



Department of  
**Health, Social Services  
and Public Safety**

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**DRAFT FOR CONSULTATION**

**HOME ACCIDENT PREVENTION STRATEGY**

**2014 – 2024**

**June 2014**

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## **Minister's Foreword**

In Northern Ireland in a typical week two people die as a result of home accidents. In addition to these deaths, there are approximately 17,000 admissions to hospital each year as a result of unintentional injuries in general.

Accidents can cause pain, distress and suffering for the victim, their family and friends and even for the wider community. The repercussions of serious accidents can be felt for a long time and, in some cases, can cause life-changing pain or disability.

Home accidents can arise from many seemingly innocuous sources such as ill-fitting footwear or unsecured blind cords or from practices and behaviours such as not using appropriate lighting at night.

The vast majority of accidental injuries in the home are caused by falls but serious injury and death can result from a wide range of accidents such as carbon monoxide poisoning, inhalation of smoke caused by fire and blind cord strangulation, to name a few. These deaths and injuries can easily be prevented by being aware of the dangers and hazards that are present in the home environment and putting in place interventions to minimise the risks.

That said, government and the voluntary and community sectors must also play their part and have a key role in contributing to a reduction in the number of deaths and unintentional injuries occurring in the home.

Statistics show that there are some people in society who are especially vulnerable to accidents in the home and who suffer disproportionately because of them. These include young children, particularly those under 5, people over 65, and those who are socially deprived. This Strategy is concerned with the entire population of Northern Ireland but gives particular attention to these vulnerable groups.

The previous Home Accident Prevention Strategy 2004 – 2009 delivered many positive outcomes and made a significant contribution to reducing home accidents and deaths. This new Strategy aims to build on that contribution. A comprehensive implementation plan to accompany the Strategy will be developed by the Public Health Agency.

As Minister of Health, I am committed to playing my part to having in place a Strategy which will help to reduce deaths and unintentional injuries in the home.

I would like to acknowledge and thank all those who contributed to the development of this Strategy, including those from the voluntary and community sectors, from other government departments and from across the Health and Social Care family. I would like to particularly thank the Royal Society for the Prevention of Accidents (RoSPA) for permission to use and reproduce invaluable statistics and data.

This strategy document is a draft. I am publishing it for consultation and I would encourage you to contribute any ideas that could strengthen the Strategy in any way.

**EDWIN POOTS**

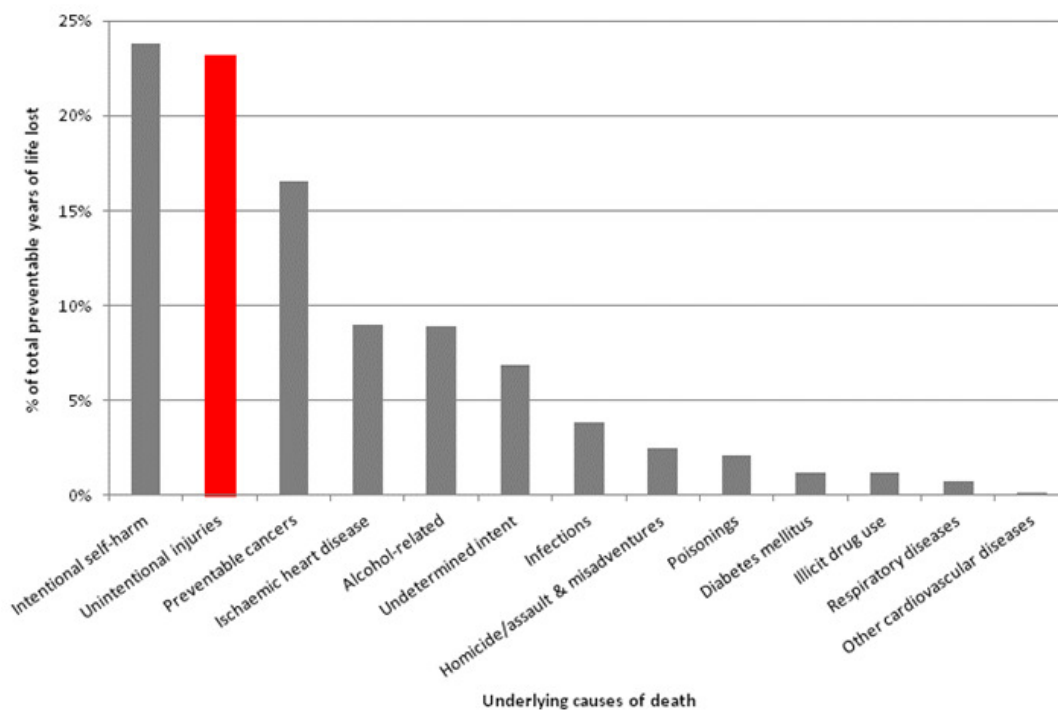
**Minister of Health, Social Services and Public Safety**

# 1. Why we need a home accident prevention strategy

## Why do we need a home accident prevention strategy?

Accidents are the main cause of premature, preventable death for most of a person's life. The human cost of premature deaths can be expressed as **preventable years of life lost** (PrYLLs), and in Northern Ireland unintentional injuries in general (not just from accidents in the home) account for almost a quarter of PrYLLs<sup>1</sup>. See Figure 1.

Figure 1: Preventable Years of Life Lost (PrYLLs) in Northern Ireland



Source: RoSPA/Northern Ireland Statistics and Research Agency

PrYLLs are a dispassionate numerical measure, but for every person who dies resulting from an accident that need not have happened, the grief and life-long pain for the family and friends of the victims cannot be measured. Accidents can have a profound impact on the lives of those who are left behind.

Accidents are often violent in nature, and non-fatal unintentional injuries cause pain, distress and suffering, and in many cases result in life-changing disabilities and

<sup>1</sup> RoSPA Big Book of Accident Prevention, Northern Ireland, 2013.

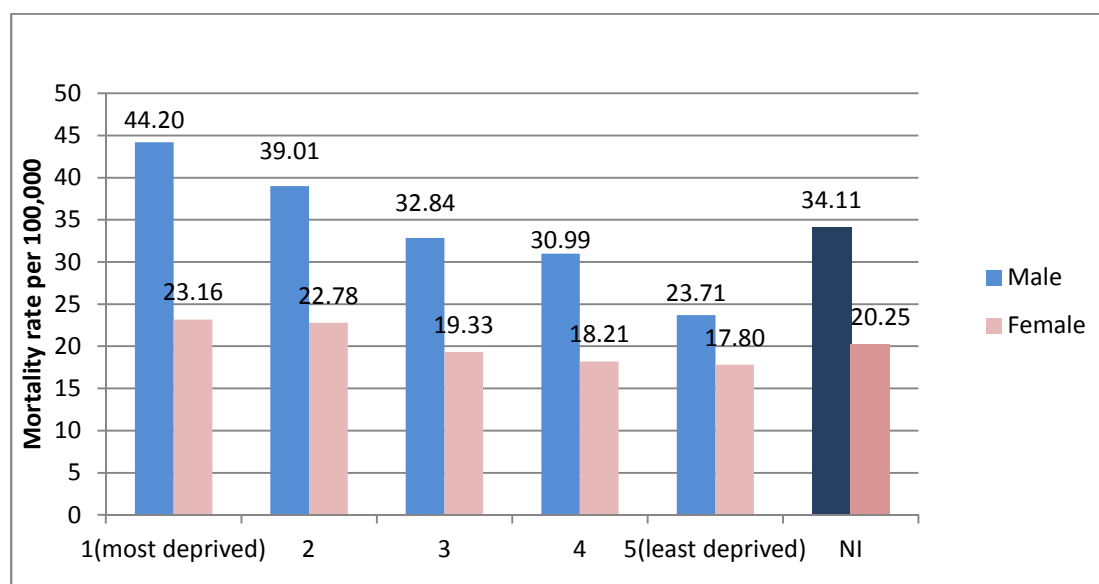
chronic conditions. Accidents can also have a serious impact on emotional and mental health. Accidents can be traumatic with residual guilt, remorse and grief having a lasting effect on members of a family or community.

There are groups in society who are especially vulnerable: young children and elderly people, particularly under-5s, over-65s and those who are socially deprived suffer disproportionately from the unintentional injuries that result from home accidents.

The prevalence of unintentional injuries offends against our basic sense of social justice, as there is a strong correlation with poverty, deprivation and health inequalities.

Death rates due to unintentional injuries are higher in areas of increased deprivation with rates for males showing the sharpest deprivation gradient. See Figure 2.

**Figure 2: Annualised death rates per 100,000 due to unintentional injury by deprivation quintile and gender 2009 to 2011**

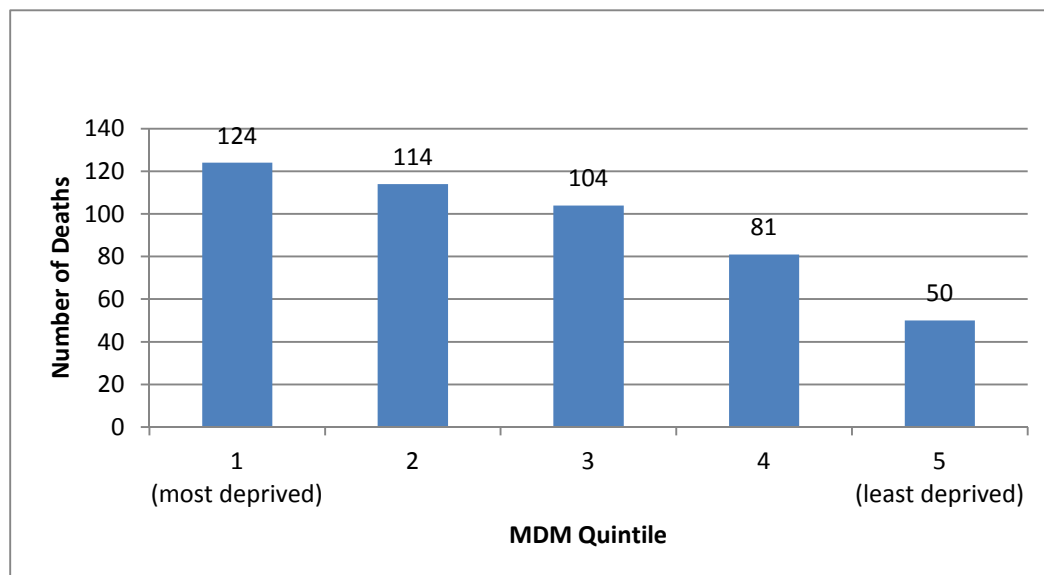


Source: PHA analysis of deaths data from The General Register Office for Northern Ireland

Analysis of the number of unintentional injury deaths in those aged under 20 between 2001 and 2011 shows a deprivation gradient with highest numbers in the most deprived and lowest numbers in the least deprived quintiles (see figure 3). The impact of deprivation is particularly seen in children under 10 with four times as many children living in the most deprived quintile of Super Output Areas (SOAs)

dying as a result of an unintentional injury compared with children under 10 living in the least deprived quintile.

Figure 3: Child and Young Person (0-19 yrs) unintentional injury deaths by deprivation quintile (2001 to 2011)



Source: PHA analysis of deaths data from The General Register Office for Northern Ireland

The above data is in keeping with that observed elsewhere with the Child Accident Prevention Trust (CAPT) reporting persistent and widening inequalities between socio-economic groups for childhood deaths from accidents (<http://www.makingthelink.net/topic-briefings/inequalities-and-deprivation> ). Data from England and Wales has shown that children from the most disadvantaged backgrounds are 13 times more likely to die in accidents than children of parents in higher managerial and professional backgrounds<sup>2</sup>.

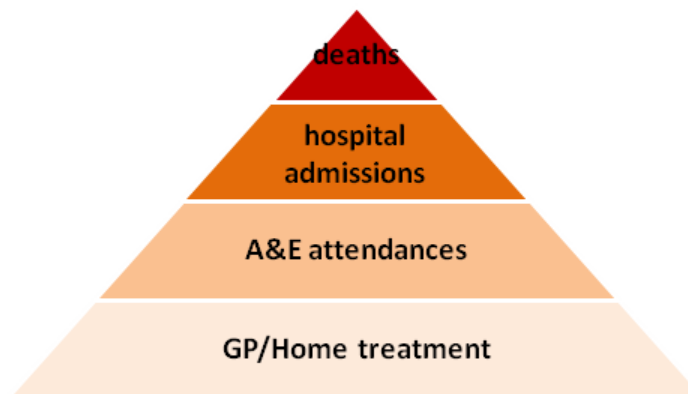
In addition to the human cost in terms of preventable deaths and suffering, accidents represent a significant avoidable burden on our health and social care system, a brake on our prosperity as a society, and a drain on public service resources in general. In Northern Ireland it is estimated that accidents in general cost society more than £4bn each year, with £650m of this burden being carried by the state<sup>3</sup>. This is a conservative estimate, as the full burden of accidents is unknown. Many

<sup>2</sup> Edwards P et al. Deaths from injury in children and employment status in family: analysis of trends in class specific death rates, *BMJ*, 333: 119-121, 2007

<sup>3</sup> RoSPA Big Book of Accident Prevention Northern Ireland 2013

injuries are treated at home or by pharmacists, GPs - including Out of Hours doctors - or by Minor Injuries Units and A&E departments, and, although they are not visible in the routine data that is captured at present, they still add to the burden on society. See Figure 4.

Figure 4: Accidental Injury Triangle



Source: Krug, E. (ed). (1999). Injury: A leading cause of the global burden of disease. WHO (World Health Organization Advisory Group). Geneva: WHO

There are approximately 17,000<sup>4</sup> admissions to hospital in Northern Ireland each year as a result of unintentional injuries.

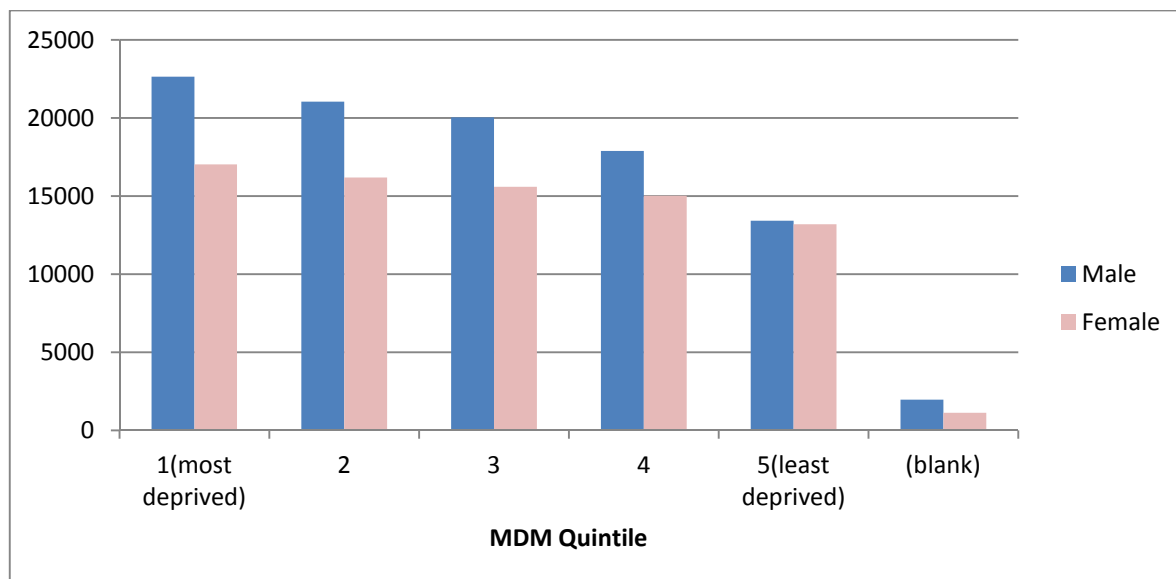
Hospital admissions show a clear correlation with deprivation, particularly in males. Those from the most deprived quintile of wards (1) have much higher numbers of admissions than those in the least deprived quintile (5). See Figure 5.

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<sup>4</sup> DHSSPS, Hospital Inpatient System



**Figure 5: Hospital unintentional injury admissions 2003 to 2012 by deprivation quintile**



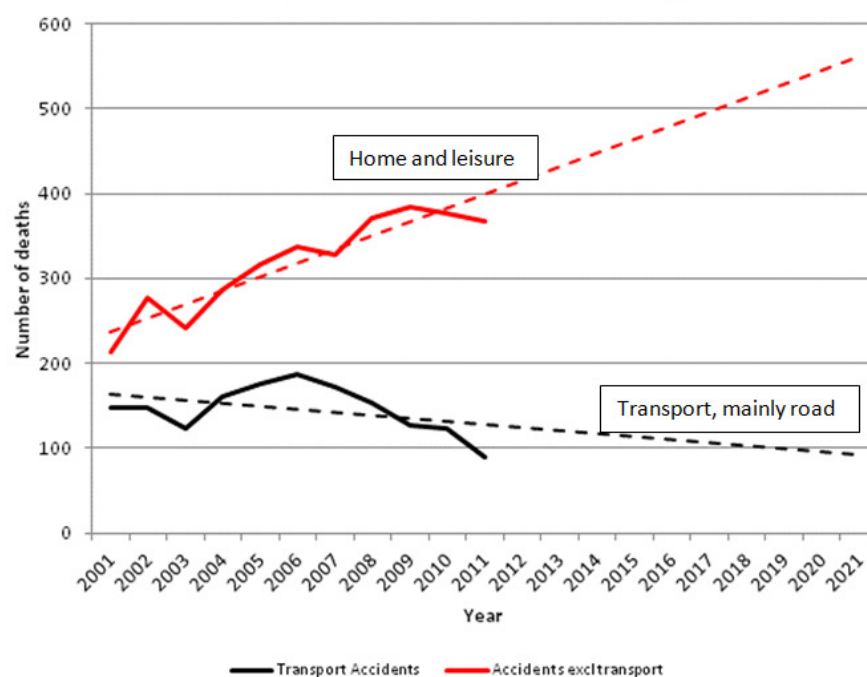
Source: DHSSPS

### Why focus on accidents at home?

Accidents occur in different environments, most commonly in the home, on the roads and in other public spaces, in the workplace and while participating in sports and leisure activities. Over many years a wide range of interventions, such as legislation and public awareness campaigns, have reduced significantly the toll of deaths and injuries from road traffic accidents and has made workplaces much safer than they once were. However, in the same ten-year period (2001-2011) that delivered Northern Ireland’s lowest ever number of road death fatalities, there was an increase in fatal home and leisure accidents. See Figure 6.

In the coming decade work will continue to help further reduce road deaths and injuries through delivery of the Department of Environment’s Road Safety Strategy and in the workplace under the Health and Safety Executive’s Workplace Health Strategy. The Home Accident Prevention Strategy is not intended to duplicate accident prevention work in other environments.

Figure 6: Extrapolation of accidental deaths, looking ahead 10 years



Source: RoSPA Big Book of Accident Prevention Northern Ireland 2013

### Why a strategy?

There are many organisations in the statutory, voluntary, community and private sectors that have done invaluable work to make the home environment safer. This strategy sets an agreed strategic direction and is intended to achieve further progress through closer and more effective coordination and information-sharing between the agencies concerned.

This strategy should not be seen in isolation; it is intended to complement a wide range of strategies and policies such as the new public health strategic framework (due to be published shortly; see consultation document *Fit and Well: Changing Lives* 2012-2022 (<http://www.dhsspsni.gov.uk/fit-and-well-consultation-document.pdf>), Transforming Your Care (<http://www.transformingyourcare.hscni.net/>), Building Stronger Bones (<http://www.nos.org.uk/Document.doc?id=1289>), Active Ageing (<http://www.ofmdfmi.gov.uk/active-ageing-strategy-2014-2020-consultation.pdf>) and recommendations from the European Child Safety Alliance. (<http://www.childsafetyeurope.org/>).

## **Home Accident Prevention Strategy and Action Plan 2004-2009**

The first Home Accident Prevention Strategy and Action Plan 2004 – 2009 (<http://www.dhsspsni.gov.uk/eqia-haps04.pdf> ) was published in November 2004.

The Strategy identified four key areas for action:

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

The actions required concerted collaborative actions from a number of Northern Ireland Civil Service Departments and Health and Social Care Boards, Trusts and agencies including the non-statutory sector.

A review to assess the impact of the 2004 – 2009 Strategy ([http://www.dhsspsni.gov.uk/review\\_of\\_the\\_home\\_accident\\_prevention\\_strategy\\_2011.pdf](http://www.dhsspsni.gov.uk/review_of_the_home_accident_prevention_strategy_2011.pdf)) concluded that significant progress had been made, with the majority of the Strategy's actions being achieved. Many of the programmes and pilots were extended and rolled out. Other pilots and initiatives demonstrate good practice and have the potential for regional implementation.

The review noted that actions on accident information had not been addressed, i.e. to agree a minimum data set, and to develop a central service for the collection, analysis and dissemination of home accident data. The standardisation of home accident data, recording and collection is particularly important to acquire accurate baseline data.

The targets in the 2004 Strategy were developed to help achieve targets in the public health strategy, *Investing for Health* and to measure the overall success of the Strategy in reducing the number of accidental deaths and injuries in the home. The review report concluded that there had been considerable progress made towards reducing the number of accidental injuries in the home over the duration of the Strategy, but that there had not been a corresponding reduction in the number of accidental deaths. Falls prevention continues to be a challenge, with falls in the home being a leading cause of accidental death.

The review report concluded that key challenges remained and that there was still a need to prioritise home accident prevention. It recommended that 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.

## Values and principles

Looking ahead, the values and principles that inform this Strategy are set out in the table below.

<b>Social justice, equity and inclusion</b>	All citizens should have equal rights to health, and fair /equitable access to health services and health information according to their needs
<b>Engagement and empowerment</b>	Individuals and communities should be fully involved in decision making on matters relating to health and empowered to protect and improve their own health, adopting an asset approach
<b>Co-operation</b>	Public policies should contribute to improving health and wellbeing and public bodies should work in partnership with local and interest group communities
<b>Evidence - Based</b>	Actions should be based on the best available evidence and should be subject to evaluation
<b>Addressing Local Need</b>	Action should be focused on individuals, families and communities in their social and economic context

## **2. Strategic direction**

### **Vision**

The Vision for the Home Accident Prevention Strategy 2014 – 2024 is:

that the population of Northern Ireland has the best chance of living safely in the home environment where there is negligible risk of unintentional injury.

### **Strategic Aim**

The Strategic Aim is:

to minimise injuries and deaths caused by home accidents, particularly for those who are most at risk.

### **Objectives**

The partners in the Strategy will seek to realise the Vision and achieve the Strategic Aim by pursuing the following Objectives:

1. Empower people to better understand the risks and make safe choices to ensure a safe home with negligible risk of unintentional injury.
2. Promote safer home environments.
3. Promote and facilitate effective training, skills and knowledge in home accident prevention across all relevant organisations and groups.
4. Improve the evidence base.

### **Scope of the strategy**

For the purposes of this strategy “home” is defined as:

any type of house, including an apartment, farmhouse, caravan or weekend cottage, together with its outbuildings, garden, yard or farmyard, driveway, path, steps and boundaries or common areas, e.g. lifts, lobbies, corridors and stairwells. It need not be the home of the injured person.

In this context “home” does not refer to residential institutions such as nursing homes or prisons, or temporary accommodation such as a hotel, boarding house or hospital. These categories of residential settings are governed by regulations to manage the environmental risks and, to some extent, behavioural risks. Nursing homes, specifically, afford a greater degree of supervision than is available to many elderly people who live alone in their own homes. This supervision is significant both for preventing accidents and for responding quickly to accidents. The safety of residents is a core consideration in the inspection of these settings by the Regulation and Quality Improvement Authority (RQIA) and other agencies.

Notwithstanding the differences between domestic settings and those residential settings that are not within the scope of the strategy, it is expected that some of the measures that will implement the strategy will be applicable in residential settings.

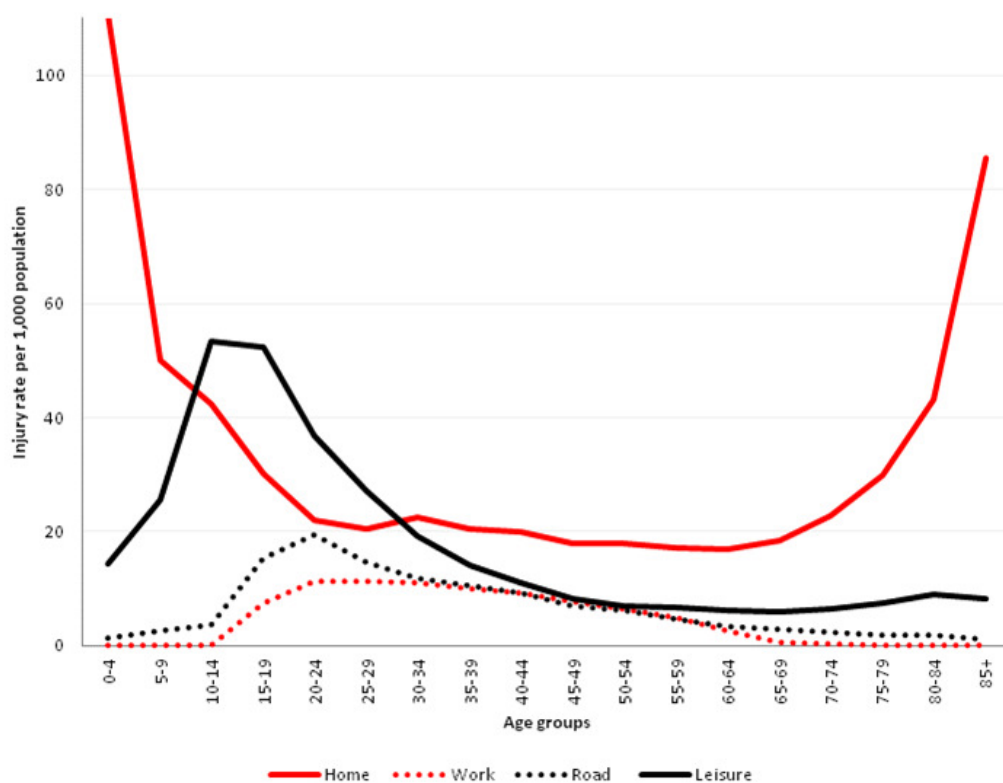
### **Priority groups**

Most home accidents can be prevented by identifying their causes and removing these, or reducing people’s exposure to them. The environments in which people live do much to determine injury risks and opportunities for injury prevention.

This Strategy is aimed at the entire population of Northern Ireland as accidents can and do affect everyone. However there are groups of people who are more likely to have accidents and more likely to suffer long-term effects as a consequence of an accident. The focus of this strategy is on children under 5, people over 65 and people who are socially deprived however, it is recognised that the risk of having an accident can increase depending on a range of circumstances including disability, illness, multiple medications or other types of vulnerability.

Figure 7 demonstrates the increased rate of accidents among young children and older people.

Figure 7: Unintentional injury rates by age



Source: RoSPA

### Children under 5

More than any other group, under-5s depend on others for their safety as they become able to explore their home environment before they gain knowledge and understanding of hazards and the skills to respond to them. Preventing injuries in young children depends on creating safer products and home environments for them and on influencing those who care for them. Adults are the people responsible for the safety of young children in the home, as parents or in other capacities, and they can do much to provide safe environments and model safety and risk management behaviour.



## **People over 65**

The population of Northern Ireland is getting older and the number of older people will continue to increase. There are now 266,000 people aged over 65 years living in Northern Ireland (15% of the population). This has increased over the last 20 years by 60,000 and is forecast to double again by 2051. The biggest increase has been in people aged 85 years and over, a group that has doubled in size in the last 20 years and which is set to quadruple by 2051<sup>5</sup>. Older adults are more vulnerable to home accidents due to existing medical conditions, impaired mobility and gait, increased sedentary behaviour, fear of falling, impaired cognition, visual impairment and foot problems. The impact of home accidents tends to be high, as older adults have lower recuperative capacity. For older people recognition of the implications of ageing for home safety and preparation for these can do much to increase the chance of maintaining an independent and active life free from serious injury.

An ageing population is a significant achievement, reflecting advances in health and quality of life. A key challenge will be to enable older people to remain in good health for as long as possible.

Figure 8 shows data collected through home safety checks which relates to children and older people. The data for children is based on 2,689 checks carried out between April 2012 and March 2013. Although the service is targeted towards families with children under 5, the data may contain families with children under 18 with disabilities.

The data relating to older people is based on 4,333 checks carried out by Home Safety Officers between April 2010 and March 2013. Although the service is targeted at those over 65, it does not exclusively cover these people and includes vulnerable adults.

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<sup>5</sup> Source: Director of Public Health Annual Report 2012/NISRA

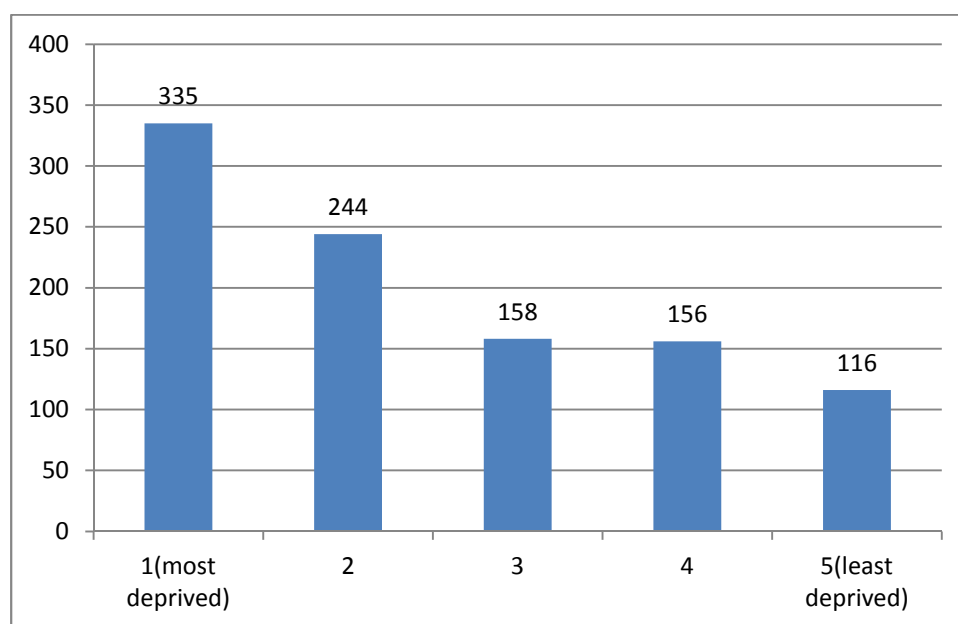
**Figure 8: Data from checks carried out by Home Safety Officers**

Children	Older People
<ul style="list-style-type: none"> <li>• 9% had an accident in the 12 months before their check</li> <li>• 72% were falls</li> <li>• 29% visited GP</li> <li>• 44% went to hospital</li> <li>• 12% admissions</li> <li>• 77% didn't have stair gates</li> <li>• High percentage of concern regarding burns/scalds and medicines management</li> </ul>	<ul style="list-style-type: none"> <li>• 29% had a home accident in the 12 months before their check</li> <li>• 94% of these were falls</li> <li>• 44% visited hospital</li> <li>• 36% admissions</li> <li>• 20% didn't have adequate smoke alarms</li> <li>• Over 2/3 homes that require audible carbon monoxide monitors did not have one</li> </ul>

**People who are socially deprived**

The number of deaths due to unintentional injuries in the home is considerably higher among those living in more deprived areas. See Figure 9.

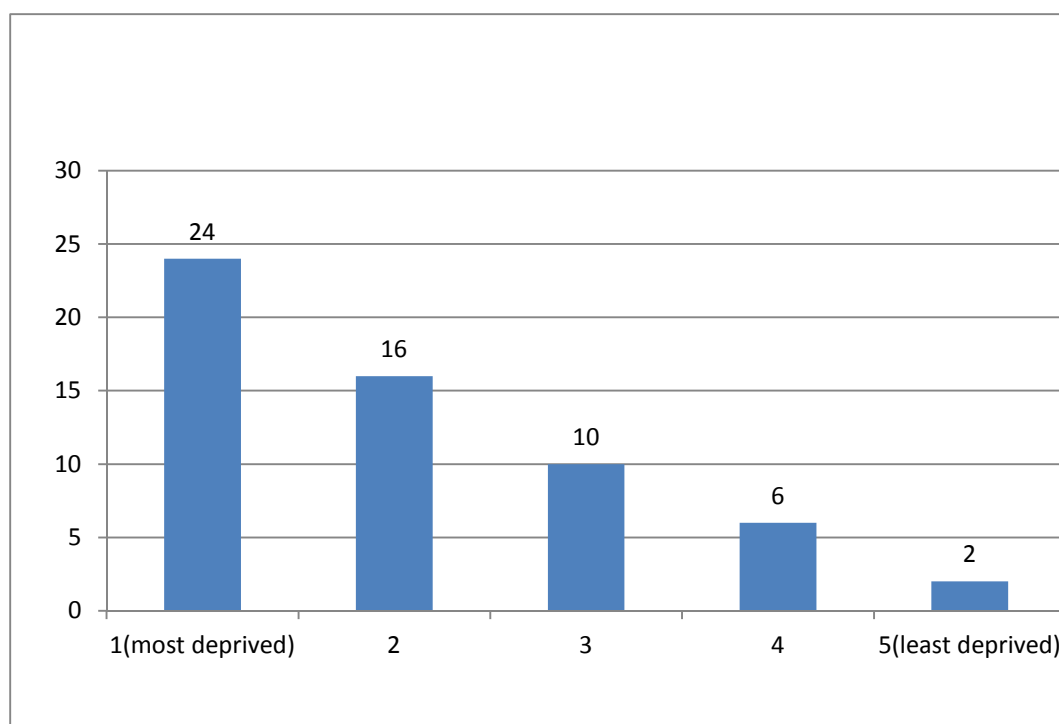
**Figure 9: Total Northern Ireland home accidents by deprivation quintile (2001-2011)**



Source: PHA analysis of deaths data from The General Register Office for Northern Ireland

Between 2001 and 2011, 24 children and young people aged 0-19 years from the most deprived quintile of Super Output Areas (local geographical units used for the Census) died as the result of an unintentional injury in the home compared with two children and young people aged 0-19 years living in the least deprived quintile. See Figure 10.

Figure 10: Child and Young Person home accident deaths by deprivation quintile (2001-2011)



Source: PHA analysis of deaths data from The General Register Office for Northern Ireland

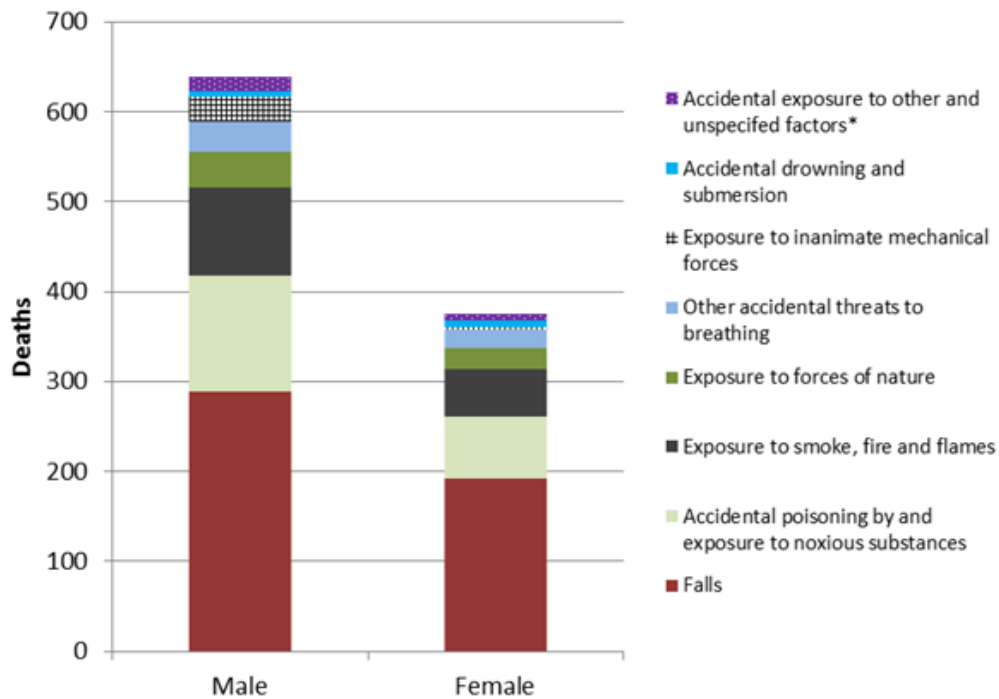
### **Types of home accident**

Accident trends vary and the type of accident suffered can be influenced by a range of factors such as weather, time of the year, demographics, economic factors that can affect the types of products we buy, including home safety aids, as well as services we use or do not use to maintain appliances. Regardless of these factors, the basics of accident prevention, i.e. supervision, risk assessment, hazard identification and reduction, remain the same.

Falls are the major cause of unintentional injury and death occurring in the home accounting for 480 deaths (288 male; 192 female) between 2001 and 2011, equating

to just under half (47%) of all unintentional injury and deaths at home. See Figure 11.

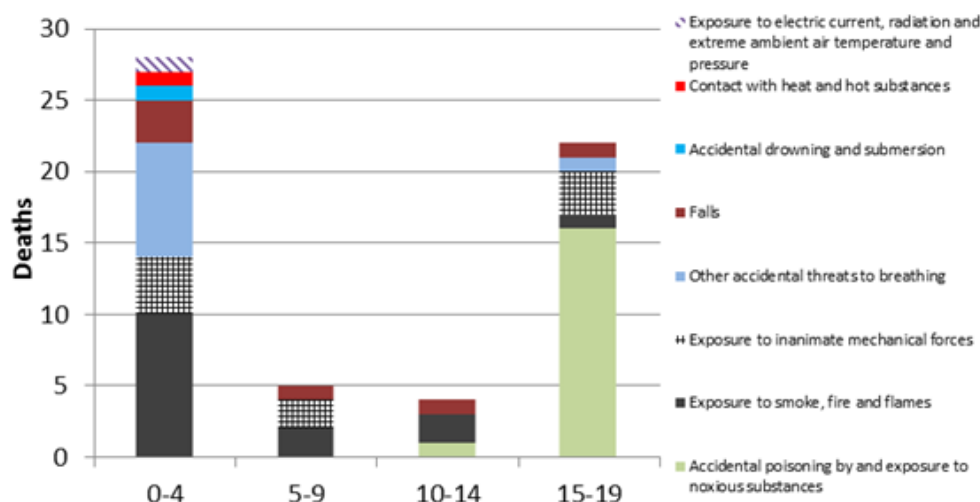
**Figure 11: Unintentional Injury Deaths Occurring at Home 2001-2011**



Source: PHA analysis of deaths data from The General Register Office for Northern Ireland

The numbers and causes of unintentional injury deaths in children and young people that occur at home vary substantially by age. In young people aged 15-19 accidental poisoning is the main cause of death. Of the 17 accidental poisoning deaths in those aged 10-19, nine were due to Carbon Monoxide (CO) poisoning. See Figure 12.

Figure 12: Unintentional Injury Deaths Occurring at Home in Children and Young People 2001-2011



Source: PHA analysis of deaths data from The General Register Office for Northern Ireland

Within the lifetime of this strategy it is intended that focus will remain on the following.

### Falls

The risk of falling in the home increases with age. A substantial number of falls are due to unspecified reasons and occur whilst moving about on one level. This may reflect instability associated with impaired general health. The cause of a fall is often multi-factorial, involving both environmental hazards and an underlying medical condition. Strength, balance and gait, decline in vision, mental health problems and deficiencies in the diet are all contributory factors. Although prescription medicines are seldom the sole cause of falls, they may also be a major risk factor, as can dehydration.

Falls account for 71% of all fatal accidents to those aged 65 and over<sup>6</sup> and are increasing, representing the most common cause of admissions to hospital in those

<sup>6</sup> RoSPA. 30 March 2012::

[www.rospa.com/homesafety/adviceandinformation/olderpeople/accidents.aspx](http://www.rospa.com/homesafety/adviceandinformation/olderpeople/accidents.aspx)

/ Director of Public Health Report :

[http://www.publichealth.hscni.net/sites/default/files/DPH\\_Report\\_05\\_13\\_0.pdf](http://www.publichealth.hscni.net/sites/default/files/DPH_Report_05_13_0.pdf)

aged over 65<sup>7</sup>. Studies have shown that one third of people aged over 65 in the general population have one fall per year, with 40–60% of these falls causing injury<sup>8</sup>. 50% of people who have suffered a hip fracture can no longer live independently. Fear of falling again reduces quality of life and wellbeing, even if a fall does not result in serious injury. Based on costs from 2009/10, the South Eastern HSC Trust *Falls and osteoporosis strategy* estimated that for every hip fracture avoided, approximately £10,170 could be saved<sup>9</sup>.

There are already a number of programmes aimed at falls prevention, and focus will remain on trying to reduce the number of falls.

### **Carbon monoxide**

Exposure to carbon monoxide by any fossil fuel-burning appliance that is not properly installed or regularly serviced can lead to death or illness. The “Power NI Carbon Monoxide Report 2011” showed that 69% of their customers said they had not undertaken the recommended annual boiler check<sup>10</sup>.

According to the Annual Report of the Register General 2009, since 2001, 72% of all deaths by CO poisoning in Northern Ireland have occurred in urban areas. Of these deaths, 37% occurred in Greater Belfast, which is in proportion to population size. The Health and Safety Executive NI (HSENI) have lead responsibility for carbon monoxide safety, and work in conjunction with a range of other accident prevention agencies and DHSSPS to raise awareness of the dangers of carbon monoxide.

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<sup>7</sup> Physiotherapy works: Fragility fractures and falls. Chartered Society of Physiotherapists. June 2011. <http://www.csp.org.uk/professional-union/practice/evidence-base/physiotherapy-work/> / [http://www.publichealth.hscni.net/sites/default/files/DPH\\_Report\\_05\\_13\\_0.pdf](http://www.publichealth.hscni.net/sites/default/files/DPH_Report_05_13_0.pdf)

<sup>8</sup> South Eastern Health and Social Care Trust. Falls and osteoporosis strategy 2012–2016. Belfast: South Eastern HSCT, 2012./ Director of Public Health report: [http://www.publichealth.hscni.net/sites/default/files/DPH\\_Report\\_05\\_13\\_0.pdf](http://www.publichealth.hscni.net/sites/default/files/DPH_Report_05_13_0.pdf)

<sup>9</sup> [http://www.publichealth.hscni.net/sites/default/files/DPH\\_Report\\_05\\_13\\_0.pdf](http://www.publichealth.hscni.net/sites/default/files/DPH_Report_05_13_0.pdf)

<sup>10</sup> RoSPA Big Book of Accident Prevention NI <http://www.rospa.com/PublicHealth/big-book-ni.pdf>

## **Smoke, fire and flames**

The majority of deaths and serious injuries caused by house fires are the result of exposure to smoke and toxic gases produced by the fire, rather than exposure to heat and flames. Carbon monoxide poisoning is the main cause of death following smoke inhalation. Smoke also obscures the vision of those trapped by fire, decreasing their ability to escape to a place of safety.

## **Blind cord safety**

Blind cord accidents and deaths typically affect children aged 16-36 months. They are particularly distressing and completely preventable.

In September 2013, the four UK Chief Medical Officers agreed to establish a UK group, led by the Chief Medical Officer for Northern Ireland and comprising membership from the UK's four public health agencies, RoSPA and the British Blind and Shutter Association (BBSA), with the aim of exploring the scope for collaborative working to reduce blind cord accidents and deaths.

The group will provide a report and recommendations to the UK CMO Group.

In the meantime the Public Health Agency, District Councils and RoSPA continue to promote awareness of the dangers of blind cords.

## **Objectives and strategic priorities**

For each of the four objectives that are proposed for the Strategy there will be a set of strategic priorities which in turn will guide specific actions.

### **Objective 1: Empowering people**

- Raise awareness of:
  - the scale and impact of home accidents;
  - the causes of home accidents and how to prevent them; and
  - the risk factors for under 5s and over 65s.
- Support and deliver effective preventative measures to reduce home accidents.
- Seek to influence behavioural change to reduce accidents.

- Promote personal responsibility for preventing unintentional injuries in the home.
- Encourage and promote awareness of product safety when making purchasing decisions and the importance of responding to publicised product recalls associated with consumer goods.

### **Objective 2: Safer home environment**

- Deliver, support and promote the Home Safety Assessment Scheme.
- Promote safer built environments.
- Provide home accident prevention equipment.

### **Objective 3: Training, skills and knowledge**

- Support training and awareness programmes for people who come into contact with target groups.
- Support professional development for those involved in the delivery of home accident prevention.
- Seek to increase the number and type of organisations involved in accident prevention work. (public, private, commercial, voluntary, community).

### **Objective 4: Improve evidence base**

- Enhance the capacity of information systems to capture and provide key data on:
  - the potential for home accidents;
  - injuries and deaths that have resulted from home accidents;
  - patient outcomes following injuries from home accidents; and
  - injured person's socio-economic background.
- Evaluate the Home Safety Assessment Scheme.
- Support the development of appropriate systems to comprehensively capture information in relation to home accidents.
- Make formal links with the Injury Observatory for Britain and Ireland.
- Share and learn from best practice elsewhere.



### **3. Making it happen**

The aim and objectives of this Strategy can be achieved if there is a coordinated approach which ensures effective partnership working between Government departments, statutory, private, voluntary and community sectors. If the four objectives identified in **Chapter 2**, are comprehensively realised, the ultimate goal of the population of Northern Ireland having the best chance of living in a safe home environment where there is negligible risk of unintentional injury will be within reach.

#### **Data collection**

The reason to collect information on injuries is to act as a catalyst for prevention. While various techniques currently exist to capture data, including digital pen data from the home safety checks and some Accident and Emergency data, significant further work needs to be done in order to capture information in a uniform and useful format.

#### **Action Plan**

An Action Plan to accompany the Strategy will be developed by the Public Health Agency. If the objectives are to be met, it is essential that structures are in place to oversee the programme of action. The Plan's success will also require sufficient resources and systematic arrangements for monitoring and accountability.

#### **Managing the Plan**

The Public Health Agency will be responsible for implementation and evaluation, with the assistance of a multi-agency Implementation Group to oversee and drive forward the actions outlined in the Plan. The Group will develop a rolling Action Plan and will report progress to the Department on an annual basis. This will be made available on the Departmental website.

#### **Resources**

A number of agencies currently dedicate significant funding and resources to home accident prevention. Implementation will require further effective use of existing resources across partner agencies, with alignment against key strategic priorities.

Implementation will also make good use of new funding opportunities, alongside the development of innovative approaches to achieve the objectives of the strategy.

## **Review**

The Plan will be reviewed after one year to assess progress against objectives and targets, and to inform the roll-forward of the new action plan. Thereafter reviews will be conducted every three years.

## **Accident prevention: roles and responsibilities**

The implementation of an Action Plan requires input from a variety of organisations, agencies and individuals ranging from Government Departments, Health and Social Services and local councils, to the voluntary sector and local communities.

**The Department of Health, Social Services & Public Safety (DHSSPS)** is responsible for the health and well-being of the population and therefore has a key role to play in delivering the aims of the Strategy and Action Plan.

In the longer term, DHSSPS will monitor the impact of the Strategy and the Action Plan on accident reduction.

**The Public Health Agency (PHA)** is the major regional organisation for health protection and health and social wellbeing improvement. The PHA role commits to addressing the causes and associated inequalities of preventable ill-health and lack of wellbeing. It is a multi-disciplinary, multi-professional body with a strong regional and local presence.

In fulfilling the mandate to protect public health, improve public health and social wellbeing, and reduce inequalities in health and social wellbeing, the PHA works within an operational framework of three areas: Public Health, Nursing and Allied Health Professionals, and Operations.

The PHA will be responsible for the development and implementation of the Home Accident Prevention Action Plan at regional and local level.

**Health and Social Care Trusts** are the main providers of health and social care services to the population of Northern Ireland. The work of the Trusts is guided by a wide range of policy development, from local evidence through to national policies, governing how care will be organised, delivered and managed. This extends to health and wellbeing which is an integral part of the care and services provided by Trust staff and which is delivered to local communities through health improvement and community development plans. Trusts work in partnership with DHSSPS and the Public Health Agency as well as many other statutory, commercial, community and voluntary organisations. In doing so Trusts play an active role in realising the aims of the strategy and action plan through responsibility for development and implementation at a local level.

**Health and Social Care Board (HSCB)** seeks to develop health and social care services across Northern Ireland. The role of the Health and Social Care Board is broadly contained in three functions:

- to commission a comprehensive range of modern and effective health and social services for the 1.8<sup>11</sup> million people who live in Northern Ireland;
- to work with the Health and Social Care Trusts that directly provide services to people to ensure that these meet their needs; and
- to deploy and manage its annual funding to ensure that all services are safe and sustainable.

**The Northern Ireland Fire & Rescue Service (NIFRS)** seeks to deliver a fire and rescue service and work in partnership with others to ensure the safety and well-being of the community. NIFRS responds to fires, road traffic collisions and other specialist rescue incidents and provides community safety education and advice.

**Department of Education's (DE)** primary duty is to promote the education of the people of Northern Ireland and to ensure the effective implementation of education policy. DE's main statutory areas of responsibility are 0-4 provision, primary, post-primary and special education and the youth service.

**District Councils** have many statutory functions bearing directly on health and quality of life. These include environmental health, consumer protection and building

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<sup>11</sup> NISRA Census 2011

control. They also provide home safety checks. All these functions can specifically impact on the prevention of home accidents.

**Home Accident Prevention Northern Ireland (HAPNI)** is a voluntary network which aims to prevent all kinds of accidents that occur in and around the home. HAPNI groups provide a local forum of employer-supported and traditional volunteers and work in partnership with many of the other key stakeholders responsible for accident prevention including District Councils, Trusts, NIFRS and NIHE.

**Health and Safety Executive for Northern Ireland (HSENI)** is the lead body responsible for the promotion and enforcement of health and safety at work standards in Northern Ireland. The HSENI mission statement is "To ensure that risks to people's health and safety arising from work activities are effectively controlled." HSENI is currently the chair of the Carbon Monoxide Safety Group for Northern Ireland and as such is fully committed to raising awareness of the risks associated with carbon monoxide to the public.

**Northern Ireland Housing Executive (NIHE)** works with local communities and other agencies in the public, private and voluntary sectors to tackle issues that affect quality of life for the entire population including:

- the physical and social regeneration of local neighbourhoods;
- community safety and reductions in anti-social behaviour; and
- good community relations.

**An Munia Tober** is a community voluntary group that aims to provide support to Traveller families including personal development, toybox projects for pre-schoolers, after-schools projects, youth programmes and alternative education programmes. They also provide support for Travellers on health, housing, education, training and development.

**The Royal Society for the Prevention of Accidents (RoSPA)** promotes safety and the prevention of accidents at work, at leisure, on the road, in the home and through safety education. In Northern Ireland, RoSPA receives funding from DHSSPS to deliver up to date, researched information, training and support services on all aspects of home safety. RoSPA also acts as a point of contact on issues relating to

road safety and workplace safety in Northern Ireland, signposting these to the relevant departments within RoSPA UK.

## 4. Consultation

To develop and deliver an effective home accident prevention strategy, community engagement and participation are crucial.

The priorities listed in Chapter 2 are proposals which are being considered at this stage, rather than firm commitments. Before finalising these objectives and priorities it is important to gather information, opinions and ideas from the whole range of interested parties.

### Responding to the consultation

To respond to this consultation please complete the attached pro-forma. It would be helpful if your response is submitted electronically. Responses should be emailed to DHSSPS Population Health Directorate at

[phdconsultation@dhsspsni.gov.uk](mailto:phdconsultation@dhsspsni.gov.uk) or

posted to:

Health Protection Branch  
DHSSPS  
Level C4  
Castle Buildings  
Stormont  
Belfast  
BT4 3SQ

If your organisation would like to meet members of the strategy working group to discuss any aspect of the Strategy please contact 028905 22059 to arrange a meeting.

Your response should reach the Department by 9 September 2014.

### ***Freedom of Information Act 2000 – confidentiality of consultations***

The Department will publish a summary of responses following completion of the consultation process. Your response and all other responses to the consultation may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. Before you submit your response please read the following below on the confidentiality of consultations and they will give

you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely DHSSPS in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or be treated as confidential. If you do not wish information about your identity to be made public please include an explanation in your response.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Secretary of State for Constitutional Affairs' Code of Practice on the Freedom of Information Act provides that:

- the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;
- the Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature, and
- acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see web site at: <http://www.informationcommissioner.gov.uk/>).

### ***Statutory equality duty***

Section 75 of the Northern Ireland Act 1998 requires public bodies, in carrying out their functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity and to have regard to the desirability of promoting good relations. <http://www.legislation.gov.uk/ukpga/1998/47/section/75>

Before it is adopted this Strategy will be screened for the purposes of s75, in order to decide whether an Equality Impact Assessment should be carried out. With this in mind, the consultation on the draft Strategy is an opportunity to identify any concerns that may need to be addressed. If in your view any element of the Strategy has the potential to have an adverse impact on any group of people defined by reference to any of the nine distinctions in s75(a), we would be grateful for any evidence – quantitative or qualitative – that should be considered before this Strategy is adopted.



## Consultation response pro-forma

### A Home Accident Prevention Strategy Consultation for Northern Ireland

**Name and address of organisation or individual responding:**

**If you are responding on behalf of an organisation, name of contact person:**

**Note: If you wish to respond to some or only one of the questions, please do so. The Department will welcome and will consider all responses.**

- 1 Given the case that has been made for having a home accident prevention strategy, do you agree that the Vision and Strategic Aim are appropriate? We would welcome any amendments that you may wish to suggest.

**2** We would welcome your views on the definition of a “home” (Chapter 2, P 14).

**3** We have identified priority groups as being the under-5s, over-65s and people who are socially deprived. We would welcome your views on this prioritisation.

**4** We have identified priority issues for focus as: falls, carbon monoxide, smoke, fire and flames, and blind cords. We would welcome your views on this prioritisation.

**5** Do you agree that the Objectives and Strategic Priorities are a good basis for action? We would welcome any amendments that you may wish to suggest.

**6** The Public Health Agency will be responsible for implementation and evaluation of the Strategy and will develop an Action Plan in conjunction with a multi-agency Implementation Group. We would invite your views on potential actions that could facilitate delivery of the proposed objectives and priorities.

**7** We would welcome your views on how best to raise public awareness of home accident prevention.

**8** Progress in delivering the Strategy will be monitored and its effectiveness will be reviewed periodically. How best should we monitor and assess the impact of the Strategy over time?

**9** To help the Department to identify any potential adverse impacts that the Strategy could have on equality of opportunity, please indicate any evidence – qualitative or quantitative – of potential adverse impacts on any group defined by reference to any of the nine distinctions in section 75(1) of the Northern Ireland Act 1998.

**10** Please provide any other comments or suggestions that you feel could assist the development and/or delivery of the Strategy.

## **Appendix 1: Drafting Group membership**

### **Department of Health, Social Services and Public Safety**

Castle Buildings  
Stormont Estate  
Belfast  
BT4 3SQ

### **Public Health Agency**

12-22 Linenhall Street  
Belfast  
BT2 8BS

### **Southern Health and Social Care Trust**

Craigavon Area Hospital  
68 Lurgan Road  
Portadown  
BT63 5QQ

### **Western Health and Social Care Trust**

Altnagelvin Area Hospital  
Glenshane Road  
Londonderry  
BT47 6SB

### **Health and Social Care Board**

12-22 Linenhall Street  
Belfast  
BT2 8BS

### **Northern Ireland Fire and Rescue Service**

1 Seymour Street  
Lisburn  
BT27 4SX

### **Royal Society for the Prevention of Accidents**

Ground Floor  
3 Orchard Close  
Newpark Industrial Estate  
Antrim, BT1 2RZ

### **Castlereagh Borough Council**

Civic and Administrative Offices  
1 Bradford Court  
Upper Galwally  
Belfast  
BT8 6RB

**Department of Education**

Rathgael House  
Balloo Road  
Rathgill  
Bangor  
BT19 7PR

**Health and Safety Executive**

83 Ladas Drive  
Belfast  
BT6 9FR

**Home Accident Prevention Northern Ireland**

c/o 2nd Floor, Cecil Ward Building  
Linenhall Street  
Belfast  
BT2 8BP

**Northern Ireland Housing Executive**

2 Adelaide Street  
Belfast  
BT2 7BA

**An Munia Tober**

77 Springfield Rd  
Belfast  
BT12 7AE