



The Royal Society for the Prevention of Accidents

accidents don't have to happen



# Safe and active at all ages

A national strategy to prevent serious  
accidental injuries in England

Executive Summary and  
recommendations  
May 2019

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# Why do we need a national strategy?

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Accidents are a leading preventable cause of death, serious injury and long-term disability. They devastate individuals, families, communities and businesses and place a huge burden on our health and social care system, and on society as a whole.

Yet relatively few accidents are unforeseeable and the majority are preventable through the application of proportionate safety measures.

There have been significant reductions in accidental death and injury on the roads and in workplaces, with nationally-led strategic approaches to prevention being implemented for both road and occupational safety.

Sadly, home and leisure accidents have not benefited from such rigorous and enduring national strategic approaches, and fatal accidents have increased. This increase (particularly in falls and accidental poisoning) contributed to an overall rise in deaths from accidents in England from 2013–2016. Data from 2012/13–2016/17 also shows that hospital admissions as a result of accidents have increased, with a rise in the number of falls being the most significant contributory factor.

But the impact of accidents is not just measured in statistics. At the heart of each one is a person whose life has been lost or irrevocably altered. Their family, friends, neighbours and colleagues also experience the trauma of the sudden, often violent, event. The impact is not only physical, but also social, psychological and financial.

While accidents affect people of all ages, there are particular challenges relating to the safety of young

children and older people in the home, young drivers and young people engaged in leisure activities. There are also significant health inequalities, with the highest accident rates being among those living in our poorest communities.

There are good examples of accident prevention across the country; however, there is little consistency in the quantity and quality of interventions. This is why RoSPA and its partners in the National Accident Prevention Strategy Advisory Group have produced a strategy. Its aim is to achieve a step-change in the delivery of accident prevention programmes across England. Its objective is to secure local and national commitment by a range of stakeholders to implement evidence-based approaches that will reduce the costly burden of accidents on individuals, families, businesses and the health and social care system.

The success of the strategy will depend upon the commitment of a wide range of partners. It is hoped that all the organisations and professionals for whom there are recommended actions will consider their contribution to making life safer and healthier. RoSPA and its partners will take forward a comprehensive engagement programme to secure such commitment.

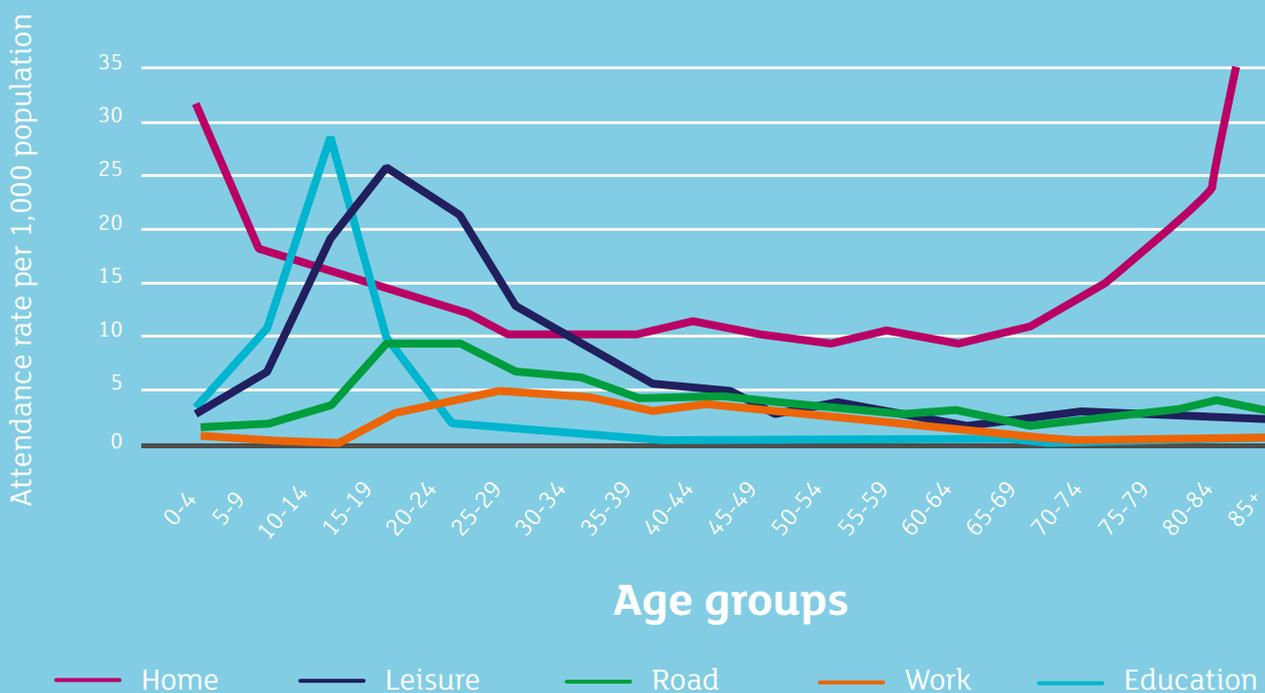
If you want to know more about getting involved or want to register your commitment to contributing to the strategy's delivery, please email [campaigns@rospa.com](mailto:campaigns@rospa.com). To read the strategy in full, visit [www.rospa.com/nationalstrategy](http://www.rospa.com/nationalstrategy)



The collection of robust data is vital if we are to succeed in making real step-changes in accident prevention. Without it, those with a responsibility for injury prevention will not be able to develop targeted interventions where they are needed most. Below is a profile of accidental injury derived from Oxfordshire A&E admissions data. It is a profile which appears to be universal, applying equally to Oxfordshire, the United Kingdom or Europe. We suffer most of our accidents in the ‘safety’ of our homes, with homes (in pink) accounting for 40% of injuries. The most vulnerable – the very young and the elderly – have more home accidents than anyone else. Leisure (in blue) - which includes activities ranging from visiting shopping centres and

walking the dog to marathon-running and playing soccer – accounts for 25% of accidental injuries, with teenagers and young adults suffering most leisure accidents. Road (in green) and workplace (in orange) account for a relatively small proportion of accidental injuries, thanks to decades of successful accident prevention programmes by vehicle manufacturers, road safety officers, emergency services, employers, employees and national government agencies. Educational establishments (in turquoise) are a significant injury location for teenagers. People in their mid to late 60s have the lowest rate of accidental injuries, wherever they are.

Emergency department attendances due to unintentional injuries (rates), Oxford University Hospitals NHS Trust (John Radcliffe and Horton General), January 1, 2012 – December 31, 2012



Oxford University Hospitals NHS Trust Emergency Departments, John Radcliffe and Horton General. 2012.

# The recommendations

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The recommendations are based on evidence of where the greatest accident prevention problems are and a discussion on the effectiveness of various interventions.

The majority are aimed at those with responsibility for setting the accident prevention agenda locally, either in local authorities or the NHS, such as directors of public health, health and wellbeing boards, clinical commissioning groups and elected members with public health portfolios.

However, there are also opportunities for those with frontline delivery roles to play an important part, including: health professionals; those working in education or early years roles; planning and highways departments and businesses, which are well placed to have an impact on the communities in which they operate.

On some issues, national action by government departments and other national organisations is needed.

Accident prevention is not separate from other issues within England's public health system and there are links to other priority areas, such as encouraging an active lifestyle, reducing air pollution and tackling drug and alcohol use.

The following broad themes provide an initial set of five strategic recommendations that have relevance across the life course:

## Health inequalities

**Recommendation 1:** Where there are health inequalities due to links between poverty and injury rates, address these as a priority.

## Data collection

**Recommendation 2:** Ensure that accident-related data collected via the Emergency Care Data Set is made easily accessible to local and national practitioners, enabling them to monitor injury trends, set priorities and evaluate interventions.

**Recommendation 3:** Establish better accident-related data sharing among local agencies, to aid the identification of accident prevention priorities and the subsequent evaluation of interventions.

## Safer environments

**Recommendation 4:** Advocate for the provision of homes that are safer by design.

**Recommendation 5:** Make meeting the needs of vulnerable road users – pedestrians, cyclists, children and older people – a priority in local planning processes, with particular attention paid to lower speeds in built-up areas and with active travel promoted as a positive option.



# Children (0-14s)

## Strategic co-ordination and capacity-building

**Recommendation 6:** Ensure that a senior manager is designated the lead for child injury prevention so programmes are delivered in an integrated and systematic way and are supported by an injury prevention strategy and a multi-agency injury prevention group.

**Recommendation 7:** Support capacity-building through the provision of support and training for practitioners who work with children and families, enabling them to maximise the delivery of safety education for parents and carers, with families at higher risk of injury also being signposted to a home safety assessment and equipment.

**Recommendation 8:** Develop age-appropriate injury prevention topics for each Healthy Child Programme contact.



## Partnership-working on product safety

**Recommendation 9:** Work in partnership to identify and address emerging issues related to the safety of consumer products and children.

## Education and training for children

**Recommendation 10:** Ensure that children at Key Stages 1 and 2 have opportunities to undertake pedestrian training, with a particular focus on promoting safe and active travel.

**Recommendation 11:** Ensure that the prevention of accidental injuries is a core topic within the new compulsory health education curriculum for all schools.

**Recommendation 12:** Support the delivery of the UK Drowning Prevention Strategy, with a particular focus on promoting learn-to-swim and water safety education in schools.

# Young people (15-24s)

## Education and training for young people

**Recommendation 13:** Act on the findings of the controlled evaluation of approaches to young driver safety (expected in 2020), taking steps towards implementing a graduated driver licensing system if none of the other approaches are found to show the same promise.

**Recommendation 14:** Ensure that the prevention of accidental injuries is a core topic within the new compulsory health education curriculum for all schools.

**Recommendation 15:** Support the delivery of the UK Drowning Prevention Strategy, with a particular focus on increasing young people's awareness of everyday risks in, on and around water, and incorporating these risks in community-level water safety risk assessments and water safety plans.

## Research

**Recommendation 16:** Research the contributory factors leading to accidental harm to young people who misuse drugs (legal or illegal) and potential preventative interventions.

**Recommendation 17:** Research the contributory factors leading to accidental falls among young people and potential preventative interventions.



# Adults (25-64s)

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## Utilising the workplace

**Recommendation 18:** Encourage the collection of data on absence from work that results from accidents that happen away from work – either to workers or those for whom they have caring responsibilities.

**Recommendation 19:** Help employers to understand their duty to manage the risks their staff face and create when using the road for work, and encourage the collection of work-related road accident figures and the evaluation of current work-related road safety interventions.

**Recommendation 20:** Develop a network of higher-performing organisations that can lead the way on developing the evidence basis for “carry over” safety programmes from the workplace into other parts of life, particularly on falls prevention.

## Research

**Recommendation 21:** Research the contributory factors leading to accidental harm to people of working age who misuse drugs (legal or illegal) and potential preventative interventions.



# Older people (over-65s)

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## Home safety

**Recommendation 22:** Implement the recommendations of the National Falls Consensus Statement, ensuring that primary falls prevention is included in local plans and strategies alongside robust mechanisms for those who have already fallen.

**Recommendation 23:** Promote and support the development of local partnerships to enable the roll-out of home safety visits that seek to address multiple safety and health issues e.g. fire safety, falls prevention and other aspects of health and wellbeing.

## Road safety

**Recommendation 24:** Promote self-assessment tools as a first step towards older drivers thinking about how they can drive safer for longer, with signposting to further sources of help and information about alternative methods of transport.

## Research

**Recommendation 25:** Research the contributory factors leading to accidental harm to older people who misuse drugs (legal or illegal) and potential preventative interventions.



## Acknowledgements

“Safe and active at all ages: a national strategy to prevent serious accidental injuries in England” was developed by the Royal Society for the Prevention of Accidents (RoSPA) with members of the National Accident Prevention Strategy Advisory Group (NAPSAG) and contributions from associated organisations and individuals. NAPSAG was chaired by the Rt Hon Stephen Dorrell and consisted of representatives of: Public Health England; Association of Directors of Public Health; Blackburn with Darwen Council; Faculty of Public Health; Institute of Health Promotion and Education; Institute of Health Visiting; Royal College of Emergency Medicine; Royal College of Nursing; Royal College of Paediatrics and Child Health; Royal Society for Public Health; University of Nottingham and University of the West of England.

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