

## Children in Wales Cross-Party Group on Children

Tuesday 30<sup>th</sup> June 2015.

Ty Hywel

Welcome and introduction.

**Julie Morgan AM**, who chairs the Cross-Party Group on Children, welcomed everyone to the meeting, and introduced the speakers.

Presentation.

**Dr Sarah Jones** from Public Health Wales and **Karen McFarlane** Child Safety office at Children in Wales until June 2015, gave a presentation on the issues and concerns about children and young people's **Unintentional Injuries in Wales**.

### Current situation

In Wales, as in the rest of the UK, unintentional injuries are a major public health issue. They are the leading cause of fatal, serious and disabling injuries for children and are well documented as the leading cause of health inequity.

In a 2013 UK report, it was shown that Wales has the highest injury death rate for children across the four nations<sup>1</sup>. Within Europe, Wales also compares poorly and in a 2012 European assessment of 31 countries, Wales was ranked 24<sup>th</sup> in efforts to prevent unintentional injuries, with England rated as 8<sup>th</sup> and Scotland 11<sup>th</sup>.<sup>2</sup>

Welsh Government recognised the significant impact unintentional injuries have on children's lives and in *Our Healthy Future (2009)*, made the reduction of accidents and injuries one of their ten priorities for action. In 2013, Welsh Government again committed to the prevention of unintentional injuries and in their early years and childcare plan, *Building a Brighter Future (2013)* stated that they will;

- *Take a lead in early years injury prevention by considering the recommendations from the Burden of Injury in Wales report 2012 and the European Child Safety Report Card in order to reduce childhood accidents*
- *Develop an all Wales child injury prevention strategy that is coordinated across all services and settings to reduce the risk of child death and harm due to injury*

### Graduated Drivers licenses

Dr Sarah Jones focused on the benefits of a Graduated Drivers Licence (GDL), a system that allows new drivers to build up their driving skills and experience gradually, in well-defined, structured stages. Young and inexperienced drivers are known to be at high risk of serious and fatal crashes, for a variety of reasons, including young drivers' overconfidence, lack of experience, and propensity for risk-taking. GDL addresses these by providing a minimum-length supervised learning period and limiting exposure to some of the highest risk situations, such as night-time driving, for newly qualified drivers.

In Britain, it is estimated that GDL could prevent more than 400 deaths and serious injuries every year, and save the economy £200m annually through crash prevention (Graduated Driver Licensing: A regional analysis of potential casualty savings in Great Britain, RAC Foundation, 2014)<sup>1</sup>. Research suggests the public would willingly accept such a system, especially if introduced alongside good communications explaining the benefits of protecting young drivers from the situations where they face the most risk. A survey by RAC Foundation found two thirds (68%) of UK adults, and 41% of young drivers, support the introduction of GDL<sup>2</sup>.

### **Under 5s most at risk**

Karen McFarlane outlined the issues facing children under 5. While all children are at risk of unintentional injuries, however children in the early years age group are the most likely to attend emergency departments as the result of an unintentional injury.

Every year in Wales, around 65,500 children (0-4 years) attend emergency departments. Of these attendances, injuries account 43%<sup>3</sup>.

<b>All ED attendances 0-4 years (all causes)</b>	<b>65,500</b>
<b>Injury related 0-4 years</b>	<b>33,300</b>
<b><u>Unintentional injury related 0-4 years</u></b>	<b><u>28,700</u></b>

Unintentional injuries represent 86% of all injury attendances. Due to poor quality data and/or coding, it is believed that this figure is higher than reported.

In this age group, unintentional injuries represent 24% of all ED attendances who are admitted to hospital, regardless of cause. Of those attending as the result of an injury, around 10% are admitted to hospital.

For the under 5s, unintentional injuries most commonly occur in the home environment and are both predictable and preventable.

### **Deprivation and inequity**

The correlations between deprivation and unintentional injuries are extremely well documented. In Wales, children living in the least deprived areas account for 27% of injuries, compared to over 52% of injuries for those living in the most deprived areas. For specific types of injuries, this inequity dramatically increases. For example, children from the most deprived areas are 37 times more likely to die from a domestic house fire than those from the least deprived areas.<sup>4</sup>

The World Health Organization has shown that injury produces the greatest of all health inequality. Identified risk factors include greater exposure to overcrowding, hazardous environments, lack of safety equipment, sole parenthood, unemployment, young maternal age and low maternal education.<sup>5</sup>

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<sup>1</sup> [Graduated Driver Licensing: A regional analysis of potential casualty savings in Great Britain](#), RAC Foundation, 2014

<sup>2</sup> [Two-thirds support GDL to improve young driver safety](#), RAC Foundation, 2014

## **Impact and cost of unintentional injuries**

The impacts of unintentional injuries are significant and place enormous social and economic burdens on children, their families, the wider population and the services in Wales. Injuries can result in a variety of adverse outcomes, including reduced physical abilities, reduced educational attainment, cognitive, emotional and behavioural difficulties and an increased likelihood of being bullied or socially excluded.<sup>6, 7</sup>

For those living in poverty and disadvantage, the financial impact of injuries is significantly increased. The financial burden of travelling to hospital, outpatient appointments, additional childcare costs for siblings and unpaid leave from employment can be significant for families who exist on an already limited budget.

For Welsh Government, the financial burden of unintentional injuries is great. For children aged 0-4 years alone, the financial cost for ED attendance each year is £3.2m and a further £3.3m for those admitted to hospital. A total of £6.5m per annum.<sup>3, 8</sup> It should be noted that these are direct medical costs only and do not account for serious injuries or additional and specialised treatments. For example, the cost of the initial medical treatment for one severe bath scald is estimated to be over £172,000 (British Burns Association) and the lifelong costs for one severe head injury is estimated to be £4.9m.<sup>9</sup>

## **Effective Interventions**

In 2010, NICE set evidence based guidelines for the prevention of unintentional injuries in the home among children (PH 29 & PH30).<sup>10</sup> An overview of these recommendations are as follows:

- Strategic focus and commitment from Government at both national and local levels
- National and local injury prevention coordinators
- Development and training of the children's workforce
- Development of professional standards and curricula
- Provision of appropriate training
- Guidance on and implementation of home safety assessments
- National network providing up to date information, support and guidance

Following the presentation there was a discussion of the issues raised by the presentation and concerns were noted relating to the following issues.

- Concerns at the numbers of children and young people who experience unintentional injuries and how these numbers can be reduced.
- Concern that funding was not available in Wales to coordinate the work, as it was in the rest of the UK.
- As Unintentional injury prevention is seen as a statutory provision it is not possible to seek funding from charitable institutions to fund the work in Wales.

The meeting closed at 1.30pm.

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1. *Hardelid P, Davey J, Dattan N, Gilbert R, et al. (2013) Child Deaths Due to Injury in the Four UK Countries: A Time Trends Study from 1980 to 2010. PLoS One 8(7).*
2. *MacKay M and Vincenten J. Child Safety Report Card 2012 – Wales. Birmingham: European Child Safety Alliance, Eurosafe 2012.*
3. *EDDS. Emergency Department Data Set; CAPIC, Swansea University*
4. *Better Safe Than Sorry, Preventing unintentional injury to children (2007). Health National Report. Audit Commission.*
5. *World report on child injury prevention. World Health Organization. Geneva 2008.*
6. *<http://www.ditchthelabel.org/uk-bullying-statistics-2014/> annual bullying survey 2014*
7. *Gabbe BJ, Brooks C, Demmler J, Macey S, Hyatt MA, Lyons RA, The association between head injury and academic performance: Evidence from a population e-cohort study. JECH 2014, doi:10.1136/jech-2013-203427*
8. *Reference costs 2012-13. Department of Health. November 2013*
9. *Child Accident Prevention Trust. Available at: <http://www.makingthelink.net/costs-head-injuries>*
10. *Strategies to prevent unintentional injuries among children and young people aged under 15. National Institute for Health and Clinical Excellence (NICE). Public Health Guidance 29 and Public Health Guidance 30. November 2010)*