

**REPORT ON THE REVIEW OF THE HOME
ACCIDENT PREVENTION STRATEGY
& ACTION PLAN 2004 – 2009**

May 2011

INDEX

CONTENTS	PAGE
Section 1: Introduction	3
Section 2: The Strategy	4
Section 3: Strategy aim, objectives and implementation	5
Section 4: Review of Progress	7
Section 5: Recommendations	17
Appendix: Synopsis of Progress on Strategy's Actions	18

SECTION 1

1. INTRODUCTION

1.1 Overview

A Home Accident Prevention Strategy and Action Plan 2004 – 2009 was published in November 2004 (the Strategy). As the Strategy has reached the end of its 5 year lifespan, the Department of Health, Social Services and Public Safety (DHSSPS) facilitated a review of the Strategy. The Review was managed by the DHSSPS and the Home Accident Prevention Strategy Implementation Group comprising key organisations and stakeholders. Over the duration of the Strategy, there have been personnel changes in many of the organisations represented on the Strategy Implementation Group, and it is considered that there is a sufficient number of new members on the current Implementation Group to enable it to undertake and quality assure the review.

1.2 Methodology and Approach

The following approach was agreed:

- Stage 1: Review of relevant information
- Stage 2: Consultation with relevant stakeholders
- Stage 3: Report

1.3 Structure of Report

The Report is laid out in 5 sections which best convey information gained from consultation of the Strategy Review. The structure of the Report is as follows:

- Section 2: The Strategy
- Section 3: Strategy aim, objectives and implementation
- Section 4: Review of Progress
- Section 5: Recommendations
- Appendix: Synopsis of Progress on Strategy's Actions

SECTION 2

2. THE STRATEGY

This section of the Report looks at the background to and content of the Strategy.

2.1 Background

The Northern Ireland Executive, in its Programme for Government – Making A Difference 2002-2005 under the theme “Working for a Healthier People”, gave a commitment to promoting public safety by reducing the number of injuries and deaths caused by accidents at home, at work and on the road.

The *Investing for Health* Strategy, published in March 2002, provided the framework for the Government’s approach to improve health and wellbeing and reduce health inequalities. It identified the need to reduce accidental injuries and deaths, and gave a commitment to develop a Home Accident Prevention Strategy. The Strategy was published in November 2004.

The overall aim of the Strategy is ***“To reduce the number of accidental deaths and injuries in the home”***.

The Strategy identified 4 key areas for action:

- Policy Development
- Improving Awareness
- Improving Training
- Accident Information

The actions require concerted collaborative efforts from a number of Departments, Boards, Trusts and Agencies including the non-statutory sector.

2.2 Implementation Group

In May 2005 the DHSSPS established a multi-agency Home Accident Prevention Strategy Implementation Group to manage the implementation of the Strategy. The Group is chaired by the Northern Ireland Home Safety Manager, Royal Society for the Prevention of Accidents (RoSPA) and includes representation from the health and social care sector, Northern Ireland Fire and Rescue Service (NIFRS), Northern Ireland Housing Executive (NIHE) and local councils.

SECTION 3

3. STRATEGY AIM, OBJECTIVES AND IMPLEMENTATION

This section of the Report looks at the Strategy's aim and objectives and the support structures, frameworks and processes put in place to direct and support its implementation.

3.1 Strategic Aim

The overall aim of the Strategy is to reduce the number of accidental deaths and injuries in the home. It was recognised that this aim would take time to achieve and therefore the 5 year action plan would represent only the first phase of a long term strategy to increase people's awareness of the dangers and to highlight ways to prevent home accidents.

3.2 Objectives

The key objectives of the Strategy are:

- To reduce home accidents, particularly in those most at risk
- To raise awareness of the causes of home accidents and promote effective preventative measures to reduce such accidents
- To promote and facilitate effective training, skills and knowledge in home accident prevention across all relevant organisations, groups and individuals.

3.3 Priorities

The Strategy is aimed at the population as a whole. It also recognises that particular groups are more at risk and it is important to target the socially disadvantaged, children and older people.

3.4 Home Accident Prevention Strategy Implementation Group

As required by Action 1 in the Strategy the DHSSPS established a multi-agency Home Accident Prevention Strategy Implementation Group to provide advice and strategic direction on the implementation and monitoring of the Strategy and its action plan.

3.5 Key Roles for Action

The Strategy identifies the lead organisation responsible for taking forward each of the 14 actions.

3.6 Reporting and Monitoring Progress

The Strategy provides for the Home Accident Prevention Strategy Implementation Group to report progress on implementation of the Strategy through DHSSPS to the Ministerial Group on Public Health (MGPH). (MGPH

is chaired by the Minister with responsibility for DHSSPS and its membership comprises senior representatives from all Departments. MGPH was responsible for the development of *Investing for Health* and has responsibility for co-ordinating and monitoring its implementation and associated health improvement strategies). A Review of the Strategy was planned after 5 years.

3.7 Funding

The DHSSPS has made available £300k recurrently to the Public Health Agency (previously the 4 legacy Health and Social Care Boards) towards implementation of the Strategy. Significant financial contributions have also been provided by other stakeholders towards implementation of the Strategy. It is acknowledged that actions to implement the Strategy could not have taken place without this financial support. It is noted that the funding has been utilised in a number of ways. For example, funding has been provided towards dedicated posts or projects; some programmes have received joint funding; and for some initiatives, funding has been drawn from other funding sources which are linked and help support implementation of the Strategy e.g. falls prevention and physical activity.

In addition the DHSSPS provides funding towards the central administrative costs of the Belfast Office of RoSPA.

SECTION 4

4. REVIEW OF PROGRESS

4.1 Overview

A key element of the review was consultation with key stakeholders. This section of the Report summarises the key findings as a result of those consultations and an overview of the progress towards meeting the Strategy's overall aim.

4.2 Consultation

The Strategy Implementation Group developed a list of stakeholders involved in the delivery or implementation of the actions within the Strategy. A template questionnaire was developed to gather information on home injury prevention initiatives/programmes and outcomes during the 5 year life of the Strategy. Each questionnaire gathered information on stakeholder's knowledge of what progress has been achieved in implementing the actions in the Strategy. This was explored in terms of specific outcomes and learning in the process. The scoping exercise to analyse activity against the Strategy's actions was taken forward by Bisp Training and Consultancy. The initial stage of the process included desk research using information already submitted with follow up contact by email and telephone to fill in information gaps and clarify activities and outcomes. The process of collating the information was challenging as many key personnel have moved onto other positions, for example due to the structural changes in the health and social care sector organisations.

4.3 Strategy's Actions

In line with the Strategy's actions; services, programmes and initiatives have been developed by the key delivery partners in the statutory and voluntary sectors. Multi-agency Accident Prevention Groups have been established to oversee local implementation plans.

Policy Development - A pilot scheme run by the Housing Executive in collaboration with RoSPA and the *Investing for Health Partnership* in the Northern area provided families with children under five with thermostatic mixing valves (TMV) which control water temperature and help prevent scalds and poison cabinets funded by DETI. The TMV Scheme has since been rolled out to the remaining council areas in the Northern Trust area assisted by additional funding from the Trust. The installation of TMVs has now been mainstreamed and will form part of the NIHE's bathroom replacement programme subject to funding.

Legislative change similar to that implemented in Scotland to make TMVs a requirement in new homes is being lobbied for in Northern Ireland.

The Housing Association (HA) Guide also contains advice on TMVs and signposts to the recommended code of practice.

Improving Awareness - Key achievements in taking forward the Strategy's actions include the delivery of public awareness campaigns including the ongoing regional public information campaigns on fire safety messages; and the Health and Safety Executive's campaign on farm safety which has since been extended. Other achievements include the range of resources that have been made available to support home accident prevention. For example materials and resources for use in the school setting such as CCEA and Education and Library Boards developed resources to support the revised curriculum for example Bee Safe, Living Learning Together and In Sync; RoSPA's Flaming Fables; and a website developed by the Southern Health and Social Care Trust 'www.Safehome4me.com' which is designed to be used by children in pre-school settings, nursery schools and primary schools.

It was intended for the then Health Promotion Agency for Northern Ireland to lead on a regional public information campaign raising awareness of home accident prevention, however funding was unable to be secured to take this action (Action 7) forward. Local campaigns covering a range of home accident prevention themes identified for action have been delivered by the health and social care and other statutory authorities including district councils and NIFRS; and voluntary and community sectors, with local Home Accident Prevention (HAP) Groups taking the lead.

Home safety check schemes have been undertaken by various organisations including the councils, health and social care trusts, the NIHE and the NIFRS. Through these schemes, hazards are identified, safety advice given, items of safety equipment provided if required and where appropriate referrals made. Statutory organisations have developed partnerships with the voluntary and community sector to identify those at risk and have taken action to install smoke alarms, grab rails, stair gates, poison cabinets etc where appropriate. The schemes provide opportunities for signposting and referral to other services e.g. the NIHE liaises closely with Health and Social Care Occupational Therapy departments in the provision of hand/ grab rails for public and private sector tenants through its grants and adaptations process. Efforts are made to avoid duplication of services e.g. the delivery of the NIHE smoke alarm installation programme is co-ordinated with the NIFRS programme.

Improving Training - A regional training programme including City and Guilds Accredited courses has been facilitated and provided by RoSPA with supporting resource materials made available including a video based training package. Local training has also been commissioned. In analysing the responses, it is noted that implementation of the Strategy's actions is often cross-cutting with other action areas. For example the development and roll out of some local awareness raising campaigns have been supported with the provision of home safety training.

Accident Information – A home safety checklist developed by the Western Health Action Zone (HAZ) and RoSPA has been rolled out regionally as the process for selecting individuals/ families eligible for home safety checks and

equipment. Local accident data is currently collected by local council officers during the home safety visit via a digital pen scheme. This provides standardised information, which is retained on a web-based database, and can be used to identify trends/ needs across the region.

Information on accidents is collated by HSC Trusts through a variety of mechanisms. Regionally DHSSPS collects summary information using an aggregated data collection (KP22 return); information is also available on patients who are admitted to hospital for a period exceeding 24 hours from the Hospitals Inpatients System (HIS). The Strategy highlighted the need for consistent and detailed information at a regional level, identifying the causes of home accidents and the injuries they result in. The actions on collating and disseminating regional accident information (Actions 12-14) did not progress as anticipated. Technical difficulties were associated with merging the A&E datasets (NIRAES and non-NIRAES systems) used in hospitals. The review notes that the development of the A&E datasets is being taking forward solely by the HSC Board.

A pilot at Altnagelvin tested the potential of the existing injury surveillance system to analyse accident statistics to identify hazards and inform accident prevention initiatives. A dedicated member of staff analyses and reports on local injury trends to inform targeted proactive approaches to injury prevention.

A synopsis of the information gathered on progress in implementing the Strategy's actions is attached in the Appendix to this document.

4.4 Targets

The following targets have been set in relation to accidental deaths and injuries in Northern Ireland:

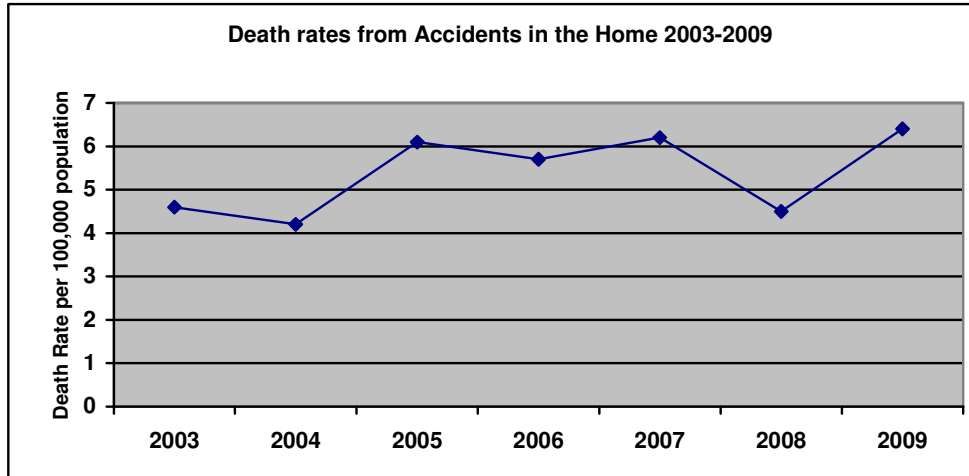
- (i) to reduce the death rate from accidents in people of all ages by at least one fifth between 2000 and 2010
(The age standardised death rate in 2000 for accidents was 20.6 per 100,000 population)
- (ii) to reduce the rate of serious injuries from accidents in people of all ages by at least one tenth between 2000 and 2010
(The age standardised admission rate for serious injuries was 407 per 100,000 population in 2000/01)

The above targets are set in *Investing for Health* (March 2002) against the objective to reduce accidental deaths and injuries in the home, workplace and from collisions on the road.

The Home Accident Prevention Strategy set targets specifically in relation to accidental deaths and injuries in the home to help achieve the *Investing for Health* targets and as a means to measure the overall aim of the Home Accident Prevention Strategy "to reduce the number of accidental deaths and injuries in the home".

Target (i) - To reduce the death rate from home accidents for all ages by 15%

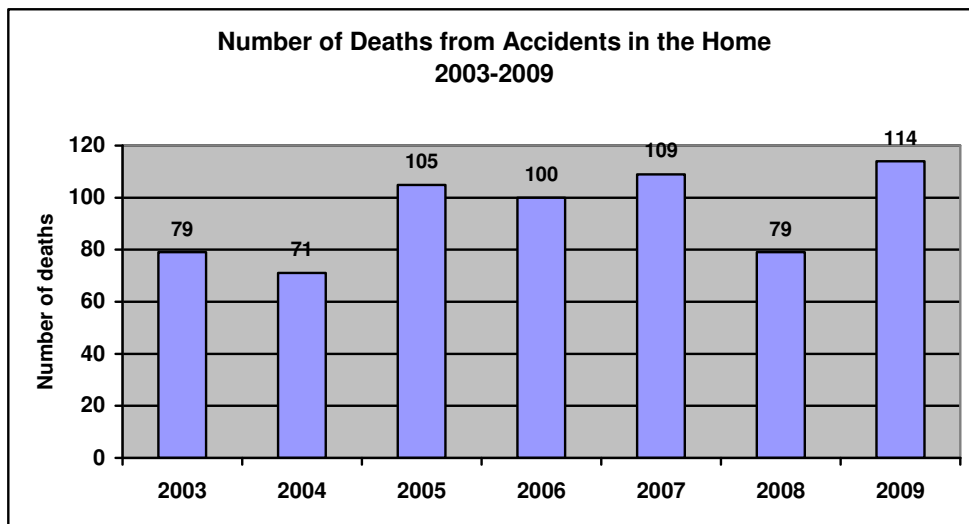
The trend in the death rate over the duration of the five-year Strategy follows.



Source: Northern Ireland Statistics and Research Agency (NISRA)

In 2009 the death rate from home accidents is 6.4 per 100,000 population. The baseline for the target is 4.6 deaths per 100,000 in 2003 and the target rate is 3.9 deaths per 100,000. As there has been an increase rather than a reduction, the target has not been met.

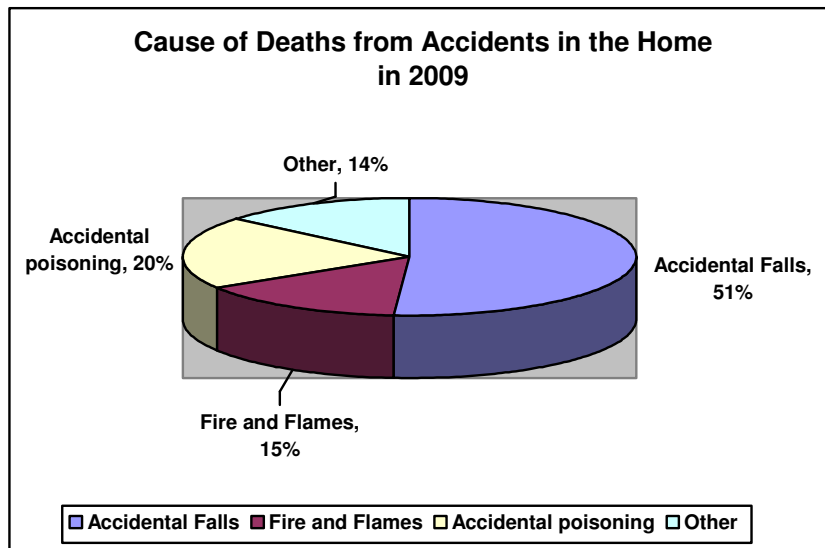
The chart below sets out the number of deaths from accidents in the home over the lifespan of the Strategy.



Source: NISRA

In 2009, there were 114 deaths attributed to accidents in the home, of which:

- 58 (51%) were due to falls, with 34 deaths (59% of those falls) were people aged 65 and over;
- 17 were due to fire and flames; and
- 23 were due to accidental poisoning.



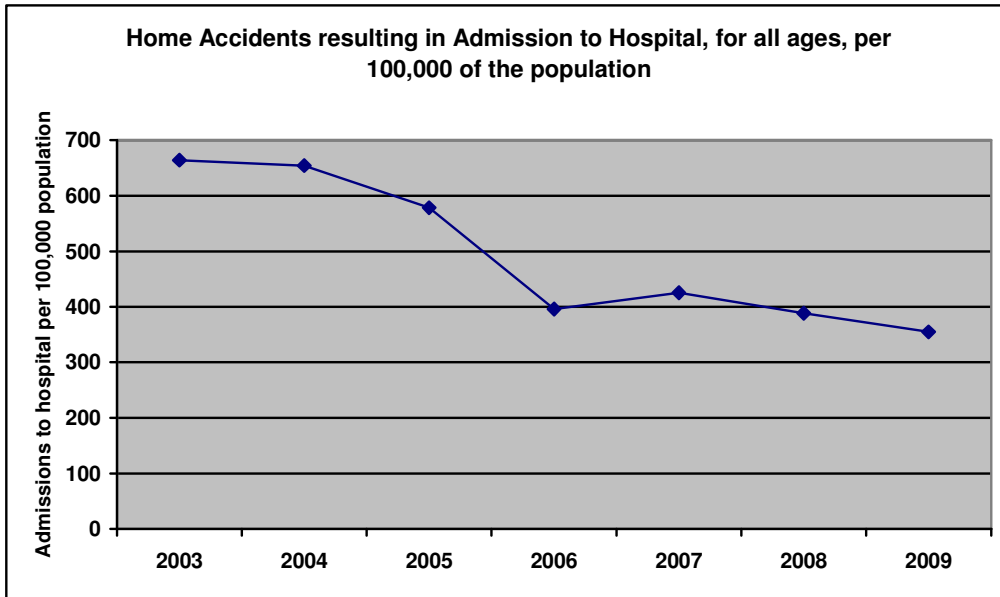
Source: NISRA

In comparison to when the Strategy was being developed, there were 75 deaths in 2000, of which 27 were due to falls (36%), 15 (of which 56%) people were aged 65 and over; 16 (21%) were due to fire and flames; and 16 (21%) were due to accidental poisoning.

Target (ii) – To reduce the number of accidental injuries in the home for all ages resulting in an admission to hospital by 30%*

There has been an overall reduction in the number of accidental injuries in the home for all ages resulting in hospital admissions. In 2009, there were 6,346 hospital admissions resulting from a home accident for all ages, in comparison to 11,312 admissions in 2003 - a reduction of 43.9%.

In 2009, there were 354.7 hospital admissions per 100,000 population resulting from home accidents compared with 664.4 admissions per 100,000 population in 2003 (Target 400.0 admissions per 100,000).

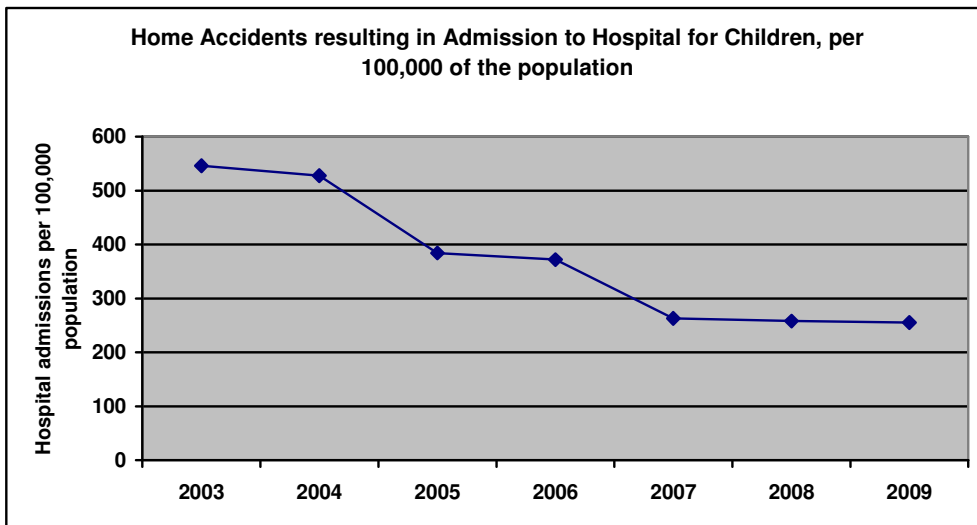


Source: Hospitals Information Branch, DHSSPS (KP22)

Target (iii) – To reduce the number of home accident injuries for children resulting in an admission to hospital by 20%*

This target has been met. In 2009, there were 975 hospital admissions resulting from a home accident for children (aged under 16 years), 54% less than the number of accident related admissions in 2003 (2,120).

In 2009, there were 255.2 hospital admissions for children per 100,000 population aged under 16 resulting from home accidents, compared with 546.2 admissions per 100,000 population aged under 16 in 2003. (Target 344.0 admissions per 100,000).

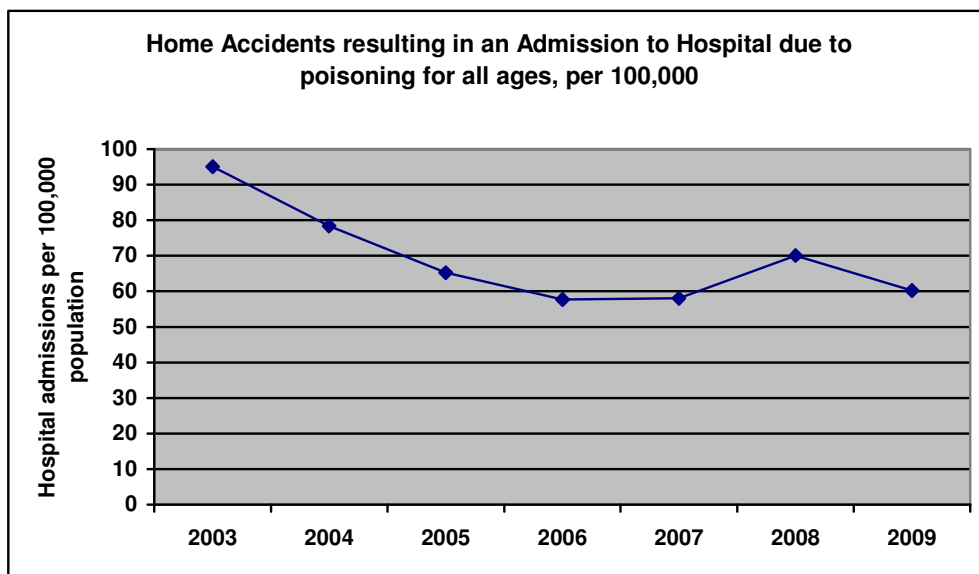


Source: Hospitals Information Branch, DHSSPS (KP22)

Target (iv) – To reduce the number of injuries resulting in and admission to hospital due to poisonings in the home for all ages by 18%* to 50.0 admissions per 100,000 in 2009.

The 18% reduction has been met. In 2009, there were 1,077 hospital admissions resulting from poisonings in the home for all ages, 33.4% less than the number in 2003 (1,618).

There were 60.2 hospital admissions per 100,000 population resulting from poisonings in the home for all ages in 2009, compared with 95.0 admissions per 100,000 population in 2003. (Note: Target of 50.0 hospital admissions per 100,000 population has not been met).

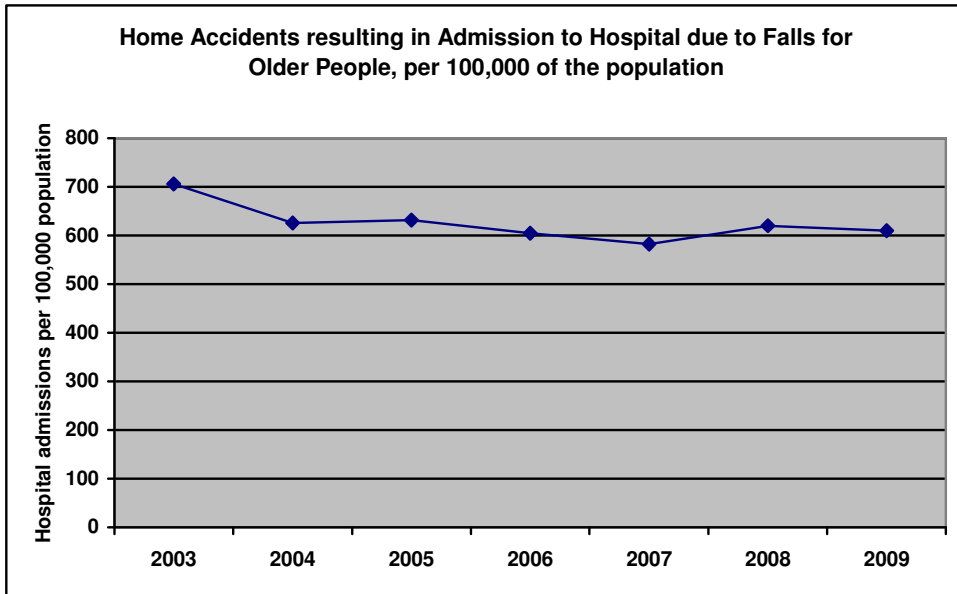


Source: Hospitals Information Branch, DHSSPS (KP22)

Target (v) – To reduce the number of falls in older people resulting in an admission to hospital by 25%*

In 2009, there were 1,446 hospital admissions resulting from a fall in the home for older people (aged 65 years and over), 5.1% less than the number in 2003 (1,524).

As the graph below shows, the rate of admissions has levelled off to almost 600 admissions per 100,000. Since 2003, the number of hospital admissions per 100,000 population aged 65 and over decreased from 705.8 in 2003 to 610.0 in 2009. (Note: Target of 454.3 admissions per 100,000 population aged 65 and over has not been met).

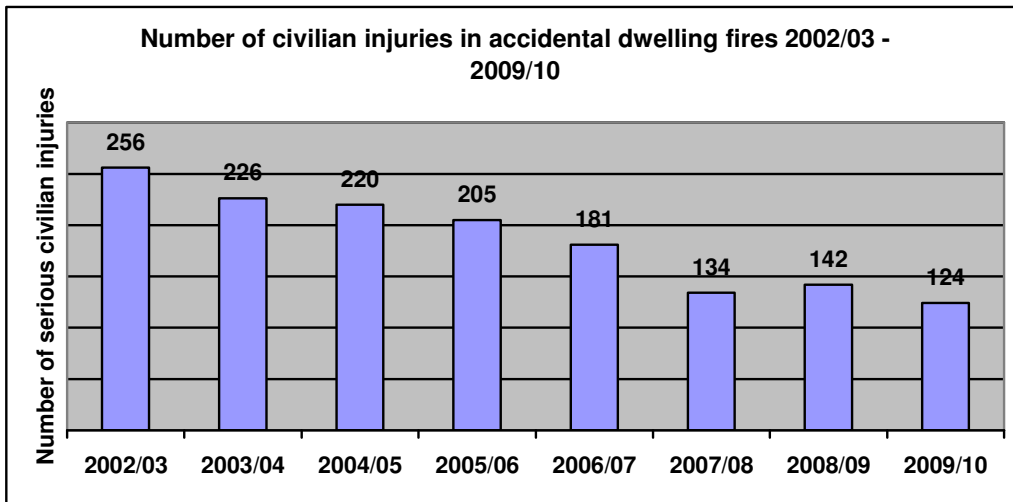


Source: Hospitals Information Branch, DHSSPS (KP22)

* The baselines in the Strategy for the above targets included only those patients that were admitted to hospital as a result of a home accident that remained in hospital for at least one night before being discharged. Updated information now also includes those patients that were admitted to hospital as a result of a home accident who are discharged without an overnight stay (daycases).

Target (vi) – To reduce the number of injuries from accidental fires for all ages by 10% to 145 injuries in 2009.

This target relates to one of the key performance indicators and targets set by the Northern Ireland Fire & Rescue Service (NIFRS) to reduce serious non-fatal casualties in dwelling fires by 5% year on year. Progress against this target is set out below:



Source: Northern Ireland Fire & Rescue Service

4.5 Conclusion

It is clear from consideration of the information gathered that significant progress has been made since the Strategy's publication in November 2004. It is also clear that progress made on the actions has been as a result of the dedicated work of the members of the regional Strategy Implementation Group and by those implementing local initiatives in support of the Strategy including the important contribution made by the local HAP Groups. Many initiatives have been successful due to a collaborative approach by the Statutory, Voluntary and Community sectors. Furthermore, it is recognised that the very existence of the Strategy has put home accident prevention on the political agenda and that the Strategy has been the key driver for organisations to become engaged in home accident prevention work and interact with other strategies and programmes.

The majority of the Strategy's actions were achieved, and it is noted that many programmes and pilots were extended or rolled out. Many of the pilots and initiatives demonstrate good practice and have the potential for regional implementation.

The review noted that the actions on accident information (to implement modifications to A&E systems to gather additional accident information; to agree a minimum data set; and to develop a central service for the collection, analysis and dissemination of home accident data) have not been addressed. The importance of home accident data standardisation, recording and collection is particularly important to acquire accurate baseline data. Stakeholders also raised the importance of home accident data per locality including in Neighbourhood Renewal Areas (NRAs). Therefore there is still a need to address and progress action on home accident data and information sharing. Accessible injury causation data, its collection and its use to prioritise and evaluate the effectiveness of accident prevention campaigns continues to be highlighted as a key priority across partnerships. In addition, given the current economic climate, demonstrating the reductions in costs associated with A&E and hospital admissions resulting from targeted interventions and sharing the cost-benefit analysis would assist and inform other organisations in preventative initiatives. The availability of such accident data is necessary to quantify the economic savings in preventing home accidents.

The targets contained within the Strategy were developed to help achieve the *Investing for Health* targets and to measure the overall aim of the Strategy to reduce the number of accidental deaths and injuries in the home. Reductions in the rates of hospital admissions resulting from home accidents have been achieved over the lifetime of the Strategy, although it is difficult to assess the impact of the Strategy in isolation. As implementation of the Strategy's actions is likely to contribute to the Strategy's aim, objectives and targets, future Strategies should build in evaluation to help demonstrate how they are contributing to home accident prevention and improved public health.

The Strategy set an ambitious target with regard to reducing the overall death rate, yet acknowledged that this was only the first phase of a long term strategy. In addition, falls in the home continues to be the leading cause of death. Falls prevention continues to be a challenge, particularly given the growing ageing population and the number of risk factors associated with falls in older people, including for example illness, history of falling, medication, impaired mobility, visual impairments, foot problems, fear of falling/ loss of confidence, living alone and environmental hazards such as a slippery floor. As progress towards the target to reduce the number of hospital admissions due to falls in older people shows, the rate of admissions has now stabilised. A number of falls prevention programmes have been taken forward, and are delivering excellent work, which is helping to maintain the rate. However the number of falls is likely to increase and a strategic regional approach to address falls prevention in older people may secure further reductions.

It is evident that partnership working has been a major contributory factor in achieving many of the Strategy's actions. The Strategy's implementation has been an excellent basis for supporting and developing interagency and cross departmental working relationships. It is considered that such relationships and mechanisms, particularly those developed through the *Investing for Health* Partnerships, facilitated action to disseminate information and address the concerns of communities when there was a concerted effort to raise awareness of carbon monoxide poisoning following several sudden deaths over the last year.

It is concluded that there has been considerable progress made towards reducing the number of accidental injuries in the home over the duration of the Strategy, but there has not been a corresponding reduction in the number of accidental deaths. The Strategy's outputs include improved provision of public information on home accident prevention including leaflets and DVDs; home safety checks and the installation of safety equipment; training in home safety/ home accident prevention; and the creation of new jobs related to home accident prevention. The objectives of the Strategy including those to raise awareness and promote effective preventative measures to reduce home accidents have been achieved. The impact of the Strategy on people's behaviour towards home accident prevention and on reducing health inequalities is outside the remit of the review and would require a more complex and longer term assessment.

It is recognised that as the overall aim of the Strategy will take time to achieve and key challenges exist, there is still a need to prioritise home accident prevention. Furthermore, it is timely to strengthen and develop the strategic focus on home accident prevention.

SECTION 5

5. RECOMMENDATIONS

The Implementation Group has considered the review findings to inform the next phase and makes the following recommendations:

1. A new 10 year Strategy should be developed to set the regional strategic policy for home accident prevention to reduce the number of accidental deaths and injuries in the home.
2. A multi-agency Writing Group representative of the key interests should be established to develop the new Strategy.
3. The Writing Group will wish to consider the findings and recommendations of the review to inform the development of the new Strategy.
4. The new Strategy should:
 - articulate high level regional commitments;
 - contain performance indicators and measureable and realistic targets to evaluate outcomes and impact of interventions under the Strategy;
 - build in strategic evaluation and an interim review;
 - identify the key delivery organisations; and
 - progress cross-departmental and cross-agency/ sector working.
5. The new Strategy should continue to have a focus on increasing people's awareness of safety in the home and promote effective, evidence-based (where possible) preventative measures to reduce home accidents, particularly for those most at risk. The Writing Group will wish to consider identifying key groups taking account of health inequalities in the new Strategy.
6. The new Strategy should renew its focus on falls prevention.
7. The new Strategy should seek to establish effective links between home accident information and policy to improve both regional and local data collection and surveillance and the dissemination of such data to monitor injuries, inform preventative initiatives and identify any research needs.
8. The new Strategy and the implementation of home accident preventative initiatives should take account of relevant National Institute for Health and Clinical Excellence (NICE) guidance.
9. DHSSPS should consider the accountability and monitoring arrangements for the new Strategy, and will seek progress on implementation of the new Strategy from key delivery partners.

APPENDIX

SYNOPSIS OF PROGRESS ON THE STRATEGY'S ACTIONS

ACTION 1

The Department of Health, Social Services and Public Safety (DHSSPS) will establish a multi-agency Home Accident Prevention Strategy Implementation Group to manage the implementation of the Home Accident Prevention Strategy. Target Date: February 2005

Supporting Initiative/Programme	Delivery Lead & Partner	Outcomes
Implementation Group established May 2005.	Health & Social Services, Councils, ROSPA, NI Housing Executive, HAPNI.	Meetings held biannually. Progress on planning, funding, and activities in support of implementation of the Strategy reported at meetings.

ACTION 2

The Home Accident Prevention Strategy Implementation Group will report progress on implementation of the Strategy to the Ministerial Group on Public Health (MGPH). Target Date: Annually

Supporting Initiative/Programme	Delivery Lead & Partner	Outcomes
Progress report prepared for submission to MGPH.	DHSSPS	MGPH kept advised on progress on implementation.

ACTION 3

The Investing for Health Partnerships, together with Health and Social Services (HSS) Boards and local councils, will review home accident prevention roles within their areas and develop programmes to reduce injuries and deaths by raising awareness and implementing home accident prevention interventions with particular focus on those most at risk. Target Date: March 2006

Supporting Initiative/Programme	Delivery Lead & Partner	Outcomes
<p>Home Accident Prevention Steering Groups and Accident Prevention Officer posts established at local level.</p> <p>Work developed through IfH Community of Interest structure to map all home accident prevention activity.</p> <p>Home Safety Check and Home Safety Equipment Schemes facilitated targeting vulnerable groups.</p> <p>Staff development and training for key workers across partner agencies.</p> <p>Training for foster carers, travelling community, maternity support workers.</p> <p>Provision of support for local HAP groups in the development of local projects/programmes.</p> <p>Electronic News Bulletins introduced to</p>	<p>IfH Partnerships, HSS Boards and Trusts, HAP Groups, ROSPA, Sure-Start, local Councils, Health Promotion Agency, Housing Executive, Community Associations, DENI, HSENI.</p>	<p>Joint policy and programme development, improved accountability of organisations and partners.</p> <p>Area wide staff training of key workers and improved targeting of resources.</p> <p>Referral mechanisms established to address the needs of identified groups and facilitate annual home safety checks.</p> <p>Data pen system piloted to improve recording and sharing of information.</p> <p>Improved community awareness through programmes and resources in relation to child safety, medications, burns and scalds, poisoning and DIY safety.</p>

<p>improve sharing of ideas and information across sectors/partners.</p> <p>Targeted programmes in:</p> <ul style="list-style-type: none"> • Early Years Settings (burns, scalds etc) • Schools (Bee Safe Programme and Alex and Connie puppet show) • Older People Groups • Falls Prevention Clinics • Farm Safety – targeting rural families and schools • Multi-lingual kitchen safety project • Trampoline Safety • Electric blanket testing <p>Conferences held to raise awareness of strategic home safety activity across NI.</p> <p>Information and resource materials developed.</p>		
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ACTION 4

The Department of Education (DE) will ask the Council for the Curriculum, Examinations and Assessment (CCEA) to develop guidance for the teaching of home accident prevention which would be taught to school age children through a range of subject areas in the curriculum. Target Date: September 2005

Supporting Initiative/Programme	Delivery Lead & Partners	Outcomes
<p>Pre-school to key stage 2 curriculum minimum content statements in relation to “keeping themselves healthy and safe” introduced.</p> <p>Key stage 3 requirement to have opportunities to develop preventative strategies regarding home accidents.</p> <p>“Insync” programme produced by CCEA and ELBs which contains 10 themes including safety and managing risk.</p> <p>Risk assessment learning tool for schools developed.</p>	<p>DE, ELBs, CCEA</p>	<p>A formalised structure now exists which will increase the opportunities for home safety to be discussed in the school environment as part of the curriculum.</p>

ACTION 5

Local Councils, in exercising their discretionary powers to promote safety in the home, will have regard to the Home Accident Prevention Strategy and policies and programmes developed by the Investing for Health Partnerships. Target Date: Ongoing

Supporting Initiative/Programme	Delivery Lead & Partners	Outcomes
<p>Councils supported and utilised programmes such as:</p> <ul style="list-style-type: none">• Electric blanket testing• Bee safe events• Hazard House resources• Mobile home and Accident Prevention Units• Safe Home initiatives• Home safety check schemes• Safety equipment schemes <p>Policy initiatives supported by Councils include the appointment of Home Safety Officers and the provision of free safety advice and equipment.</p> <p>The employment of Home Safety Officers through the Environmental Health services of local councils has facilitated Home Safety Check Schemes across all NI. These have an agreed approach to data collection using RoSPA approved checksheets.</p>	<p>All 26 Councils, HAP Groups, CEHOG, ROSPA, Age Concern</p>	<p>Effective use of programmes and resources.</p> <p>Common approach to Home Safety Check Schemes across NI in terms of checksheets and data collection to provide evidence base.</p>

ACTION 6

The Northern Ireland Housing Executive (NIHE), in partnership with the voluntary and community sectors will address home safety issues by identifying tenants at risk and by taking appropriate action to control risk, for example by fitting grab rails/hand rails (bathroom/stairs), poison cabinets in kitchens and hard wired smoke alarms. Target Date: September 2005

Supporting Initiative/Programme	Delivery Lead & Partners	Outcomes
<p>NIHE policy developed to fit smoke alarms in all bungalows, flats and maisonettes.</p> <p>Workshops/seminars held by NIHE with community representatives and staff to deliver home safety messages.</p> <p>Pilot scheme supported to provide families with children under 5 with thermostatic mixing valves and poison cabinets.</p> <p>NIHE premises leased to provide an education and resource centre.</p> <p>Legislative changes to make Thermostatic Mixing Valves (TMV) a requirement in new homes is being lobbied for in Northern Ireland.</p>	<p>NIHE, NIFRS, ROSPA, Councils, DETI</p>	<p>NIHE has co-ordinated their programme of smoke alarm installation across NI with NIFRS.</p> <p>The installation of Thermostatic Mixing Valves (TMV) has now been mainstreamed and will form part of the NIHE's bathroom replacement programme subject to funding.</p>

ACTION 7

DHSS in partnership with the Health Promotion Agency for Northern Ireland (HPANI), HSS Boards and Trusts, local councils, and the voluntary and community sectors will develop a public information campaign to raise awareness of home accident prevention taking account of the particular needs of those most at risk including those with a disability or from a black and minority background. Target Date: September 2006

Supporting Initiative/Programme	Delivery Lead & Partners	Outcomes
Public Information Campaigns developed on: <ul style="list-style-type: none">• Fire Safety• Falls Prevention – Protect Your Independence• Scald Prevention• Poison Prevention• CO Awareness• Fireworks Safety Awareness raising resource produced by Belfast Trust in partnership with RNIB for the visually challenged in general home safety and falls prevention.	ROSPA, Replay Productions, HPANI, EHOs, Councils Health and social care sector and RNIB	Campaigns to raise awareness of home accident prevention including falls prevention developed and delivered.

ACTION 8

The Department of Enterprise, Trade and Investment (DETI), through the Health and Safety Executive for Northern Ireland (HSENI), will deliver a campaign entitled “*Be Aware Kids*” which will focus on the safety of children living on or near farm premises. Target Date: March 2007.

Supporting Initiative/Programme	Delivery Lead & Partners	Outcomes
<p>Child Safety on Farms Steering Group established to develop and implement an Action Plan to deliver the <i>Be Aware Kids</i> Campaign.</p> <p>Action includes:</p> <ul style="list-style-type: none">• Child Safety on Farms Poster design competition in schools• Development of awareness tool for primary school children, including risk based board game• Changes made to DARD legislation in 2006 to make prevention of accidents to young persons mandatory .	DETI, DARD, HSENI, ELBs, UFU	Key messages on farm safety targeted at parents of children on farms, rural school children, Health Visitors and School Nurses.

ACTION 9

The Northern Ireland Fire Brigade (NIFB) will continue to deliver 12 fire safety messages to the public, and further develop public information campaigns taking into account the particular needs of vulnerable groups including those with a disability or from a black and minority ethnic background. Target Date: Annually

Supporting Initiatives/Programmes	Delivery Lead & Partners	Outcomes
Fire Safety Messages delivered includes: <ul style="list-style-type: none">• Stop Smoking in Bed• No Battery-No Chance• Christmas tree lights hazards• Fireworks safety• Unattended candles• Children playing with lighters/matches• Fire escape plan• Night time routine• Overloaded sockets• Unattended chip pans• Unguarded open fires• Smoke alarm positioning• Unattended gas cookers Sign language, large print, multi-lingual resources developed for each campaign.	NIFRS, HAPNI, ROSPA, ELBs, Age Concern	Awareness raising and prevention of fires in the home.

ACTION 10

The NIFB will develop partnerships with local Home Accident Prevention Groups and other community groups to provide active campaigns for community fire safety. Target Date: September 2005

Supporting Initiative/Programme	Delivery Lead & Partners	Outcomes
Campaigns provided as follows: <ul style="list-style-type: none">• Bee Safe/Street Smart• Flaming Fables touring drama• Home Fire Safety Check Schemes• Free smoke alarm fitting• Link to Home Safety Check referrals• Safety Team online for schools	NIFB, HAP Groups, ROSPA, Replay Productions	Partnerships developed and fire safety messages delivered.

ACTION 11

DHSSPS in partnership with HSS Boards and Trusts, HPANI, local councils and the voluntary and community sectors will develop a regionally co-ordinated programme of home safety training, taking account of the particular needs of vulnerable groups, for all those with a contribution to make. Target Date: September 2006

Supporting Initiative/Programme	Delivery Lead	Outcomes
Home Safety Training co-ordinated and carried out by ROSPA and Bisp Training and Consultancy. Training includes: <ul style="list-style-type: none">• First aid for children• Child safety for travelling community• Home safety media skills	ROSPA, BISP Training and Consultancy, Councils, Trusts.	Tailored training delivered to specific vulnerable groups and HAP Network.

<ul style="list-style-type: none"> Annual theme for HAP Groups (to allow training and resource pack to be developed) 		
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ACTIONS 12, 13 and 14

DHSSPS in partnership with HSS Boards and Trusts will work together to implement modifications to Accident & Emergency (A&E) systems to gather additional Home Accident Information. Target Date: April 2006

DHSSPS in partnership with the HSS Boards and Trusts and the voluntary sector will agree a Minimum Data Set for the collection of data relating to Home Accidents, by IT systems in A&E Departments and Minor Injuries Units. Target Dates: Minimum Data Set to be agreed by December 2004, Data Collection to be piloted in at least one Trust by April 2005, Data Collection to be implemented fully by April 2006

DHSSPS in partnership with HSS Boards and Trusts will develop a central service for the collection, analysis, and interpretation, and dissemination of home accident data. Target Date: April 2006

Supporting Initiative/Programme	Delivery Lead & Partners	Outcomes
<p>Sub-group set up with DHSSPS and ROSPA to progress data capture with Boards and Trusts.</p> <p>HSCB is taking forward development of new A&E dataset.</p>	<p>DHSSPS, ROSPA, HSS Boards, Trusts</p>	<p>Actions progressing:</p> <p>Hospitals Information Branch within DHSSPS collate information on the number of accidents in the home resulting in admission to hospital.</p> <p>HSCB is taking forward development of new A&E dataset.</p>