

Child Safety Strategy

**PREVENTING UNINTENTIONAL INJURIES TO
CHILDREN AND YOUNG PEOPLE IN SCOTLAND**

Child Safety Action Plan

Produced in support of the
Child Safety Action Plan for Europe

May 2007

**PREVENTING UNINTENTIONAL INJURIES TO
CHILDREN AND YOUNG PEOPLE IN SCOTLAND
CREATING A FRAMEWORK FOR ACTION**

PREFACE

Children and young people¹ in Scotland are entitled to have healthy lifestyles free from the risks of death, or serious or disabling injury. They have to be allowed to develop physically and socially, to learn about the environments in which they live and to be able to enjoy an active life. They cannot be wrapped up in cotton wool, free from all risks, as this would have serious consequences for their social development and for their physical health in later life.

These freedoms are enshrined in the United Nations Convention on the Rights of the Child² of which the United Kingdom is a signatory.

EXECUTIVE SUMMARY

The current situation

- Unintentional injury is one of the main causes of death and is the most common cause of emergency hospital admissions in children aged under 15 in Scotland³.
- Unintentional injuries are second only to cancers as a cause of death for children aged between 1 and 14 years.

¹ This document focuses on children and young people aged under 15 years. Young people over this age have significant injury issues that should not be overlooked. However, while there is no sudden transition in the injury patterns between under and over 15s, those of the latter age group tend to be more closely associated with those experienced by youths and adults.

² Accessible at <http://www.unicef.org/crc/crc.htm>. Two Articles are particularly relevant to the prevention of unintentional injury:

- Article 19 requires signatories to ensure that they take all legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.
- Article 24 (e) requires signatories to ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents.

³ ISD Scotland website, <http://www.isdscotland.org/isd/3066.html>. Accessed 22 February 2007.

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- Death rates from unintentional injury among children in Scotland are more than three times higher for children in the most deprived quintile compared with the least deprived.
- In Scotland almost twice as many boys than girls are killed in accidents.
- Despite the fact that injuries requiring hospital admission have fallen by 20% between 1999 and 2005, almost 10,000 children were admitted to hospital in 2005.
- Every year in Scotland, one child in five attends accident and emergency departments following an unintentional injury – approximately 200,000 visits annually. While most of these events are not life-threatening, they consume considerable health service resources, cause distress for parents and children, have economic consequences for families through loss of work, and can impact on children's education with time off school.
- The child death rate from unintentional injuries in Scotland is 30% higher than in England and Wales.
- Every year in Scotland, children's accidents cost the NHS an estimated £40 million and society generally around £400 million.
- Despite the significant social and economic cost of accident and injury to children and young people, Scotland has no coordinated child accident and injury reduction strategy (unlike many other developed countries).

What children and young people say

- As part of the development of this document, a survey of children and young people was commissioned from Children in Scotland, which provided a valuable insight into their views, experiences and concerns. In particular, the survey revealed that:
 - children and young people do worry about being injured in an accident;
 - a high proportion of children and young people either think they already know all they need to know to stay safe, or reject the whole idea that accidents can be prevented;
 - a significant percentage of respondents admitted engaging in behaviours that they knew could result in a serious injury;
 - some respondents wanted to learn more about accident prevention and showed a marked willingness to take real responsibility for keeping themselves safe;
 - some areas of safe behaviour and levels of injury prevention knowledge were very good; and
 - there were marked differences in safety-related attitudes, knowledge and behaviour based upon gender and age.

The key strategic approaches

- The focus should be on the accidents that result in death, serious or long-lasting injury, and those that are the most numerous.
- Wherever possible, prevention programmes should be based on sound knowledge of what is known to be effective. Where evidence is not readily available, best practice must be employed and appropriate research should be undertaken.
- The differential between the death rates of the poorest and wealthiest families in our society has to be reduced as a matter of urgency.
- Coordinated, multifaceted approaches using engineering and environmental changes, educational and publicity measures, enforcement of legislation, and empowerment of communities and workers are required to optimise success.
- Existing policy opportunities should be used whenever possible to provide a framework for injury prevention.
- All current prevention activity should be reviewed on a regular basis in light of evidence and best practice.
- Preventive measures have to strike a balance between children's need for active exploration and development, and adults' responsibility to keep them free from death and serious injury.

Recommendations for action

- At national (Scottish Executive) and local (community planning area) levels, there is a need for clear leadership, coordination of activities and improved communication.
- Within the Scottish Executive, the Health and Wellbeing Department, which provides the services to treat the casualties, is well placed to undertake the unintentional injury prevention leadership role. It should ensure that there is a commitment to partnership working between the Directorates of the Executive that currently have – or should have – an involvement in this subject (within Health and Wellbeing, Finance and Sustainable Growth, Education and Lifelong Learning and Justice), so that activities are coordinated and that effective channels of communication exist.

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- At local level, there is a need for clearly-defined responsibility for preventing unintentional injuries to children, bringing together those responsible for health, road, housing, and community safety. Coordination and communication are essential, both within and between agencies. Local planning mechanisms, including community safety partnerships, community health partnerships and children's services plans, can provide opportunities for improved local coordination.
- Community safety partnerships should be encouraged to adopt injury prevention as a core priority. The role of the NHS should be strengthened through taking the lead for injury prevention.
- To ensure that effective actions are taken, the following infrastructure improvements are required:
 - accessible, relevant and timely information and data, analysed to serve the needs of those commissioning, undertaking or evaluating prevention activities;
 - the development and maintenance of an evidence base that clearly identifies what works; and
 - an appropriately trained and skilled workforce.
- A national plan of action should be developed by the end of 2007:
 - setting out the priority injury issues;
 - suggesting prevention programmes to be implemented nationally, with an agreed set of outcomes;
 - identifying clear lines of responsibility, nationally and locally;
 - recommending performance indicators for local councils and health boards; and
 - advising on research needs to support effective injury prevention activities.

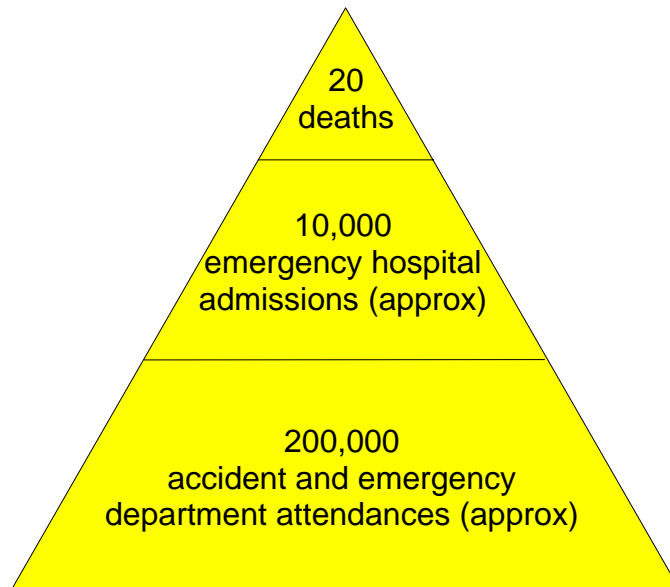
1. THE NEED FOR ACTION

“Unintentional injury is one of the main causes of death and is the most common cause of emergency hospital admissions in children aged under 15.”⁴

Unintentional injuries are second only to cancers as a cause of death for children aged between 1 and 14 years. Every year in Scotland, 1 child in 5 attends Accident and Emergency Departments following an unintentional injury. This totals approximately 200,000 emergency visits each year.

The Injury Pyramid below illustrates that, while the number of deaths is relatively low, there continue to be large numbers of admissions to hospitals and considerable numbers of accident and emergency department attendances. While not life-threatening, such events consume considerable health service resources, cause distress for parents and children, have economic consequences for families through loss of work, and adversely impact children’s education because of time off school.

Scotland’s Child Injury Pyramid



(Unintentional injuries for children and young people under 15 years, 2005⁵)

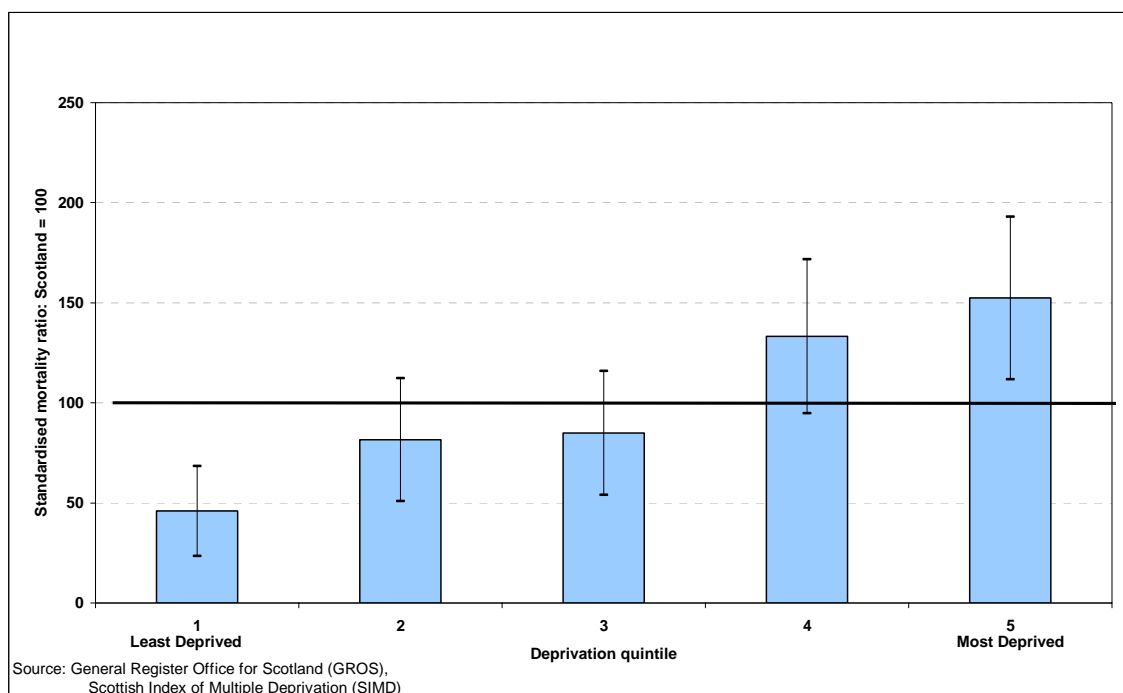
⁴ ISD Scotland website, <http://www.isdscotland.org/isd/3066.html>. Accessed 22 February 2007.

⁵ The deaths relate to the 2005 calendar year, the hospital admissions relate to the year ending March 2005 and the A&E attendances are an estimate drawn from the now-defunct home and leisure accident surveillance system. This illustrates the difficulties in providing accurate, up-to-date statistical information.

There has been a dramatic reduction in annual deaths from unintentional injuries for children aged under 15 years from almost 150 in 1985 to 20 in 2005. This illustrates what can be achieved – but it is cold comfort to families whose children still die from preventable, unintentional injuries. Action is still needed.

Death rates from unintentional injury among children and young people in Scotland are more than three times higher for children in the most deprived quintile compared with the least deprived (Figure 1). A similar pattern has been reported in England and Wales⁶.

Figure 1. Deaths from unintentional injury, children aged under 15 years by deprivation quintile, 2000-2004



When compared with other EU countries, Scotland's record is good, but it does not compare well within the UK. The child death rate from unintentional injuries in Scotland is 30% higher than that for England and Wales.

Detailed costs of injuries and accidents in Scotland are not readily available, except for road accidents. Using the report of England's Department of Health's Accidental Injury Task Force as a source, children's accidents cost the NHS in Scotland an estimated £40 million and society generally around £400 million every year⁷.

⁶ Edwards P, Roberts I, Green J, Lutchman S. Deaths from injury in children and employment status in family: analysis of trends in class specific death rates. *BMJ* 2006;333;119.

⁷ Department of Health. Preventing accidental injury – priorities for action. London: The Stationery Office, 2002.

2. WHAT CHILDREN AND YOUNG PEOPLE SAY

A survey of children and young people was commissioned to find out their views on unintentional injuries and their prevention, and to produce a snapshot of their risk-taking behaviour⁸. The survey, which was undertaken by Children in Scotland, included online and printed questionnaires. Although limited in size, the results are indicative of children's and young people's views and merit serious consideration. The issues raised warrant further in-depth examination.

The survey findings show that:

- children and young people do worry about being injured in an accident;
- having personal experience or personal knowledge of an unintentional injury requiring hospitalisation does not necessarily mean that the child's or young person's behaviour will be modified;
- a high proportion of children and young people either think they already know all they need to know to stay safe, or reject the whole idea that accidents can be prevented;
- a significant percentage of respondents admitted engaging often in behaviours that they knew could result in injury serious enough to require at least an overnight stay in hospital;
- reported seat belt wearing is high and knowledge of where to go and what to do in the event of a fire is very good;
- some respondents wanted to learn more about accident prevention and showed a marked willingness to take real responsibility for keeping themselves safe; and
- prevention strategies should tailor recommendations and programmes to take account of differing safety-related attitudes and behaviours based upon age and gender.

⁸ Children in Scotland (2007). *What I think matters: serious accidents and injuries*. Children in Scotland: Edinburgh. Accessible via <http://www.childreninScotland.org.uk>

3. APPROACHES TO PREVENTION

In Scotland at the start of the 21st century, it is unacceptable that there is a large differential between the death rates of the poorest and wealthiest families in our society. These health inequalities must be reduced as a matter of urgency.

3.1. Striking a balance

Any preventive measures that are put in place have to strike a balance between children's need for active exploration and development and adults' responsibility to keep them free from death and serious injury.

Policies and programmes exist that encourage children and young people to walk, play and take part in sport and active leisure pursuits to improve and maintain their general health and wellbeing. These can lead to increases in the numbers of injuries. The challenge is to ensure that these injuries are neither life-threatening nor disabling.

3.2. Focusing on the most serious injuries

While we may wish to reduce the numbers and severity of all injuries, some cannot be prevented without seriously restricting children's activities or only at great cost. For example, many of the injuries that children suffer are a consequence of their natural development or being active – learning to walk or playing sports.

For pragmatic reasons, not least limitations in resources, prevention activities have to be prioritised. This means focusing on the accidents that result in death, serious injury or disability – events that are “expensive” in treatment or social terms – and those for which there are prevention programmes where there is good evidence of effectiveness.

Accidents that are numerous also deserve attention. While they may not individually cause serious injuries, taken together their burden is large. Where there is good information on how to reduce the numbers or severity of such events, the appropriate preventive measures should be implemented.

3.3. Using effective programmes

Wherever possible, prevention programmes should be based on reliable evidence of what is known to be effective. Where evidence is not readily available, best practice should be employed. There is a number of key reviews of effectiveness that can support local and national initiatives^{9 10 11 12}. A programme of research should be developed to fill the key gaps in terms of what works. In some cases, this may need to be coordinated across the UK so that solutions can be identified more quickly.

Difficult decisions need to be taken. To maintain the improvements in child injury prevention and to enable work to become more focused, the effectiveness of each current programme may need to be reviewed. Consequently, consideration should be given to ending any existing programmes that cannot be shown to be reducing casualty rates, increasing knowledge, or improving behaviour or attitudes, or that do not employ what is now regarded as best practice.

However, in judging the value of programmes, it should be remembered that they may have benefits that extend beyond reducing casualties, changing behaviour, etc. Also, programmes located within local communities have to be measured (or reviewed) within the context of wider health improvement gains. Injury prevention programmes can act as vehicles to strengthen communities, create employment opportunities, enhance personal development, create or reinforce partnerships between agencies, build capacity and link to other initiatives, such as volunteering. Equally, they may contribute to other health and wellbeing initiatives that are already government priorities, such as the drive for greater physical activity.

⁹ Mackay M et al. (2006). *Child Safety Good Practice Guide: Good investments in unintentional child injury prevention and safety promotion*. Amsterdam: European Child Safety Alliance, Eurosafe. (Accessible online via <http://www.actiononinjuries.org/csi/eurosafe2006.nsf/wwwVwContent/14goodpracticeguide.htm>)

(The above publication, which was developed as part of the European Child Safety Alliance action plan project, also contains good practice case studies from across Europe, including Scottish examples.)

¹⁰ Millward LM, Morgan A & Kelly MP (2003). *Prevention and reduction of accidental injury in children and older people. Evidence briefing*. London: Health Development Agency. (Accessible online via <http://www.nice.org.uk/page.aspx?o=502597>)

¹¹ Towner E, Dowswell T, Mackereth C & Jarvis S (2001). *What works in preventing unintentional injuries in children and young adolescents. An updated systematic review*. London: Health Development Agency. (Accessible online via <http://www.nice.org.uk/page.aspx?o=502353>)

¹² Towner E (2002). *The prevention of childhood injury. Background paper prepared for the Accidental Injury Task Force*. London: Department of Health. (Available online via http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4072113)

3.4. A multifaceted approach to prevention

To optimise success, coordinated, multifaceted approaches using educational measures, engineering and environmental changes must be used. These approaches must be aimed at children, parents and carers, and the public more generally. Publicity campaigns, the development and enforcement of legislation (including laws, local byelaws and opportunities such as contracts between suppliers of goods and services and purchasers) and the empowerment of communities and workers are also essential.

In schools, safety and risk education can lead to an understanding of safety and create a culture within which other initiatives can be more easily developed. Linked to this is the need for parents and carers, and children and young people to understand and more accurately assess risks.

THE WAY FORWARD

3.5. Structures for prevention

With the opportunities for the prevention of unintentional injuries cutting across a wide range of agencies and occupations, effective and clearly defined leadership, coordination of planning and action, and good communication are key to success. These need to be coupled with a strong commitment to partnership working among relevant agencies. These prerequisites apply equally at national (Scottish Executive) and local (community planning area) levels.

In the Scottish Executive, the Health and Wellbeing Department, which has to provide the services to treat the casualties, is well placed to take the lead. It should ensure that there is a commitment to partnership working between the Directorates of the Executive that currently have – or should have – an involvement in this subject (within Health and Wellbeing, Finance and Sustainable Growth, Education and Lifelong Learning and Justice), that strategies and activities are coordinated and that effective channels of communication exist.

At local level, there is a need for clearly defined responsibility for preventing unintentional injuries to children, bringing together those responsible for health, roads, education, child and family welfare, play, environmental health, regeneration, housing and community safety. Coordination and communication are essential, both within and between agencies.

Local planning mechanisms, including community safety partnerships, community health partnerships and children's services plans, all provide opportunities for improved local coordination. Community safety partnerships should be encouraged to adopt injury prevention as a core priority. The role of the NHS in community safety partnerships should be strengthened through taking the lead for injury prevention.

For the greatest impact, preventive measures need to be integrated from top to bottom. From the national policy makers and funders to front-line staff in local government and health agencies: other partners may also include other statutory organisations such as the fire and coastguard services, the child-care sector, voluntary and community organisations, the private sector and, of course, parents, carers and children and young people themselves.

3.6. Using existing policy opportunities

Existing policy opportunities should be used whenever possible to provide a framework for injury prevention. The health and wellbeing of children and young people, including the need to keep them free from death and injury, are incorporated into many existing Scottish and UK policies. These policies cover a range of sectors, including health, transport, fire safety, education, child and family welfare, play and sport, regeneration, housing, environmental health and the environment more generally. This illustrates the breadth of agencies

with the responsibility and opportunity to act in this area. A list of the key policies and funding streams is presented in Annex A.

3.7. Long-term and short-term imperatives

Long-term and short-term approaches are needed to improve child safety in Scotland. These approaches do not overlap nor are they mutually exclusive.

In the long-term there is a need to change government policy so that the prevention of unintentional injuries becomes a priority – thus increasing funding, providing sustainability and improving efficacy of policies and practices.

In the short-term, the skills, opportunities and knowledge that already exist have to be built upon. These may include using non-injury policies and funding streams, such as regeneration and the inequalities agenda, and structures such as integrated children's services plans, community planning processes and community safety partnerships, to progress the subject.

3.8. Infrastructure needs

Accessible, relevant and timely data and information are needed to allow problems to be identified, solutions to be proposed, progress to be monitored and outcomes to be evaluated. Scotland is fortunate in having an emergency department information system (EDIS) in most hospitals, which can provide detailed information on children and young people attending their A&E departments. This information needs to be more fully exploited.

The processing and interpretation of data to guide action is a specialist activity that may benefit from a centralised team servicing the needs of local practitioners. The role of such a team could be extended to advising on the most appropriate interventions, supporting local programmes, undertaking research and carrying out complex evaluations.

At community planning area level, the staff who have to plan, manage, implement and evaluate programmes need appropriate skills and training. They also need to be able to share with, and learn from, the experiences of other workers across Scotland and beyond through effective channels of communication.

3.9. Reviewing progress

Strategies and activities should be reviewed and amended from time to time in the light of successes and failures. Numbers of deaths and injuries change and new hazards emerge. Public attitudes towards safety and lifestyles evolve, changing the priorities for action. Funding streams come and go, and structures and responsibilities in the public sector vary over time. Technological developments can result in new products and opportunities emerging that allow us to consider new solutions.

4. THE NEXT STEPS

To move forward from these general proposals, a national plan of action should be developed by the end of 2007. This plan should:

- set out the priority injury issues;
- suggest prevention programmes to be implemented nationally, with an agreed set of outcomes;
- identify clear lines of responsibility, nationally and locally;
- recommend performance indicators for local councils and health boards;
and
- advise on research needs to support effective injury prevention activities.

Acknowledgments

The work to prepare this plan has been funded by NHS Health Scotland, Scottish Executive (Enterprise, Transport and Lifelong Learning Department), NHS Greater Glasgow and Clyde, Scottish Accident Prevention Council and the European Child Safety Alliance. The project steering group, chaired by Elizabeth Lumsden of the Royal Society for the Prevention of Accidents (RoSPA), provided invaluable input and included the following members:

Celia Gardiner, NHS Health Scotland - who worked closely with Elizabeth Lumsden to represent Scotland at the European level
Mike Hayes, Child Accident Prevention Trust (CAPT) – who provided the focus for co-ordinating the comments and ideas that went towards the plan
David Radford, NHS Greater Glasgow and Clyde
John Russell, Scottish Fire and Rescue Services
Michael McDonnell, Road Safety Scotland
Jonathan Sher, Children in Scotland
Hazel Leith, RoSPA
Josie Isles, RoSPA
Alan Cowan, Association of Scottish Local Authority Health Improvement Officers
Professor David Stone (Observer)
Professor George Morris (Observer)

The timely project led by the European Child Safety Alliance (ECSA) – on which RoSPA and CAPT provide the UK input – enabled this work to commence. Under this project, ECSA is facilitating the development of action plans in 18 European countries.

ANNEX A – POLICY FOR CHILD INJURY PREVENTION IN SCOTLAND

There are close links between all of the policies in this annex but what is described here ranges from broad policy areas to very specific policy initiatives. In addition, though there are some over-arching principles, these agenda do not always fit very neatly together. This annex outlines relevant policies at present in Scotland, government policies that contain or may create opportunities for action in child injury prevention.

ROAD SAFETY

Tomorrow's roads - safer for everyone

In March 2000, the UK Government, the Scottish Executive and the National Assembly for Wales introduced new national road safety strategy and casualty reduction targets for 2010. The target, relating to child casualties, is by 2010 there will be a 50% reduction in the number of children killed or seriously injured compared with the average for 1994-98.

http://www.dft.gov.uk/stellent/groups/dft_rdsafety/documents/pdf/dft_rdsafety_pdf_504644.pdf

Transport (Scotland) Act 2001

Puts a Statutory Duty on local authorities to produce Local Transport Strategies.

<http://www.opsi.gov.uk/legislation/scotland/acts2001/20010002.htm>

The Traffic Calming Act 1992

Enables roads authorities to introduce a wide range of traffic calming measures.

Traffic Calming (Scotland) Regulations 1994 introduced 20 mph zones in Scotland.

Road Traffic Act 1988

Puts a Statutory Duty on local authorities to undertake studies into road accidents, and to take steps both to reduce and prevent accidents.

COMMUNITY FIRE SAFETY

Scottish Fire and Rescue Service Youth Development Plan (2007)

This document sets out the principles and priorities for improving communication and engagement between Scottish Fire and Rescue Service and young people.

www.scotland.gov.uk/Resource/Doc/1100/0045051.pdf

Fire (Scotland) Act 2005

The principle legislation setting the direction for fire safety in Scotland.

Fire and Rescue Framework for Scotland (2005)

The framework sets out the priorities for the Fire and Rescue Authorities (FRAs) to prevent fires and manage risk, including the development of Integrated Risk Management Plans (IRMPs). FRAs are required to develop a planned programme of community fire safety work, including evaluation, which responds to the needs and risks identified in their communities by the IRMP, and targets resources on vulnerable or high-risk communities.

Scottish Fire and Rescue Service Community Fire Safety Strategy (2005)

The strategy and development plan to reduce the risk from fire and other emergencies in Scotland, and a mechanism for delivering safer communities.

<http://www.scotland.gov.uk/Publications/2005/02/20739/53235>

HEALTH

Delivering a Healthy Future: An Action Framework for Children and Young People's Health in Scotland (2007)

This framework presents the Scottish Executive approach to delivering improvements in healthcare for children and young people in Scotland for the next ten years.

<http://www.scotland.gov.uk/Publications/2007/02/14154246/0>

Delivering for Health (2006)

This makes a specific call on the NHS to address health inequalities and reduce the inequality gap.

<http://www.scotland.gov.uk/Publications/2005/11/02102635/26356>

Health for all Children 4 (Hall 4) (2002)

Sets out proposals for preventive health care.

Health for all Children 4: Guidance on Implementation in Scotland (2005)

Here unintentional injuries are cited as the most common cause of death and a cause of considerable morbidity in children between the ages of 1 and 14 years. Reducing incidence, and the social class gradient, are highlighted by *Hall 4* as an important objective, requiring multi-agency collaboration and investment at national and local levels. *Hall 4* suggests that a home visit by a health visitor or other community worker following an unintentional injury to a child may help to prevent further incidents.

<http://www.scotland.gov.uk/Publications/2005/04/15161325/13312>

Health in Scotland (2004)

The Chief Medical Officer's Annual Report mentions *Injury in Children* below. It has a section on unintentional injury in children, which was highlighted in Health in Scotland 2002 as being a major cause of death and disability.

<http://www.scotland.gov.uk/Publications/2005/03/20877/54846>

Improving Health in Scotland: the Challenge (2003)

The Scottish Executive's vision for Health Improvement in Scotland. Setting out a framework to support a more rapid rate of health improvement across Scotland. Key objectives include health improvement programmes for early years and children.

<http://www.scotland.gov.uk/library5/health/ihis-00.asp>

Towards a healthier Scotland (1999)

This White Paper sets out the Government's vision for improving health for all in Scotland. Section 73 refers to safety and accidents with the following commitments: to develop national criteria for data collection; to encourage local inter-agency accident prevention work; to develop a website database of best practice.

<http://www.scotland.gov.uk/library/documents-w7/tahs-00.htm>

CHILDREN'S POLICY

Getting it right for every child: Implementation Plan (2006)

The Plan places a duty on agencies to be alert to the needs of children and to act to improve a child's situation; to co-operate with each other in meeting the needs of children and to establish local co-ordination and monitoring mechanisms;

<http://www.scotland.gov.uk/Publications/2006/06/22092413/0>

Integrated Children's Services Plans for 2005-2008

Plans are joint productions by local authorities, NHS Boards, police, local Children's Reporters, voluntary sector, community groups and children and families. Plans to include previously separate plans for school education, children's social work, child health and youth justice. Plans to cover both universal services (eg education and healthcare) as well as those services providing more specialist and intensive interventions to support vulnerable /at risk children and youth offenders. Local partnerships are invited to set out local vision shared objectives and priorities based on assessed needs, structures for multi-agency management and delivery and ways in which progress and outcomes are to be measured.

For Scotland's children: better integrated children's services (2001)

Revised guidance on children's services plans. Sets out strengths and weaknesses in existing services. Emphasises the importance of ensuring inclusive access for all children to relevant and universal services in health and education.

<http://www.scotland.gov.uk/library3/education/fcsr-00.asp>

Children (Scotland) Act (1995)

Section 19 of the Act requires local authorities, as corporate bodies, to plan for the provision of relevant services for children within their area through integrated children's service plans.

http://www.opsi.gov.uk/acts/acts1995/Ukpga_19950036_en_1.htm

EDUCATION

Curriculum for Excellence

Mentions developing children and young people's awareness of, amongst other areas, risks to health, and laying important foundations for their future life, including parenting.

<http://www.acurriculumforexcellencescotland.gov.uk/index.asp>

The Schools (Health Promotion and Nutrition) (Scotland) Act (2007)

A Bill to make provision about the promotion of health in certain schools and certain school hostels;

<http://www.scottish.parliament.uk/business/bills/68-SchoolsHN/index.htm>

COMMUNITIES

Working and learning together to build stronger communities (2004)

The Scottish Executive's guidance for community and learning development sets out a long term framework for its promotion and development.

http://www.communitiesscotland.gov.uk/stellent/groups/public/documents/webpages/cs_008336.hcsp

Safer communities through partnerships – a strategy for action (1998)

Along with crime, and the fear of crime, community safety should include other issues such as road and fire safety, and the provision of safe play areas.

COMMUNITY REGENERATION

In July 2004, when the Community Regeneration Fund was launched, the Scottish Executive identified objectives for individuals, groups and communities which form the basis for Closing the Opportunity Gap targets announced by Ministers in December 2004 to replace the Social Justice milestones. The objectives include improving the confidence and skills of the most disadvantaged children and young people and increasing the rate of improvement of the health status of people living in the most deprived communities.

Better communities in Scotland – Closing the Gap: the Scottish Executive's community regeneration statement.

<http://www.scotland.gov.uk/library5/social/bcis-00.asp>

COMMUNITY PLANNING

Community Planning is the process through which service providers work in partnership for better services for the communities they serve. Each partnership will have published a Regeneration Outcome Agreement.

www.communityplanning.org.uk

Engaging children and young people in community planning (2006)

This Advice Note aims to help Community Planning Partnerships (CPPs) and their individual partners to interpret their responsibilities under the Local Government in Scotland Act 2003 and other relevant legislation in relation to engagement with children and young people.

Local Government in Scotland Act (2003)

This places a duty on local authorities to initiate, facilitate and maintain the community planning process in consultation with public and community bodies: the text of the Act that made community planning a legal requirement:

<http://www.opsi.gov.uk/legislation/scotland/acts2003/20030001.htm>

RESEARCH

Injury in children: a research briefing paper (2004)

Briefing paper published by NHS Scotland and compiled by David Stone and Suzanne Jeffrey. Calls for a national strategy for child injury prevention to be developed as a matter of urgency.

<http://www.healthscotland.com/documents/429.aspx>

Towards a child injury prevention strategy seminar (2004)

Seminar report published by Health Scotland.

INTERNATIONAL POLICY

Child and Adolescent injury prevention: a global call to action (2005)

UNICEF has suggested that “For most of the causes of child injury deaths there are now proven strategies for prevention.”

<http://www.unicef.org/crc/crc.htm>

Children’s Environment and Health Action Plan for Europe (CEHAPE)

Regional priority goal II aims to prevent and substantially reduce health consequences from accidents and injuries and pursue a decrease in morbidity from lack of adequate physical activity, by promoting safe, secure and supportive human settlements for all children. It speaks of addressing the overall mortality and morbidity due to external causes in children and adolescents by:

(a) developing, implementing and enforcing strict child-specific measures that will better protect children and adolescents from injuries at and around their homes, playgrounds, schools and workplaces;

(b) advocating the strengthened implementation of road safety measures, including adequate speed limits as well as education for drivers and children, and enforcement of the corresponding legislation (in particular the recommendations of the WHO world and European reports on road traffic injury prevention)

http://www.euro.who.int/childhealthenv/policy/20020724_2

United Nations Convention on the Rights of the Child (1989)

Article 24 (e) requires signatories to ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents

<http://www.unhcr.ch/html/menu3/b/k2crc.htm>

Prevention of injury and promotion of safety recommendations

In December 2006, the European Parliament adopted a non-binding report on a list of recommendations addressed to the Member States on the prevention of injuries and to set out Commission tasks supporting the prevention of injuries as well as the promotion of safety.

<http://www.europarl.europa.eu/sides/getDoc.do?type=REPORT&reference=A6-2006-0398&language=EN&mode=XML>



Copies of this document can be downloaded from the following websites:



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