



# Conference Newsletter

Day 2: 14 September 2007



## Welcome

Dear Conference Delegate,

Welcome to our 'overnight' conference newsletter, which contains highlights of yesterday's events. If you missed a speaker, have just arrived, or would like a reminder of the main discussions, you should find what you need to know here. We also have a quick look at the day ahead.

Thank you for coming and we hope you enjoy the rest of the conference!

Best wishes  
The Conference Steering Group



## A groundbreaking event



**Dr Julia Verne**, Director of the South West Public Health Observatory, opened the day's proceedings with some thoughts about the challenges facing injury prevention practitioners and researchers. "*How do we get injury prevention back on the agenda of our respective governments is a question we all need to think about,*" she said. "*Injury prevention appears to have drifted off the policy scene.*"

She outlined specific areas where decisive action needs to be taken – including improvements in the quality of data collection, evidence for interventions, and improved interagency working. "*Local health services, the police and local authorities need to work together,*" she urged. Commending all those involved in organising this groundbreaking event, Dr Verne said she hoped that the conference would stimulate lots of ideas for practice, open up knowledge of the evidence base and empower delegates to make an impact on the injury agenda.

## With a little imagination...

**Professor Ronan Lyons'** presentation detailed the information requirements for injury prevention. He highlighted the value of increasing data linkage and the benefits of collaborative working between injury prevention and health services researchers and practitioners. Although there are well known limitations to much of the data used in injury analysis, Professor Lyons felt that there was much that could still be achieved. "*You can do an awful lot with limited and incomplete data. If lots can be achieved with one dataset alone or with datasets in parallel, imagine what could be achieved with data linkage!*"

## New Injury Observatory for Britain and Ireland (IOBI) website announced

[www.injuryobservatory.net](http://www.injuryobservatory.net)

Professor Lyons was pleased to announce that the IOBI website had gone live. Please visit the site and give your feedback.



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## “Interventions have to be multi-faceted to be effective”

The ALSPAC (Children of the 90s) longitudinal study is one of the largest of its kind in the UK. **Professor Alan Emond** reported on work undertaken on injury, which involved collecting data from parents using questionnaires and linking it to other data. A large number of injury events were reported by parents and the factors determining their occurrence were found to be complex, with different factors having prominence depending on the age group studied. Neighbourhood, household, family and child characteristics were factors looked at in some detail.



Despite the fact that the study supported a link between deprivation and injury, Professor Emond stated that the study shows that household and family factors were most predictive of injury events. *“If we want to target interventions, we should focus on family and household factors,”* he said. He also acknowledged that interventions must be multi-faceted to be most effective but added *“There is still a lot of imbalance between families’ perceptions of risk and what actually happens. Quite a lot can be done to improve families’ and households’ understanding of risk.”*

## Assessing the evidence: Reducing inequalities, reducing injury?

Despite the well known inequalities in childhood injury, there is little work examining whether interventions are more, or less, effective in children who are at greater risk of injury. In her presentation, **Dr Denise Kendrick** described the findings from a large systematic review and meta-analysis of a wide range of interventions to prevent home injury in childhood, and looked at how the effectiveness of these interventions varied by child age, gender, ethnic group and social disadvantage. The presentation also included recommendations for future research, policy and practice. The results showed that , overall, there was no significant reduction in injuries as a result of the interventions. *“This doesn’t necessarily mean that the interventions don’t work,”* Dr Kendrick said,

*“it does mean that we need more and larger studies – more randomised control trials and multiple smaller RCTs, and more rigorous observational studies.”* She continued to say that safety interventions should be prioritised to reduce injuries and that we need to think creatively about how we can work together to get funding for the research we need for future evaluations. In response to Dr Verne’s challenge as to what single recommendation she would make to reduce childhood injury she replied *“We have to provide multi-faceted home visiting.”*

## Legislation and enforcement key to safer environments

### Dr Alf Nicholson outlines his prescription for ‘creating a safer Europe for children’

If other European countries were to match the ‘safest’ in the EU - countries such as Sweden, the Netherlands and the UK - two-thirds of lives lost per year due to injury could be saved. *“Some new EU countries have eight times the death rates of their counterparts,”* he said. A statistic he described as *“unconscionable”*.

Pointing to the steep social gradient for all serious childhood injuries, **Dr Nicholson** argued that if the EU is committed to reducing disparities in living standards between its members, serious commitments will need to be made to ensure childhood injury and deaths are reduced as a matter of urgency. In terms of road deaths and injury *“enforcement is the key,”* he said. *“Australia offers some good examples – the level of enforcement is high, their commitment to home safety is high. It’s no surprise that they’re ahead of us on death rates.”*

He concluded that public education without enforcement has a negligible effect and that home injury messages should be tailored to the age of the child to be most effective. When challenged by Dr Julia Verne to give just one recommendation for reducing childhood injury he replied *“we have to reduce the hazards in the home.”*



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**“If you keep doing what you’ve always done, you’ll keep getting what you’ve always got”**

**Maggie Sims** (the Injury Prevention Co-ordinator for Avonsafe, the local injury prevention partnership) gave the last presentation and discussed why partnerships are important in injury prevention. She gave some ideas about how the research evidence presented could be translated into practice at a local level and used the Lifeskills – Learning for living centre as a well evaluated example of partnership working – a real success story. Lifeskills runs three programmes for year 6 (10–11 year-old children), older people and adults with learning difficulties, welcoming over 10, 000 visitors each year.

In support of a key theme emerging from the first day’s plenaries and parallel sessions, that of the importance of partnership working, Ms Sims urged delegates to be creative in their approaches to injury prevention. *“Think out of the box,”* she said, *“we need to look at our traditional disciplines and work with colleagues we may not have worked with before.”*



## Don’t forget!

To see the posters on display in Waterside 3 (where teas and coffees are served), visit the stands in the same room and return your evaluation forms at the end of the day – a goodies bag awaits! Thank you.

## VoxPop

A wide range of topics was covered in the parallel sessions. We asked what *you* learned to try to get a flavour of the range of ideas sparked by the presentations and discussions. Thanks to all those who contributed.

**We asked delegates what was most interesting about the sessions they had attended and what key learning points they would take away with them. Not all comments could be included here but they will be available in the conference follow-up material.**

### Home safety

*“Sometimes the results of research into interventions are inconclusive but practitioners putting interventions into practice on the ground can often see benefits that aren’t picked up in the research. This shows how important it is to work closely with practitioners and other agencies when carrying out and designing research activities.”*  
Zara Anderson, Researcher, Liverpool John Moores University

*“What was most interesting was learning about other injury prevention programmes, particularly the Whoops! Child safety project. There is a project you can get up and run with. One of the most important lessons is to become aware of what’s going on around the country, sharing information and resources and working together. After all, we all have the same goal in mind!”*  
Lynne Pilgrim and Robert Cotterill, IMPS Co-ordinators, Oxford and Sandwell

### Road safety

*“This session raised lots of questions, such as how far has learning come with regard to social gradient in RTCs and what are the challenges of multi-agency working? I think there’s an appreciation that a holistic approach is needed involving education, engineering, enforcement and other services, improving parks and facilitation of childcare for reducing childhood injury. There’s a real need for people to work together. Another question is how can we change the culture with regard to appreciating risk and getting into education.”*  
Dr Nicola Christie, University of Surrey Postgraduate Medical School

*“Lots of thoughts have been sparked by the ALSPAC study. There isn’t a body that brings together information on road safety and prevention. This was reinforced by this session. For example, work in domains such as child behaviour could usefully be linked up with work on injury prevention. It would be helpful to have a national body to co-ordinate and support prevention work across disciplines.”*  
Paul Hewson, Lecturer in Statistics, University of Plymouth

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## Literature and systematic reviews

*“This session highlighted the lack of data in this area and particularly the UK. There is a wealth of data available from other developed countries. The UK seems to be lagging behind and so depends on studies carried out in other countries. It has highlighted the need for us to evaluate what we are doing and publish more.”*

Sally Morton, IMPS Programme Manager, Central Manchester and Manchester Children’s University Hospitals NHS Trust

*“The range of presentations and different approaches to literature searches was fascinating. There were two contrasting approaches – cohort studies and parenting interventions, and a very practical presentation about skiing. This captured the imagination because it was so unusual. They were all very high quality presentations. As a practitioner it’s very helpful and supportive to be able to have literature reviews, as we wouldn’t practically have the time to search the literature ourselves otherwise.”*

Maggie Sims, Senior Health Promotion Specialist, South Gloucestershire PCT and Injury Prevention Co-ordinator for Avonsafe

## Data issues

*“This session highlighted the importance of using a wide range of data sources. For example, data on children’s behaviour in the case of head injuries and their impact. The motivation behind data gathering also has an impact. A&E data has been used to monitor the impact of alcohol and was initially built up for surveillance purposes. Combining A&E data with additional data can be useful not only to A&E departments but to other agencies as well.”*

Anonymous

## Lifeskills – Learning for living

At the end of a busy day, delegates were taken on a short trip from the Watershed to the Create Centre to taste the *Lifeskills – Learning for living* experience. On this occasion it included the opportunity for a social drink and nibbles, and some time to wind down!

Every year some 30,000 youngsters in the former Avon area (Bristol City, Bath & North East Somerset, North Somerset and South Gloucestershire) require hospital treatment for injuries - many of which could have been prevented through appropriate education and training. Clearly the need to instill basic safety skills throughout the entire community is crucial. Lifeskills has been built as a realistic ‘village’ covering 10,000 square feet of floor space. It includes a number of sets/scenarios which challenge the visitor on hazard/safety topics. For more information see

<http://www.lifeskills-bristol.org.uk/index.htm>

**A special thanks to all the guides and staff at Lifeskills for giving up their valuable time and making the evening so enjoyable. (Picture credit: Lifeskills)**

## View from the Chair



**Liz Towner, Professor of Child Health at the University of the West of England and Conference Steering Group Chair, reflects on the first day and looks forward to today’s events**

The broad mix of people from universities, the health sector, and road and home safety led to lively discussion and insights on how we can improve efforts to prevent childhood injury. The main themes of the day were succinctly summarised by Dr Julia Verne, who highlighted, above all, the need to use evidence to make a difference. This can be achieved by raising injury prevention on national and local agendas. Suggestions for taking this forward will be discussed today.

Today’s sessions focus more on practice and policy and we are delighted that **Dr Sheila Shribman** from the Department of Health has agreed to be our Chair. I will start the day, on behalf of Kidist Bartolomeos of the World Health Organisation, by presenting the international picture of injury and explaining why child injuries are to feature in a major world report due to be published in 2008. In England the *Better safe than sorry* report was published earlier this year by the Audit Commission and Healthcare Commission. **Zoe Keddle** and **Tase Oputu** will discuss the recommendations of the report. We hope this will lead to a wider discussion of how to raise the issue of injury on local and national agendas. I will take up these issues and consider what the future holds – can childhood injury prevention featured in *Safeguarding Children Boards* work in the future? **Mary Creagh**, MP has been involved in promoting the ‘Hot water burns like fire’ campaign and she will offer tips on how to get politicians interested in the issue. The day will also include oral and poster presentations related to practice.

