

Consultation Feedback Report: Reducing Avoidable Injuries in Children and Young People: A Strategy for Nottingham and Nottinghamshire 2014-2020

Information for the Reader	
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1. INTRODUCTION

Avoidable injuries in children and young people in Nottingham and Nottinghamshire is a priority see [insert URL for final strategy](#).

The strategy has been developed in partnership by the Avoidable Injuries Strategic Partnership for Children & Young People (Nottingham and Nottinghamshire). A draft of the strategy was then consulted upon widely with the public, patients, organisations and various stakeholder groups.

This paper outlines the processes undertaken, details who responded, what the key themes raised were and how we have responded to that feedback.

2. CONSULTATION OVERVIEW

A draft strategy and a short version of the strategy were put on both Nottingham City Council and Nottinghamshire County Councils websites with links to questionnaires. Paper copies were sent to all children's centres, notices were put into local press and the links to the consultations circulated as widely as possible within professional networks. Children's Centre staff also raised the profile of the consultation with their client groups.

The draft strategy for consultation purposes and the consultation questions are available in appendices 1 & 2.

2.1. Response rate

We received 282 responses from the public, 15 in printed/postal version the rest online, several of these were on behalf of an organisation, community group, or as an individual from within one of these agencies as follows;

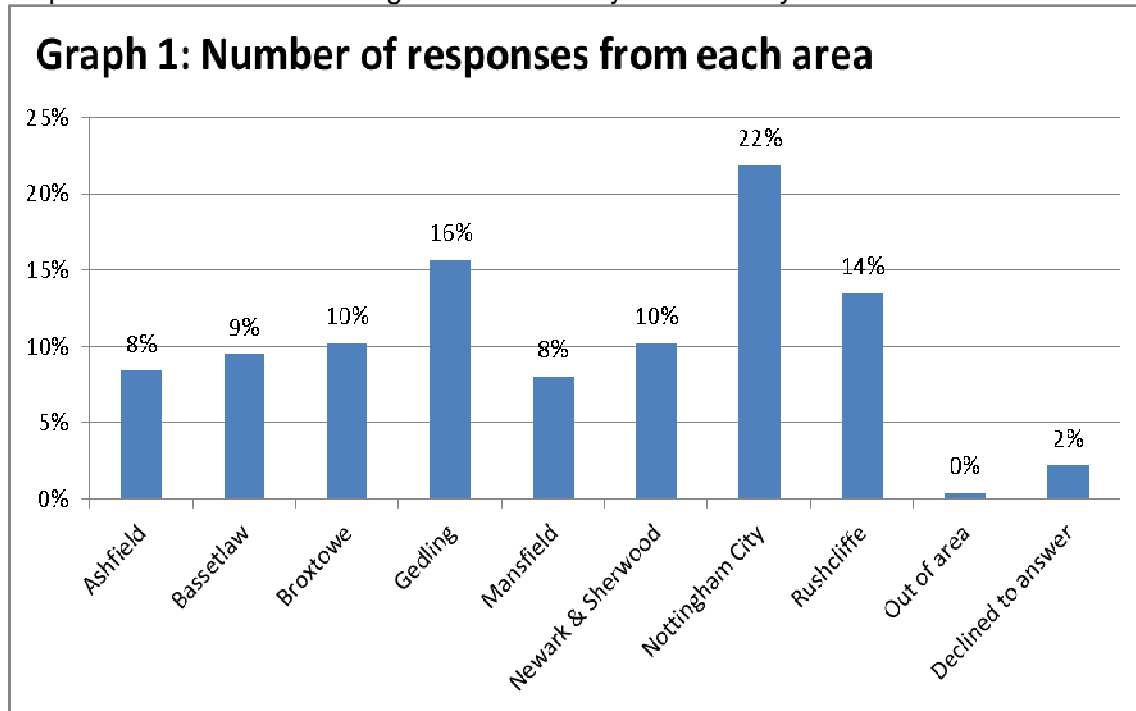
- Ashfield Home Safety Project
- Advanced rider coaching
- Warsop Info Tech Group
- Beauclark House (Manage children's homes)
- African Institute for Social Development (AISD)
- Childhood Accident Prevention Trust (CAPT)
- Institute of Home Safety
- Notts Scouts
- Sure Start Children's Centre
- University of Nottingham (Childhood accident prevention researchers)
- CCGs

In addition we also received collective responses from;

- Children's Integrated Commissioning Hub (Nottinghamshire)
- Children's Trust Board
- Health & Wellbeing Implementation Group
- Road Safety Partnership

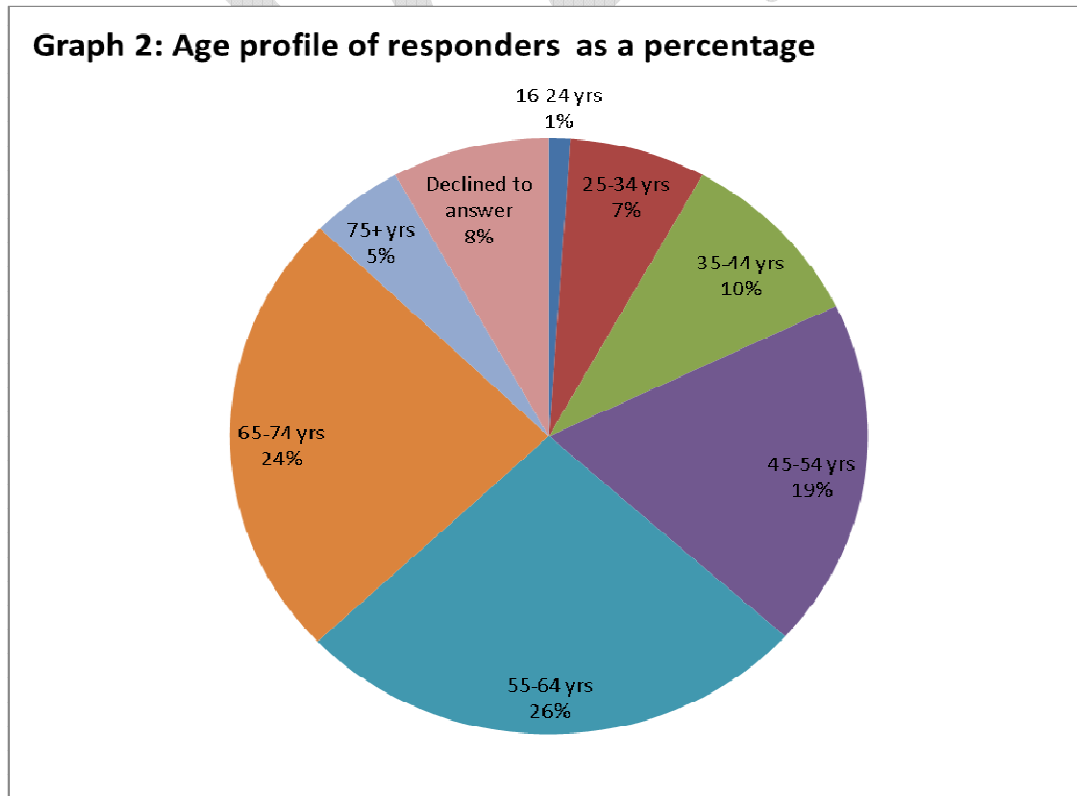
3. WHO RESPONDED

The responses from each of the respective areas is broken down in Graph 1, 75% of responders came from Nottinghamshire County cumulatively.



Around 96% of respondents identified as White – English, Scottish, Welsh, Irish British. In terms of gender 45% were female and 44% were males with 9% declining to answer.

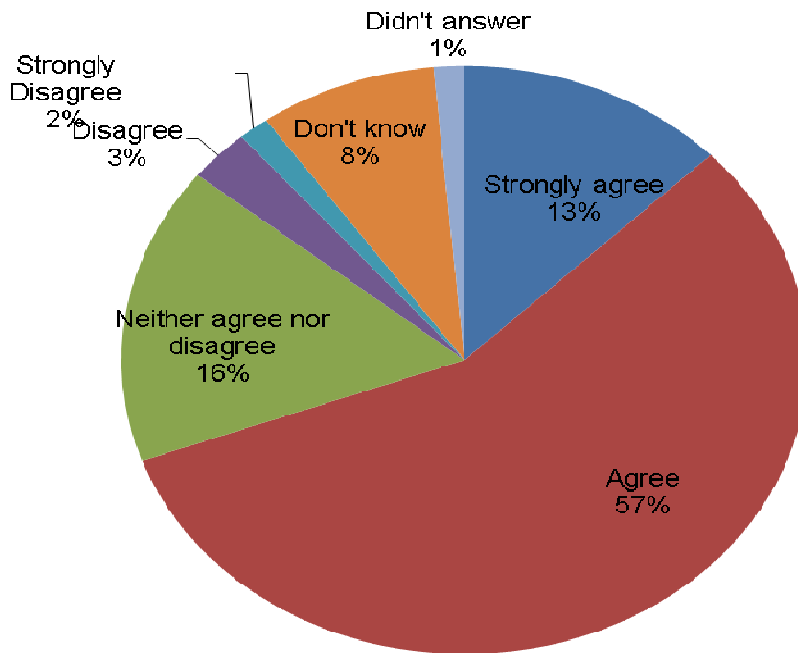
The age profile of responders is in Graph 2; 54% of responders were aged over 55yrs.



4. THE FINDINGS

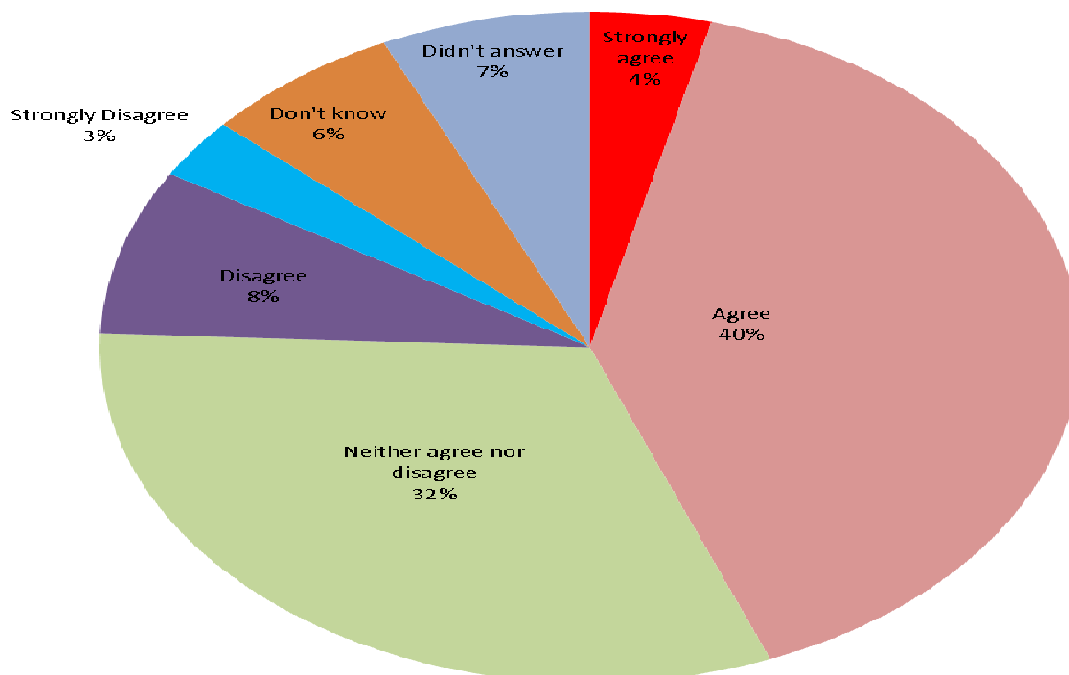
Responders were asked if they thought the objectives outlined in the strategy were the right ones to achieve the strategic aim, 70% of responders either agreed or strongly agreed with the statement only 5% disagreed or disagreed strongly, full breakdown is in Graph 3.

Graph 3: Do you think these are the right objectives to achieve the strategic aim?



Responders were asked if they thought the principles outlined in the strategy were the right ones to achieve the strategic aim, 44% agreed or strongly agreed with 11% disagreeing or disagreeing strongly the full breakdown is in Graph 4.

Graph 4: do you think these are the right guiding principles?



5. COMMON THEMES & OUR RESPONSE

5.1. Greater emphasis on frontline professionals

Feedback: stated that the strategy should acknowledge the work and dedication required from frontline staff who would ultimately deliver much of the awareness raising and risk assessments with parents and young people.

Our response: We agreed with this and have enforced this within the revised document the strategy now lists the key professionals and the importance of their roles in achieving the aims.

5.2. Training for frontline staff

Feedback: encouraged multi-professional training as a rolling program to ensure that frontline staff in key agencies are kept up to date with developments, skills are maintained and to facilitate better partnership working.

Our response: The action plan within the strategy has an action for staff training to be reviewed and scope to see what might be done.

5.3. More detail on governance and monitoring

Feedback: was that it was not clear who the strategic partnership would report to and how that fit with other groups.

Our response: the strategy has an additional section dedicated to this and a diagram to highlight lines of accountability and information sharing.

5.4. Awareness raising activities and personal/parental responsibility

Feedback was around a theme of ensuring parents and young people are risk aware and can make risk assessments to better avoid injuries. Many respondents wanted to see individuals taking responsibility for themselves or their children and increase personal responsibility rather than relying on local authorities to do this.

Our response: It was always the groups aim to raise awareness of risks and to support and empower parents and children to be able to risk assess and avoid injuries. We have changed some of the objectives and principles to more clearly reflect this.

5.5. Resources and funding

Feedback: commentators' asked how this strategy would be funded. Some made statements as to how or why this was a priority for the councils to fund this programme at this time given cuts and austerity measures.

Our response: There is an action within the strategy to galvanise resources and to source/identify funding opportunities. At this stage no finance has been sought from any organisation. Reducing avoidable injuries is a public health outcomes priority area.

5.6. Co-ordination of activities

Feedback: Commentators agreed that co-ordination of efforts was of paramount importance, but questions were raised as to who would take the lead to co-ordinate the activities across all agencies as this was not clearly defined in the strategy.

Our response: Public health has taken a lead to co-ordinate the strategic approach thus however the general approach to co-ordination is one of collaboration across a range of agencies and the strategy reflects this.

5.7. Targeting vs universal provision

Feedback: some responders felt that resources should not be targeted at only the disadvantaged socio economic groups or areas for several reasons;

1. Targeting may alienate some groups
2. Provision should be across the board as children from all backgrounds get injured

Our response: It was never the groups intention to aim interventions solely at specific groups, the strategy intended to adopt a proportionate universalist approach (covers all groups but increases support to groups with more needs); in light of limited resources it did aim to work with areas with the highest incidence of injury first. The strategy has been amended to reflect this more clearly.

5.8. Greater focus on working locally

Feedback: the strategy should focus on working with, resourcing and empowering local communities, local community groups and local partnership groups working in communities to deliver awareness raising and training sessions.

Our response: this focus on localities is now better reflected in the revised strategy.

5.9. Age range of individuals covered by strategy

Feedback: A question was asked as to why the age range was 0-17yrs and not 0-25 as per Chief Medical Officers (CMO) report & Public Health England (PHE) guidelines.

Our response: the reasons for the 0-17yrs age range are clearly outlined within the revised version of the strategy.

5.10. What do you mean by leisure

Feedback: respondent asked if by leisure we meant monitoring of leisure centres, swimming pools etc.

Our response: When we stated leisure we meant any time **not** in the home, **or not in** school/formal setting such as sport clubs, leisure centres or on the road where incidents may occur. This theme would include railway safety or swimming in lakes/disused quarries etc as examples. This is now more clearly defined within the revised strategy.

5.11. Other points

There was good support for imposing speed limits in urban areas especially near schools; this was defined separately within the principles.

Burns, scalds and falls especially in under 5's required further details and specific objectives – this was carried out.

The strategy did not stipulate what the causes of the 8 deaths were – this now has further details.

6. ACTIONS SUGGESTED BY RESPONDENTS

A variety of actions were suggested by respondents these will be considered by the partnership and actioned as appropriate. The following were suggested;

- Awareness raising campaigns in a variety of settings including; workplaces, cafes, libraries, pubs, on buses etc
- Provide risk assessment training and awareness for children and parents as appropriate and increase ability to take responsibility for accident/injury prevention
- Training for frontline staff
- Increase provision in school
- Reflective clothing for pedestrians and cyclists
- Improve road infrastructure and encourage/enable active travel
- Make the link with alcohol use in families and injuries
- Use technology to engage with young people

- Offer advice to parents and children attending A&E who have received an avoidable injury or other providers with information and support on how to avoid injuries in the future
- Use students to create videos, posters and to develop campaigns (media students in colleges or school age students)
- Increase resources such as health visitors and children's centres staff so that they have more time with families to cover such matters
- Produce and publish good practice guides/guidelines – electronically and physically
- Focus on children and young people with disabilities
- Link to active travel plans

7. APPENDIX 1: DRAFT OF STRATEGY FOR CONSULTATION



Consultation Draft
Strategy AI CYP V15

8. APPENDIX 2: CONSULTATION QUESTIONNAIRE



Questions paper
copies.docx