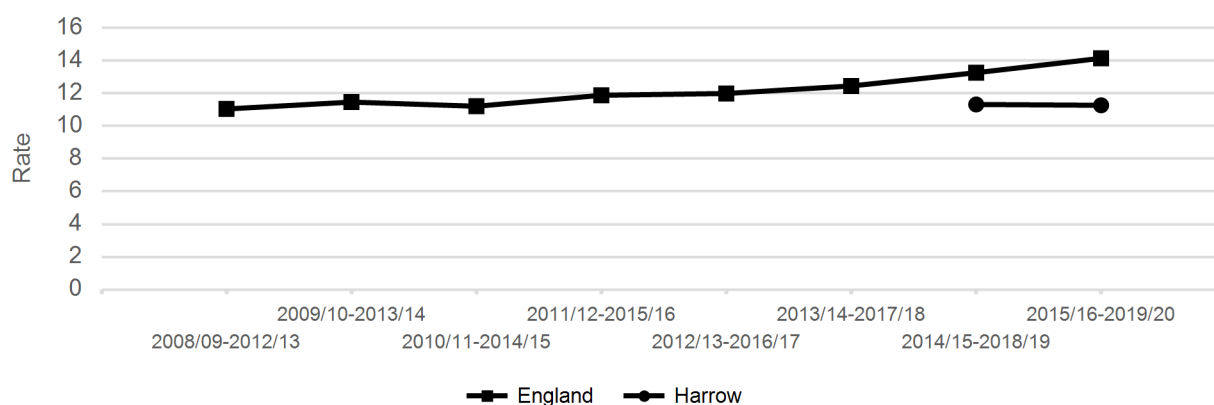
Inhalation of food or vomit causes relatively low numbers of hospital admissions, but is a leading cause of death (45 nationally between 2012 and 2016).

Younger children should always be supervised while eating, and should sit to do so rather than run around or lie down. Foods like tomatoes, grapes and blackberries should be cut into quarters.

Table 2: Emergency hospital admissions due to inhalation of food or vomit (rate per 100,000 resident population of children aged 0 to 4 years)

	2008/09- 2012/13	2009/10- 2013/14	2010/11- 2014/15	2011/12- 2015/16	2012/13- 2016/17	2013/14- 2017/18
Harrow	-1.0 (-1)	-1.0 (-1)	-1.0 (-1)	-1.0 (-1)	-1.0 (-1)	-1.0 (-1)
England	11.0 (1,805)	11.5 (1,905)	11.2 (1,887)	11.9 (1,034)	12.0 (1,050)	12.4 (1,090)

Figure 2: Trend in emergency hospital admissions due to inhalation of food or vomit (rate per 100,000 resident population of children aged 0 to 4 years)



Source for table 2 and figure 2: Hospital Episode Statistics, NHS Digital

Note: '-1' indicates the value has been suppressed. Blank cells indicate no data for that area.

2014/15- 2018/19	2015/16- 2019/20
11.3 (10)	11.3 (10)
13.3 (1,156)	14.1 (1,224)

Falls from furniture

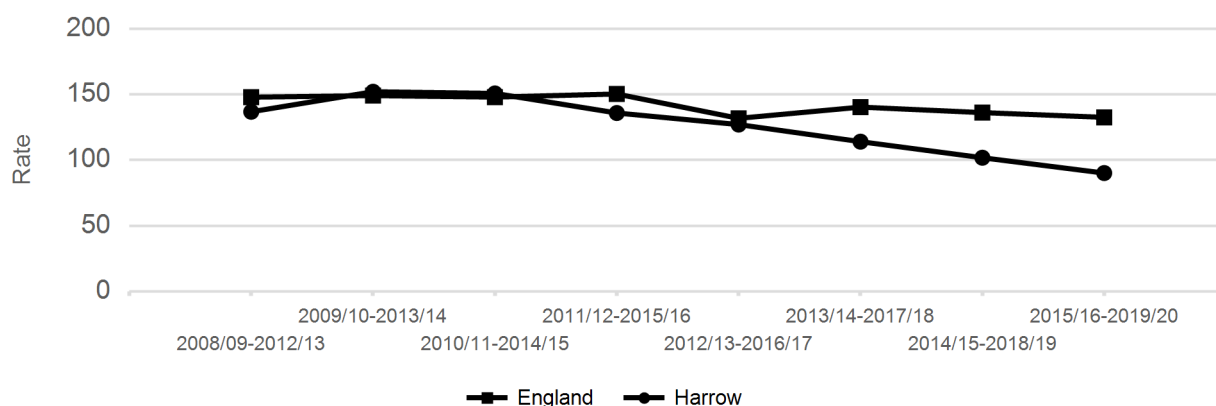
Falls are the leading cause of injury related hospital admissions in the under-fives, with falls from furniture causing the highest number in this category. Deaths are infrequent, but even a fall from a high chair can have serious consequences including brain damage.

Prevention of these injuries largely fall under two categories. Firstly ensuring that furniture and play equipment are well maintained and that any safety harnesses on high chairs, swings and other seats are securely fitted and fastened. Secondly ensuring that babies and younger children are not left unattended on raised surfaces, particularly when changing nappies

Table 3: Emergency hospital admissions due to falls from furniture (rate per 100,000 resident population of children aged 0 to 4 years)

	2008/09-2012/13	2009/10-2013/14	2010/11-2014/15	2011/12-2015/16	2012/13-2016/17	2013/14-2017/18
Harrow	136.8 (108)	152.0 (123)	150.7 (125)	135.8 (115)	127.0 (110)	114.0 (100)
England	147.9 (24,185)	149.1 (24,793)	147.9 (24,924)	150.3 (13,089)	131.8 (10,991)	140.3 (12,291)

Figure 3: Trend in emergency hospital admissions due to falls from furniture (rate per 100,000 resident population of children aged 0 to 4 years)



Source for table 3 and figure 3: Hospital Episode Statistics, NHS Digital

Note: '-1' indicates the value has been suppressed. Blank cells indicate no data for that area.

Scalds from the hot water tap

Scalds from hot water, usually involving the bath, cause few deaths but injuries can be very severe. The peak in admissions in this age group is around one year old.

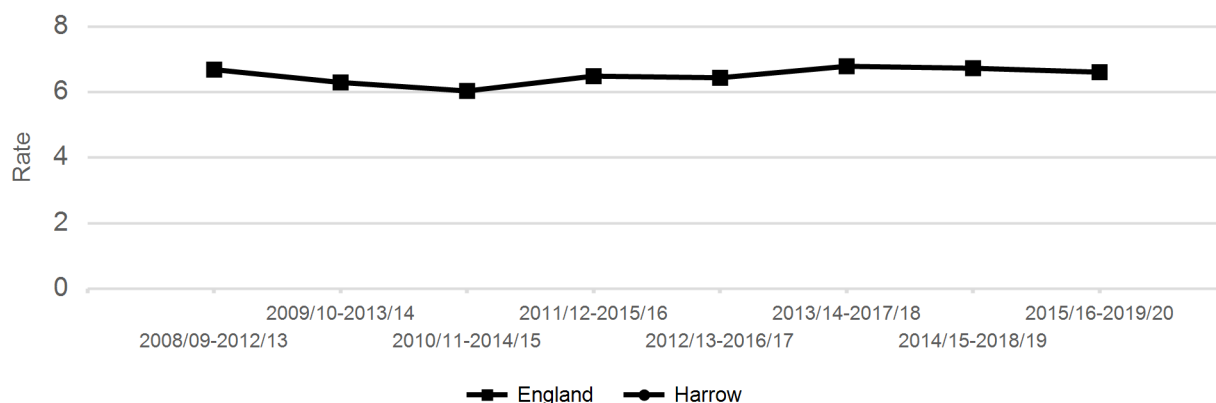
Prevention opportunities mainly come in the form of awareness, with advice to always keep an eye on a child when the bath is running and while he or she is in the bath, and to properly check the temperature before putting a child in the water. Fitting a thermostatic mixing valve is recommended to control the water temperature.

2014/15- 2018/19	2015/16- 2019/20
101.8 (90)	90.1 (80)
136.1 (11,881)	132.5 (11,481)

Table 4: Emergency hospital admissions due to hot tap water scalds (rate per 100,000 resident population of children aged 0 to 4 years)

	2008/09-2012/13	2009/10-2013/14	2010/11-2014/15	2011/12-2015/16	2012/13-2016/17	2013/14-2017/18
Harrow	-1.0 (-1)	-1.0 (-1)	-1.0 (-1)	-1.0 (-1)	-1.0 (-1)	-1.0 (-1)
England	6.7 (1,094)	6.3 (1,047)	6.0 (1,017)	6.5 (565)	6.4 (564)	6.8 (595)

Figure 4: Trend in emergency hospital admissions due to hot tap water scalds (rate per 100,000 resident population of children aged 0 to 4 years)



Source for table 4 and figure 4: Hospital Episode Statistics, NHS Digital

Note: '-1' indicates the value has been suppressed. Blank cells indicate no data for that area.

Burns from food and hot fluids

Burns from food and hot fluids mainly occur in the kitchen and, like bathwater scalds, these injuries can be quite severe.

Prevention opportunities include ensuring that hot drinks are out of reach of children, and that pans are kept on back burners where possible with handles turned inwards to keep them away from children's hands.

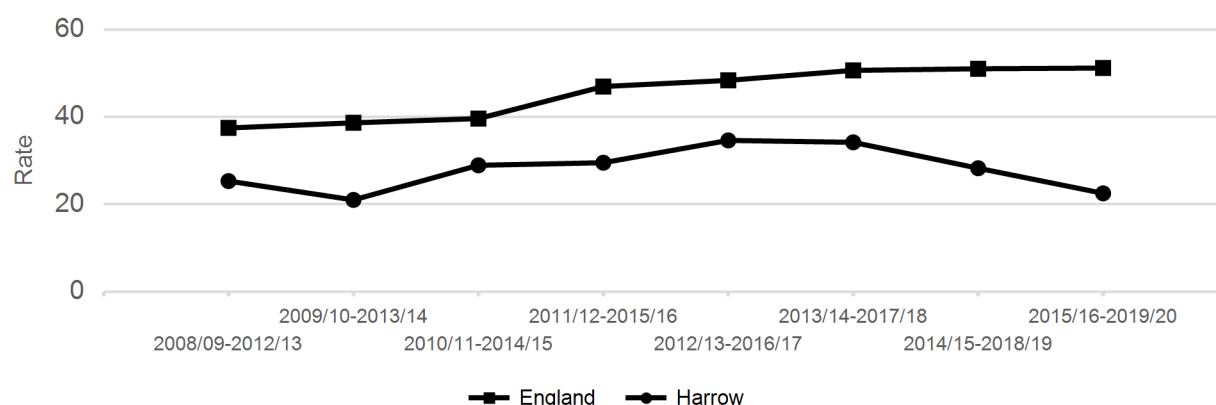
Table 5: Emergency hospital admissions due to burns from food and hot fluids (rate per 100,000 resident population of children aged 0 to 4 years)

	2008/09-2012/13	2009/10-2013/14	2010/11-2014/15	2011/12-2015/16	2012/13-2016/17	2013/14-2017/18
Harrow	25.3 (20)	21.0 (17)	28.9 (24)	29.5 (25)	34.6 (30)	34.2 (30)
England	37.5 (6,133)	38.7 (6,430)	39.6 (6,678)	47.0 (4,091)	48.4 (4,240)	50.7 (4,440)

2014/15- 2018/19	2015/16- 2019/20
-1.0 (-1)	-1.0 (-1)
6.7 (587)	6.6 (573)

2014/15- 2018/19	2015/16- 2019/20
28.3 (25)	22.5 (20)
51.1 (4,455)	51.2 (4,436)

Figure 5: Emergency hospital admissions due to burns from food and hot fluids (rate per 100,000 resident population of children aged 0 to 4 years)



Source for table 5 and figure 5: Hospital Episode Statistics, NHS Digital

Note: '-1' indicates the value has been suppressed. Blank cells indicate no data for that area.

Poisoning from medicine

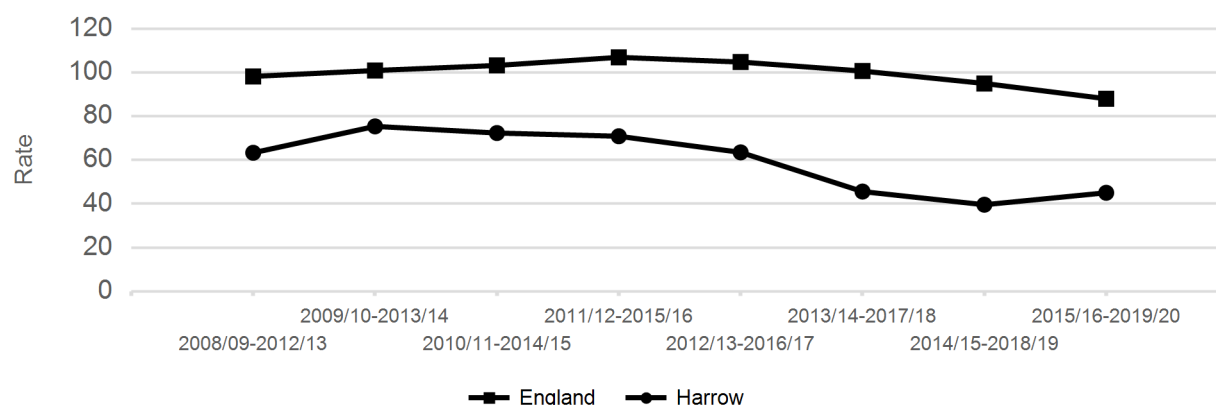
Medicines cause almost 70% of poisoning admissions in this age group.

Medicines should be kept well out of reach of all children, preferably in a locked cupboard.

Table 6: Emergency hospital admissions due to poisoning from medicines (rate per 100,000 resident population of children aged 0 to 4 years)

	2008/09-2012/13	2009/10-2013/14	2010/11-2014/15	2011/12-2015/16	2012/13-2016/17	2013/14-2017/18
Harrow	63.3 (50)	75.4 (61)	72.3 (60)	70.9 (60)	63.5 (55)	45.6 (40)
England	98.2 (16,067)	100.9 (16,780)	103.2 (17,391)	106.9 (9,312)	104.8 (9,181)	100.7 (8,818)

Figure 6: Trend in emergency hospital admissions due to poisoning from medicines (rate per 100,000 resident population of children aged 0 to 4 years)



Source for table 6 and figure 6: Hospital Episode Statistics, NHS Digital

Note: '-1' indicates the value has been suppressed. Blank cells indicate no data for that area.

2014/15- 2018/19	2015/16- 2019/20
39.6 (35)	45.0 (40)
95.0 (8,291)	88.0 (7,624)

Social inequality

Unintentional injuries disproportionately affect children living in socioeconomic disadvantage so local areas may wish to give consideration to how their strategies to reduce accidents could address this. Simple categorisations of unintentional injuries using causes of death or A&E attendance do not fully explain why a child died or an injury occurred at that time as these approaches do not account for the complexity of interacting risks within the context of the environment where the child lives (21). Relative poverty has a wide range of effects on health, and there is a persistent inverse association between socioeconomic status and childhood mortality and morbidity.

Health inequalities can be tackled via antipoverty strategies, by targeting deprived areas and engaging with local communities and families. Inequalities in unintentional injuries support the targeting of additional preventative interventions to children and young people living in the most deprived areas, including schemes providing and fitting free or low-cost home safety equipment and other safety improvements in the built environment of homes and gardens (22, 23, 24, 25).

The 2015 Index of Multiple Deprivation (IMD) is a commonly accepted measure of deprivation. Upper-tier local authorities are ranked out of the 152 upper-tier local authorities in England, with a rank of 1 indicating the most deprived. Harrow, with a score of 14.3, is in the second least deprived decile.

Next steps

The data and information in this report should have given you an indication of the patterns of injury in your local area, as well as background information about injuries and your population. Combined with local knowledge and data, we hope this helps you to set priorities for interventions in your area which reduce the number of children and families affected by injury. The list below sets out some other resources and sources of information you may want to look at to help you to do this and to move on to the next stage of planning for services which meet the needs of your population.

- The National Child and Maternal Health Intelligence Network is hosted and facilitated by PHE and provides wide-ranging, authoritative data, evidence and practice in relation to child and maternal health which you can use to improve the quality of care and outcomes for communities, patients and their families. Find out [more about our work, including our data and tools](#).
- Find out more about the general population in your area, including child poverty, by looking at the child and maternal health section on PHE's [Fingertips tool](#).
- [Subscribe to PHE ebulletins](#) to keep you up to date with the latest resources and research relating to child and maternal health. Register your email address then change your preferences and select 'Child and maternal health current awareness ebulletin'. The ebulletin is sent out every two weeks.
- You may have access to local data and intelligence, for example from fire and ambulance services, which could be compared with other sources.
- You should consider the views of local children and families when commissioning services. Your [local Healthwatch](#) will have more information on ensuring the voice of service users is included in the commissioning and delivery of health and care services.
- You may wish to review the wider literature on this topic to inform your plans. The following list offers some suggestions of resources which you might find useful:

Further reading

Public Health England

Public Health Outcomes Framework data tool

Available from: www.phoutcomes.info

Public Health England (2016) Early years High Impact Area 5: Managing minor illness and reducing accidents (reducing hospital attendance/admissions)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/563925/Early_years_high_impact_area5_managing_minor_illness.pdf

British Medical Association (BMA)

Growing up in the UK (2013)

Available from: <https://www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/child-health/growing-up-in-the-uk>

The Chief Medical Officer

Annual Report of the Chief Medical Officer (2012)

Available from: www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays

Child Accident Prevention Trust (CAPT)

CAPT has two main websites. The Making the Link site contains information for senior staff and commissioners. The main site is designed for parents, carers and frontline staff

Available from: www.makingthelink.net and www.capt.org.uk

Department of Health and Social Care (DHSC)

Children's health

Available from: <https://www.gov.uk/government/policies/children-s-health>

Department for Education (DfE)

Children's services

Available from: <https://www.gov.uk/topic/schools-colleges-childrens-services>

Local Government Association (LGA)

The LGA works with local authorities, including lead members for children's services to deliver better health and wellbeing outcomes for children and young people

Available from: <https://www.local.gov.uk/topics/children-and-young-people>

National Institute for Health and Care Excellence (NICE)

PH29: Strategies to prevent unintentional injuries among children and young people aged under 15 (2010)

Available from: <https://www.nice.org.uk/guidance/PH29>

PH30: Preventing unintentional injuries in the home among children and young people aged under 15 (2010)

Available from: <http://guidance.nice.org.uk/PH30>

Preventing unintentional injuries among the under-15s. The key facts for local councillors: making the case for investment (2011) LGID

Available from: <http://guidance.nice.org.uk/PH30/Factsheet>

NICE pathway on unintentional injuries among under-15's

Available from: <https://pathways.nice.org.uk/pathways/unintentional-injuries-among-under-15s>

Royal Society for the Prevention of Accidents (RoSPA)

RoSPA's website www.rospace.com includes specific sections on home safety and child accidents.

Delivering accident prevention at local level in the new public health system (2013)

Available from: www.rospace.com/about/currentcampaigns/publichealth/delivering-accident-prevention.aspx

University of Nottingham

The 'Keeping children safe at home research programme' is a programme identifying effective ways of

passing on advice to parents on preventing accidents via children's centres
Available from: www.nottingham.ac.uk/research/groups/injuryresearch/projects/kcs/index.aspx
Kendrick et al (2017) Keeping Children Safe: a multicentre programme of research to increase the evidence base for preventing unintentional injuries in the home in the under-fives
<https://www.ncbi.nlm.nih.gov/books/NBK447053/>

World Health Organization (WHO)

World report on child injury prevention (2008)

Available from: http://www.who.int/violence_injury_prevention/child/injury/world_report/en/

European report on child injury prevention (2008)

Available from: www.who.int/violence_injury_prevention/child/injury/world_report/European_report.pdf

Injuries and inequities: guidance for addressing inequities in unintentional injuries (2014)

Available from: www.euro.who.int/en/publications/abstracts/injuries-and-inequities.-guidance-for-addressing-inequities-in-unintentional-injuries

Contact your local PHE knowledge and intelligence service for further advice and support:

North East	LKISNorthEast@phe.gov.uk
North West	LKISNorthWest@phe.gov.uk
Yorkshire and the Humber	LKISYorkshireandHumber@phe.gov.uk
East Midlands	LKISEastMidlands@phe.gov.uk
East of England	LKISEast@phe.gov.uk
West Midlands	LKISWestMidlands@phe.gov.uk
London	LKISLondon@phe.gov.uk
South East	LKISSouthEast@phe.gov.uk
South West	LKISSouthWest@phe.gov.uk

Case studies

Case studies are available from partner organisations:

The Child Accident Prevention Trust's (CAPT) [Making the Link website](http://www.makingthelink.net) features several case studies of different local authorities' accident prevention strategies and activities. www.makingthelink.net/case-studies

The [Royal Society for the Prevention of Accidents' \(RoSPA\) website](http://www.royalsocietyforthepreventionofaccidents.org) has a specific section on home safety including case studies.

Explanation of causes

The analysis in this report is based on the injury causes as they are defined in the International statistical classification of diseases and related health problems 10th revision (ICD10). Causes are defined as the first diagnosis position in an admission that represents an external cause (V01-Y98), for example while a primary diagnosis may be a broken leg, the cause would be the first external cause code that follows it. Full details can be found at www.icd10data.com.

High level cause groups:

Falls - (ICD10 codes W00-W19)

Animate mechanical forces - injuries caused by contact with animals or plants, or by accidental contact with another person. Injuries involving self harm or assault are not included - (ICD10 codes W50-W64)

Inanimate mechanical forces - injuries caused by contact with inanimate objects, including crushing, lacerations and impacts, explosions, accidental discharge of a firearm, exposure to noise, exposure to hypodermic needles and foreign bodies entering through the skin - (ICD10 codes W20-W49)

Exposure to heat and hot substances - (ICD10 codes X00-X19)

Accidental poisoning - (ICD10 codes X40-X49)

Specific injuries:

Inhalation of food or vomit - (ICD10 codes W78-W80)

Falls from furniture - (ICD10 codes W06-W08)

Hot tap water scalds - (ICD10 code X11)

Burns from food and hot fluids - Largely kitchen burns - (ICD10 codes X10 Contact with hot drinks, food, fat and cooking oils and X12 Contact with other hot fluids)

Poisoning from medicines - (ICD10 codes X40, X41, X43 and X44)

References

- 1 Errington G et al (2011) Evaluation of the National Safe at Home Scheme: Final Report for ROSPA, The University of Nottingham.
- 2 Falcone RA, et al, Volunteer driven homesafety intervention results in significant reduction in pediatric injuries: A model for community based inju..., J Pediatr Surg (2015), <https://www.sciencedirect.com/science/article/pii/S0022346815008143>
- 3 Phelan K, et al A Randomized, Controlled Trial of Home Injury Hazard Reduction: The HOME Injury Study. Arch Pediatr Adolesc Med. 2011 April ; 165(4):339–345. doi: <https://jamanetwork.com/journals/jamapediatrics/fullarticle/384507>
- 4 Stewart T et al (2016) Home safe home: Evaluation of a childhood home safety program. J Trauma Acute Care Surg Volume 81, Number 3
- 5 Kendrick D et al (2017) Keeping Children Safe: a multicentre programme of research to increase the evidence base for preventing unintentional injuries in the home in the under-fives <https://www.ncbi.nlm.nih.gov/books/NBK447053>
- 6 Contact a Family. Forgotten families: the impact of isolation on families with disabled children across the UK (2011)
Available from: www.cafamily.org.uk/media/381636/forgotten_isolation_report.pdf
- 7 Polinder S, et al. APOLLO: The economic consequences of injury – Final report. Amsterdam, Consumer Safety Institute (2016)
Available from: <https://www.ncbi.nlm.nih.gov/pubmed/27177394>
- 8 Cooper N, Kendrick D, Timblin C, Hayes M, Majsak-Newman G, Meteyard K, Hawkins A and Kay B. The short-term cost of falls, poisonings and scalds occurring at home in children under 5 years old in England: multicentre longitudinal study. Injury Prevention 2016 *Inj Prev* doi: <https://doi.org/10.1136/injuryprev-2015-041808>
- 9 Audit Commission/Health Care Commission. Better safe than sorry: preventing unintentional injury to children: Audit Commission (2007)
- 10 Marmot M. Fair society, healthy lives. The Marmot review. Strategic review of health inequalities in England post 2010 (2010)
- 11 Edwards P, Roberts I, Green J, Lutchmun S. Deaths from injury in children and employment status in family: analysis of trends in class specific death rates. BMJ 2006;333:119–21. <https://www.bmj.com/content/333/7559/119>
- 12 Davies SC. Annual report of the Chief Medical Officer 2012. Our children deserve better: prevention pays (2013)
- 13 National Institute for Health and Care Excellence. Strategies to prevent unintentional injuries among children and young people aged under 15. NICE public health guidance 29 (2010)
Available from: <http://guidance.nice.org.uk/PH29>
- 14 National Institute for Health and Care Excellence. Preventing unintentional injuries in the home among children and young people aged under 15: NICE public health guidance 30 (2010)
Available from: <http://guidance.nice.org.uk/PH30>
- 15 NICE pathway on unintentional injuries among under-15's
Available from: <https://pathways.nice.org.uk/pathways/unintentional-injuries-among-under-15s>
- 16 Chisolm A, et al. (2017) Child injury prevention: a survey of local authorities and health boards.

International Journal of Health Promotion and Education. 55(4), 205–214.
<https://doi.org/10.1080/14635240.2017.1312479>

17 Department of Health. Healthy Child Programme. Pregnancy and the first five years of life (2009)

18 Watson M, Mulvaney C, Kendrick D, et al. National survey of the injury prevention activities of children's centres. Health and Social Care in the Community 2013; 1-7 doi
Available from: www.ncbi.nlm.nih.gov/pmc/articles/PMC3920631/

19 Kendrick D et al (2017) (op cit)

20 Cree A, Kay A, Steward J. The economic and social cost of illiteracy: a snapshot of illiteracy in a global context (2012)
Available from: <https://worldliteracyfoundation.org/wp-content/uploads/2015/02/WLF-FINAL-ECONOMIC-REPORT.pdf>

21 Sidebotham P, et al (2014) Understanding why children die in high income countries Available from
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)60581-X/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60581-X/abstract)

22 Falcone RA, et al (2015 op cit)

23 Phelan K, et al (2011 op cit)

24 Stewart T, et al (2016 op cit)

25 Thurston M. An assessment of the impact of home safety assessments on fires and fire-related injuries: a case study of Cheshire Fire and Rescue Service. J Public Health (Oxf). 2013 Jun;35(2):200-5. doi: <https://academic.oup.com/jpubhealth/article/35/2/200/1541869>

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