

Accidents and Deliberate Injuries in Children and Young People

Introduction

Injuries are a leading cause of hospitalisation for children and young people; they can be a source of long-term health issues (including mental health related to the experience) and represent a major cause of premature mortality for this age group.

Summary

Norfolk has a higher rate of injury hospital admissions in children and young people. The main causes are falls, poisoning and road traffic collisions. A multi-agency response is required to improve accident prevention and identify young people in need of support.

Headlines

Each year around 1,600 children aged 0-14 and 1,250 young people aged 15-24 are admitted to hospital because of an unintentional or deliberate injury in Norfolk. This is around 240 hospital *admissions* a month (i.e. admission to a ward), and the number attending A&E department or their GP will be greater still.

Norfolk has a higher rate than the regional and national average for hospital admissions for unintentional and deliberate injuries in children aged 0-14 (CYP) per population. The rate for older children is not statistically significantly different to national average but has risen over the last few years, are generally rising, unlike the national trend (see figure 1).

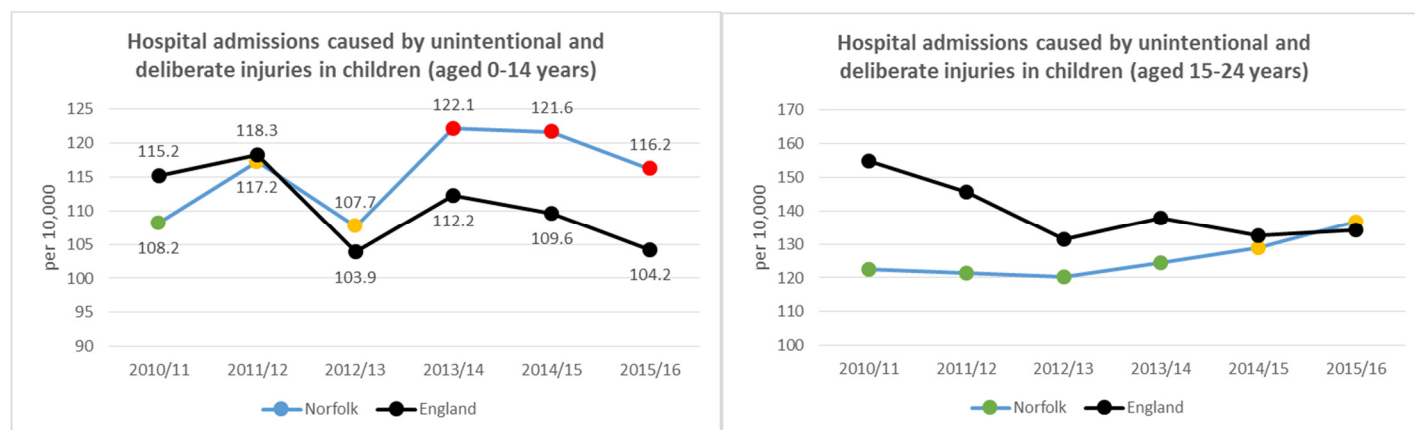


Figure 1: Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24. Source: Public Health England.¹

KEY: Markers are coloured red where they are statistically significantly higher than average, yellow where there is no significant difference and green where they are significantly low.

Cuts and bruises are the most common type of injury for all age groups. Other types of injury vary more with age, for example admissions due to 'foreign body' (i.e. a pea up the nose) are most common in the 0-4 age group. Poisoning becomes more common in the older age groups, especially the 15-19 year olds.

The most commonly recorded cause for accident and injury hospital admissions in Norfolk is a fall (27% of injury hospital admissions), followed by poisoning (25%) and road traffic collisions (9%).

¹ Public Health England Public Health Outcomes Framework: <http://www.phoutcomes.info/public-health-outcomes-framework#page/4/qid/1000042/pat/6/par/E12000006/ati/102/are/E10000020/iid/90284/age/26/sex/4>

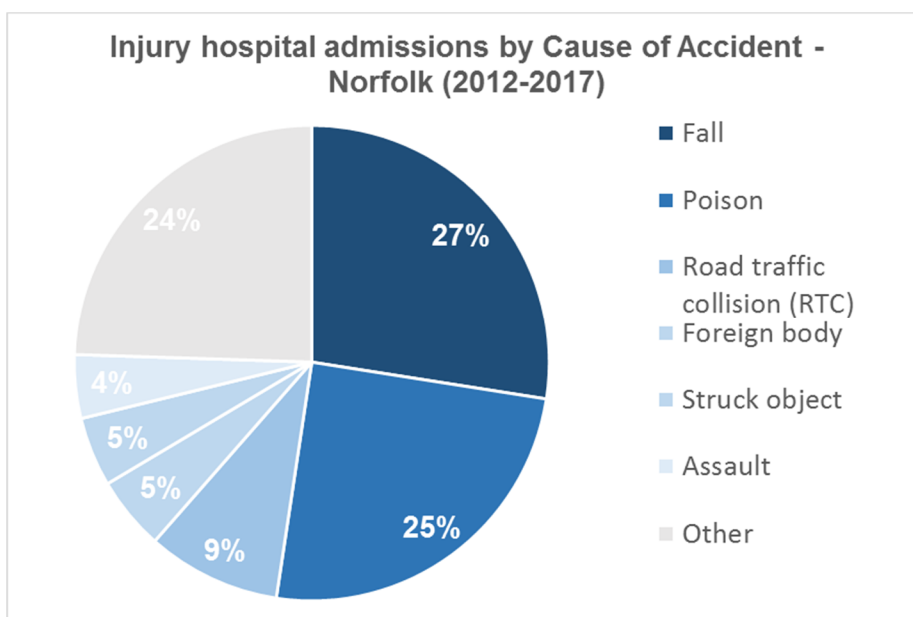


Figure 2: Injury hospital admissions by cause of accident. Source: Norfolk Hospital Episode Statistics 2012-2017.

Figure 2 suggests that action to address these issues should focus on preventing falls and reducing the number of poisonings. Figure 3 (below) demonstrates that this issue changes with age; falls, 'foreign body' and 'struck an object' are all common causes for injury in younger children. For older children road traffic collisions and violence are more of an issue, but the leading cause in older age groups is poisoning.

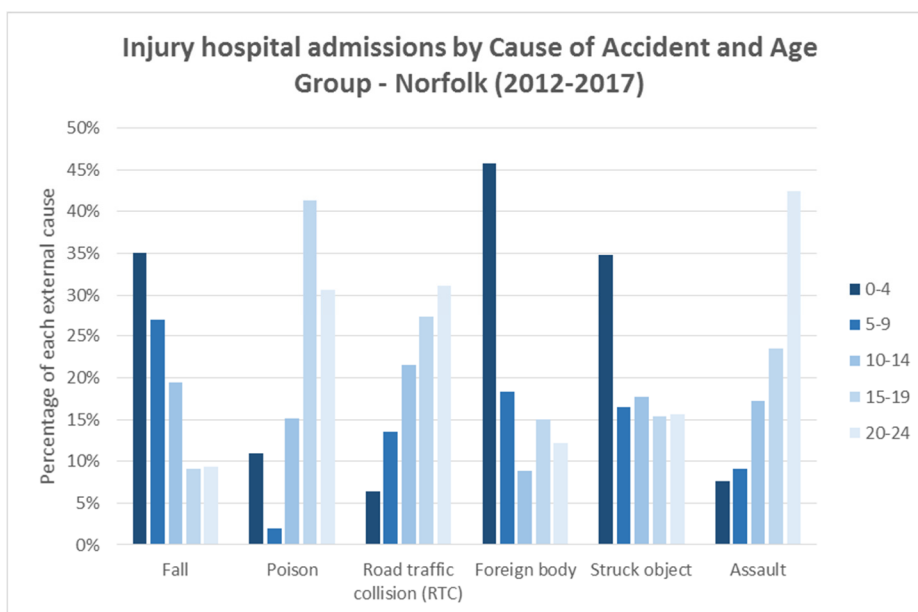


Figure 3: Injury hospital admissions by cause of accident and age group. Source: Norfolk Hospital Episode Statistics 2012-2017.

Poisoning is an issue that is particularly prevalent in the 15-19 age group, and also with 20-24 year olds. Overall 80% of poisonings were intentional (with the remaining unintentional 20% largely relating to the younger age groups). There were 2,829 admissions to hospital for children aged 11-24 for intentional poisoning in the five years between April 2012 and March 2017 in Norfolk. Three quarters of these were girls (76%). The substances most commonly used by young people to poison themselves were over-the-counter or prescription painkillers (accounting for 53% of poisoning) followed by other over-the-counter and prescription drugs like antiepileptic drugs or sedatives. Very few are caused by alcohol or narcotics.

There were over 300 further hospital admissions of young people recorded with the cause as 'self-harm' - although some other injuries may have related to self-harm but not disclosed as such. This is likely to represent a small proportion of self-harm incidents as many would not require admission to hospital.

Influences on Health and Wellbeing

The most obvious reason for reducing injuries is the benefit to children and their families. The personal costs of an injury can be devastating; for example, a toddler's severe bathwater scald will require years of painful skin grafts, or a fall at home can result in permanent brain damage. The injuries can have major effects on education, employment, emotional wellbeing and family relationships. In addition there are also significant costs to local authorities and to society as a whole; for example, a traumatic brain injury (TBI) to a child under five from a serious fall may result in acquired disabilities which lead to high education and social care costs as well as loss of earnings to families and benefit costs to the state. The approximate lifetime costs for a three-year-old child who suffers a severe TBI is £4.89m.²

Social, environmental, population context

There is a link between this issue and deprivation with injury-related hospital admissions in children and young people more common in more deprived parts of Norfolk (142 per 10,000 in the most deprived compared to 104 per 10,000 in the least deprived). Health inequalities can be tackled via antipoverty strategies; the Marmot review into reducing health inequalities in England advocates targeting deprived areas with 'proportionate universalism', i.e. targeting resources on a sliding scale proportionate to level of disadvantage.³

Current services, local plans and strategies

All services for children and families play a role in accident prevention, including: midwives, Health Visitors, Children's Centres, GPs Social Workers and other early years' services, schools, school nurses, Child and Adolescent Mental Health Services, A&E and hospital staff and voluntary organisations.

Many Children's Centres in Norfolk offer "Save a baby's life" courses as well as road safety awareness and car seat safety checks. Some are also offering home safety checks to more vulnerable families and all use their 'hardship funding' to support purchases of safety equipment e.g. stair gates. Promoting accident prevention is covered in the service specification for Children's Centres in Norfolk.

Health Visitors have a primary and secondary role in the prevention of accidents for young children. They are in a unique position to raise parental awareness of the risks and to provide clear, practical and accurate safety advice. Health Visitors can raise safety issues with parents at universal contacts (such as the child development checks) and during targeted follow-up after A&E attendances. Health Visitors work with Children's Centres to ensure that safety messages are promoted across early years settings and are consistent and tailored to the needs of the local population.⁴ The Health Visiting service is commissioned by Norfolk Public Health and the provider (Cambridgeshire Community Services NHS Trust) are required to complete a quarterly audit of responses to A&E attendance notifications. This encourage focus on the pathway and supports appropriate follow up by Health Visitors when a child attends A&E.

In older children self-harm is a leading cause of injury hospital admissions. Self-harm is not usually a suicide attempt or a cry for attention, instead it is often a way for young people to release overwhelming emotions. Self-harm is the fourth most common reason that children and young people contact Childline.⁵ Schools, School Nurses, GPs, youth groups, social workers and specialist services such as the Child and Adolescent Mental Health Services need to work together to identify children who are self-harming and provide support to them and their families.

There is a safeguarding aspect to this issue, attendances to A&E for injuries (especially multiple attendances) may be a cause for concern and all staff should understand their responsibility to report any concerns. Anyone who is concerned that a child is suffering, or is at risk of suffering, serious harm should contact their local Children's Services department immediately (see below for contact details).

² PHE, RoSPA, CAPT (2014) Reducing unintentional injuries in and around the home in children aged under five years. Public Health England.

³ Marmot M. Fair society, healthy lives. The Marmot review. Strategic review of health inequalities in England post 2010. 2010.

⁴ Department of Health (2014) Early Years High Impact Area 5 – Managing minor illness and reducing accidents (reducing hospital attendance/admissions). Department of Health.

⁵ NSPCC, Childline figures for 2014/15. <https://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/self-harm/>

Considerations for HWB and commissioner

The rate of hospital admissions for accidents and injury in children and young people should be monitored as it is an indicator for how well accident prevention is working in the county.

The prevention of accidents and injuries in children and young people requires a multi-agency response. There is a need to ensure that Health Visitors, Children's Centres, GPs Social Workers and other early years' services, schools, school nurses, Child and Adolescent Mental Health Services, A&E and hospital staff are appropriately equipped to give advice on preventing accidents in the home and ensuring children are safe and protected.

A focus on accident prevention in children can be encouraged through the way services are commissioned, and therefore it should feature in service specifications and associated performance management frameworks.

A recent joint report between Public Health England, The Royal Society for the Prevention of Accidents and the Child Accident Prevention Trust noted that injury reductions can be achieved at low cost. Local authorities can strengthen their existing work by prioritising the issue and mobilising existing programmes and services through leadership, co-ordination and training. NICE guidance PH29 (Strategies to prevent unintentional injuries among the under-15s) and PH30 (Preventing unintentional injuries among under-15s in the home: costing report) offer a valuable framework for shaping the work.⁶

References and information

Public Health Outcomes Framework:

<http://www.phoutcomes.info/public-health-outcomes-framework#page/3/gid/1000042/pat/6/par/E12000006/ati/102/are/E10000020/iid/90832/age/28/sex/4>

Child Accident Prevention Trust

<http://www.capt.org.uk/>

Royal Society for the Prevention of Accidents

<http://www.rosipa.com/>

Author and key contacts

Claire Gummerson, Public Health Information Officer, Norfolk County Council

Claire.gummerson@norfolk.gov.uk

Anne-Louise Ollett, Public Health Information Officer, Norfolk County Council

Anne-louise.ollett@norfolk.gov.uk

Online feedback:

Send us your query or feedback online using our online feedback form at

<http://www.norfolkinsight.org.uk/feedback>

Email: JSNA@norfolk.gov.uk

Publication date

20th November 2017

⁶ Available at: <http://www.nice.org.uk/guidance/ph29> and <http://www.nice.org.uk/guidance/ph30>