



Department  
of Health

# High Impact Area 5: Managing minor illnesses & reducing accidents

Health visitor programme

**Title: High Impact Area 5: Managing minor illnesses & reducing accidents**

**Author: Directorate/ Division/ Branch acronym / cost centre**

Public and International Health Directorate/ International Health and Public Health Strategy/ PHPSU / 10100

**Document Purpose:**

Engagement

**Publication date:**

03/15

**Target audience:**

Directors of Public Health – Upper tier Local Authorities  
Directors of Children’s Services – Upper tier Local Authorities  
Local Authorities  
Health Visitors

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March 2015

# National: Safe as Necessary

## HIA 5: managing minor illnesses & reducing accidents

Sheila Merrill

Keeping children safe in and around the home is every parent's and carer's priority, but we know that from the moment a new baby is home, an infinite number of hazards and risks can lead to unintentional injuries. RoSPA is a firm believer that accident prevention can save lives and reduce injuries, so what more can be done to keep children safe?

Every year in the UK, more than 5,000 people die in accidents in the home and 2.7million people end up at emergency departments needing treatment. Accidents are the principal cause of death for children and young people aged 0-19 years old – in 2012, there were 464 accidental deaths in this age group across the whole of the UK. Sadly, under-5s are particularly at risk – 80 of the children who were killed in an accident in 2012 were in this age bracket.

In terms of A&E, more than 450,000 under-5s a year attend emergency departments and 40,000 are admitted to hospital as a result of an accident in and around the home again a large percentage of these are under the age of five.

Some of the common and devastating accidents to families, particularly children, include falls, burns, scalds and poisonings by medicine or cleaning products that have not been locked away. We have extensive advice and tips for health practitioners, along with resources, posters and videos available to download on the [RoSPA website](#).

The Marmot Review<sup>1</sup>highlighted the social gradient in health, with lower health outcomes for lower socio-economic groups. Among health outcomes, injuries *“are not only one of the major causes of premature death but are also considered as one of the causes of mortality with the steepest social gradient”*<sup>2</sup>.

Socioeconomically disadvantaged families have been shown to have more unsafe practices than more affluent families<sup>3</sup>. Fortunately, there is also evidence that targeted home safety education and home visitation programmes are *“effective in influencing the uptake of a range of safe practices, including for example, safe hot tap water temperatures, functional smoke alarms or storing medicines and cleaning products out of reach”*<sup>4</sup>.

Health visitors and early years' staff, along with other agencies including the fire and rescue services, children's centres and the public health workforce, all play a vital role in taking safety messages to vulnerable, low-income families. Unfortunately, time is limited and accident prevention is not always the main priority so the combination of delivering targeted interventions on the main accident areas among the most vulnerable will be the most effective.

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<sup>1</sup> [1] Marmot Review, 2010: <http://www.instituteofhealthequity.org/Content/FileManager/pdf/key-messages-fshl.pdf>

<sup>2</sup> [2] Laflamme et al, Socio economic differences in injury risks  
[http://www.euro.who.int/\\_data/assets/pdf\\_file/0012/111036/E91823.pdf](http://www.euro.who.int/_data/assets/pdf_file/0012/111036/E91823.pdf)

<sup>3</sup> Hapgood et al: How well do socio-demographic characteristics explain variation in childhood safety practices? (2000)

<sup>4</sup> Kendrick et al: Home safety education and provision of safety equipment for injury prevention (2007)

Having said that, RoSPA does not advocate that children are wrapped up in cotton wool and it has to be accepted that you cannot remove all the risks related to everyday living. Our philosophy is that life should be *as safe as necessary, not as safe as possible*.

In terms of educating families, remind them that it helps to get down on their knees on the floor and take a look around from a child's perspective. Suddenly, they will notice things like sharp edges on tables, stray plastic nappy sacks that a baby could suffocate on or hot drinks – a particular concern as the most severe injuries to children are often due to burns and scalds. A hot drink can still scald a child 15 minutes after it has been made.

It is also important to highlight that a child resistant cap on medication and household products does not mean that it is child resistant. The aim of these caps is to give a little time in which parents and carers may spot that a child is accessing a potentially dangerous substance. The simple solution is to store household cleaning products and medication out of reach in a secure cupboard.

Once simple hazards that are often overlooked are recognised, that's when something can be done about reducing or removing the risks.

RoSPA's ethos is that you cannot remove all the risks and it is about safety in proportion. The most important safety guard for any young child is supervision as accidents often happen when an adult has left the room.

Visit [www.rospace.com](http://www.rospace.com) for more accident prevention information and advice.

By Sheila Merrill, public health adviser for [The Royal Society for the Prevention of Accidents](http://www.rospace.com) (RoSPA)

# Newham: 'A day in the Life' – Tackling inequality

**Newham : Sheringham Nursery School and Children's Centre**

**HIA 5: Managing minor illnesses and reducing accidents**

**Dr Julian Grenier, headteacher**

It's a typical Monday morning at Sheringham Nursery School and Children's Centre. In the reception space, the flow of parents and young children surges and then trickles. First there are the 90 children coming to our nursery school, some stepping up their pace and looking excitedly for friends, others hanging back or clinging that extra bit more tightly to their mum or dad for a few last moments. The nursery team are making porridge with the children this morning. Soon, the Forest School team will be getting ready to spend a couple of hours with a group of children in the wild corner of the local park we've made our own. Just once in a while a parent needs a reminder that we are a no-mobile zone – we're all here to listen and talk to the children. These are just some of the ways the nursery school has worked closely with health colleagues to boost children's health and development in early communication, nutrition, fitness and stamina.

Across the other side of the building, the Parent and Toddler group is filling up. Run by our outreach team, we now have a Health Visitor present once a week. She is there to talk to parents informally as their children play, and already she is fielding questions about nutrition and immunisations. Parents are encouraged to bring their Red Book to Children's Centre sessions, and this helps us to check whether a development check is coming up, or has been missed and needs rebooking, and whether children are up to date with their immunisations.

In this corner of Newham, east London, children face multiples disadvantages. There is a very high rate of child poverty. Health outcomes, for both adults and children, are much poorer than typical for London. Housing is extraordinarily overcrowded, with two or three families living in small terraced houses.

Yet there is a different story to tell, too. Newham has made huge investments in integrated early years services over the years, and its education system is achieving tremendously well: children who attend the Children's Centre will go on to do better than the average English child by the end of their primary schooling. GCSE results in Little Ilford Secondary School, five minutes up the road, are well above the national average.

Of course, we want to do better, and the rise in Health Visitor numbers is key to achieving our ambitions. We are seeing attendance in nursery and the local reception classes rise, as parents take on messages about managing minor illnesses. Obesity rates by the end of Reception are falling steadily. So many parents now access the Child Health Clinic in the Children's Centre that it is staffed by three Health Visitors and reaches thirty families per session. Fortnightly multi-professional practice meetings for Health and Children's Centre staff are enabling swifter information sharing. We can offer extra help now without getting bogged down in long referral trails.

Ultimately, we will need to work more systemically to tackle child poverty and to improve housing, if we want to make a real difference to health inequality in East London. Meantime, the commitment of local health, Children's Centre and education professionals to partnership

working and community engagement is making a real difference to the life chances of young children in Newham.

*Dr Julian Grenier is the headteacher of Sheringham Nursery School and Children's Centre and is a National Leader of Education. [www.sheringham-nur.org.uk](http://www.sheringham-nur.org.uk)*