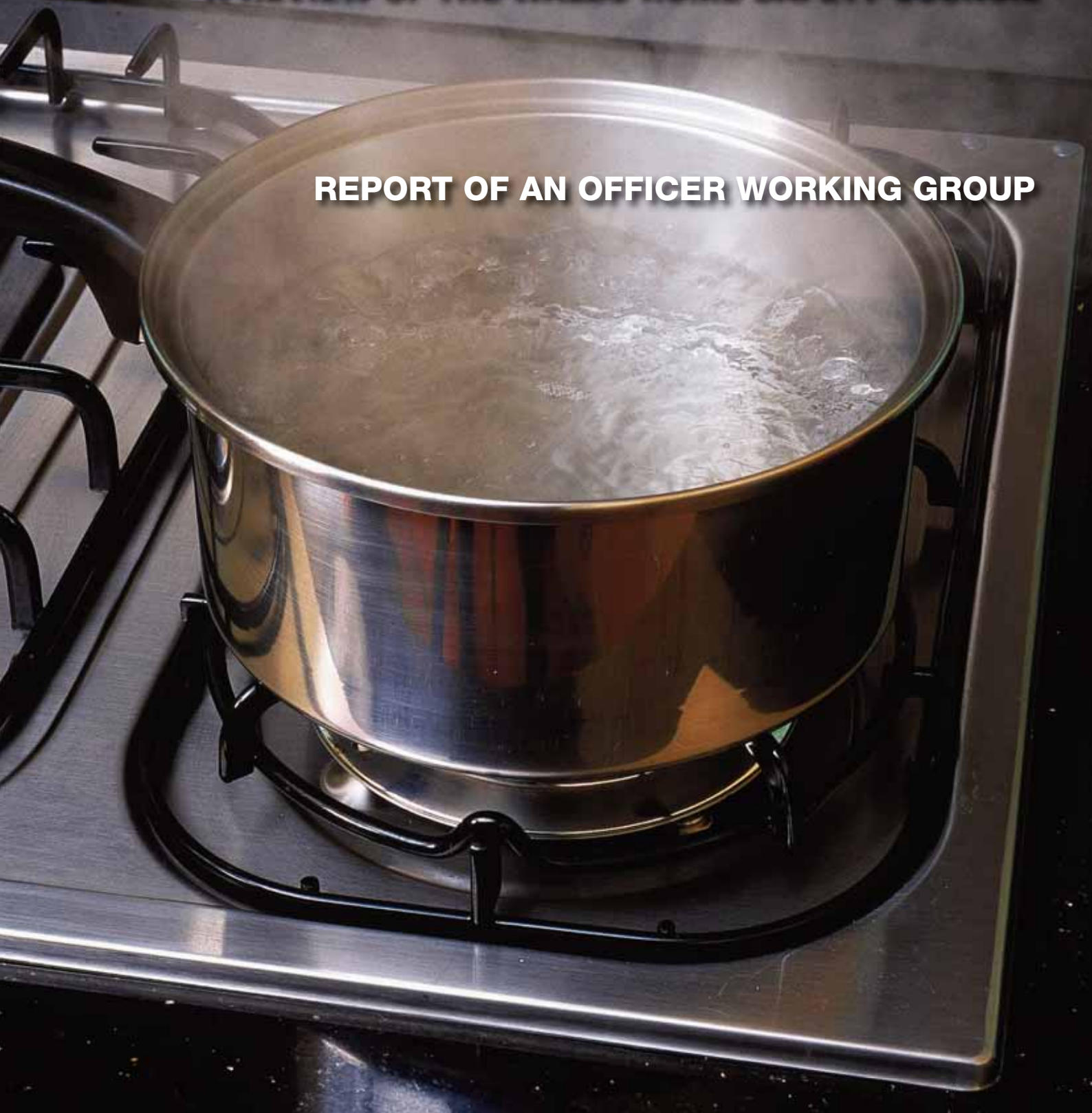
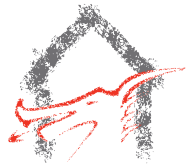


# **WALES HOME SAFETY COUNCIL**

## **A REVIEW OF THE WALES HOME SAFETY COUNCIL**

### **REPORT OF AN OFFICER WORKING GROUP**





## A REVIEW OF THE WALES HOME SAFETY COUNCIL

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## A REVIEW OF THE WALES HOME SAFETY COUNCIL

### 1. INTRODUCTION

1.1 At a time when there appears to be an increasing wealth of organisations and National Service Frameworks aimed at reducing accidents in the home the Wales Home Safety Council (WHSC) finds itself in a position where it needs to review its 'raison d'être' and determine whether it still has a role to play in influencing home accident prevention in Wales.

1.2 The fundamental review will determine whether the WHSC has outlived its usefulness, should cease to exist as an organisation, or indeed, if it does have a wider role of galvanising support amongst local authorities for Home Injury Prevention, albeit in a revised form.

### 2. STRUCTURE OF REVIEW

2.1 This review was being carried out by an Officer Working Group led by Steve Delahaye of Caerphilly County Borough Council.

2.2 The Working Group consisted of:

Steve Delahaye, Caerphilly CBC (Chair)  
Helen Wilson, Pembrokeshire CC (Secretary, WHSC)  
Robert Powell, Rhondda Cynon Taff CBC (Treasurer WHSC)  
Helen Picton, Torfaen CBC (Lead Officer, Product Safety, WHOTS)  
Karen McFarlane, ROSPA, (Strategic Development Officer, RoSPA Wales), now Development Officer, Children in Wales  
Huw Thomas, Isle of Anglesey CC (Executive Member, WHSC)

2.3 The Working Group needed to have some structure to enable it to carry out its review. The option of employing a consultant or a research organisation to carry out the review, was not a viable option.

2.4 The Working Group of officers were volunteers and had limited time and availability.

2.5 The review was therefore carried out by meetings and e-mail exchange where discussions took place around a background paper outlining the current structure of the WHSC, considering its recent achievements, and success in influencing home accident and

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injury prevention in Wales and what added value it brings to local authority activities in this area.

2.6 The background paper also considered the occurrence and type of home accident and injuries in Wales, against a health agenda perspective and looked at who did what in Wales.

2.7 In order to assist the review and the discussions at the meetings a series of questions were posed and answered.

2.8 A survey was also conducted of a variety of stakeholders, and the results are summarised in 8.5.

### 3. BACKGROUND TO WHSC

3.1 The Wales Home Safety Council was established over 20 years ago to stimulate, support and co-ordinate the work of accident prevention in the home and at leisure within Wales.

3.2 The aims of the Council are to:

a) Stimulate, support and co-ordinate the work of accident prevention in the home and at leisure within Wales.

b) Promote, create awareness and knowledge related to accident prevention and safety matters within the home and leisure activities.

c) Enter alliances with other agencies to pro-actively reduce the number of home and leisure accidents.

d) Represent Wales on matters relating to home and leisure accident prevention.

3.3 Efforts to reduce accident and injury on our roads and in the workplace are underpinned by statutory legislation. Road Safety Wales has been established to develop and sustain co-operation and interaction between all 22 Local Authorities in Wales and/or agencies with the responsibility for local authority road safety promotion, the Welsh Assembly Government, the four Welsh Police Forces, the three Fire and Rescue Services, Welsh Ambulance Services NHS Trust and the Royal Society for the Prevention of Accidents. Their mission is “to further casualty reduction through collaborative working”.

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- 3.4 No such legislation exists to cover home safety and therefore there it was identified that there was a need for an effective, co-ordinated, structured approach to reduce accidents in the home environment.
- 3.5 Membership of the WHSC is open to Local Authorities and Statutory Organisations within Wales and other Organisations, voluntary or commercial as approved by the Council.
- 3.6 Despite an increase in membership in recent years the organisation is continually unable to attract membership from all 22 local authorities in Wales. In 2007/08, 18 local authorities were members, its best membership rate for a number of years. The majority of the subscriptions from these local authorities are paid by Environmental Health or Trading Standards Sections.
- 3.7 The Council meets four times a year at venues around Wales. Prior to these meetings, usually a month earlier an Executive Committee meets to discuss the agenda for the Council meeting.
- 3.8 Average attendance at meetings during 2007 and 2008 were:
- Council meetings: 11  
Executive meetings: 7
- 3.9 The main proactive activities of the WHSC over the last twelve month period have been:
- Availability of a home safety puppets trailer – can be borrowed by member local authorities.
  - An electrical safety initiative – “The Plugster”
  - Welsh accident prevention mapping exercise
  - Development of an interactive home safety resource for children and young people
- 3.10 Membership fee to the WHSC is £200 per annum. The funds of the WHSC at any one time seem to be approximately £5 – 7k.
- 3.11 Current expenditure is mainly on administrative support, sending members to the ROSPA Conference, meeting room and hire costs. During the financial year 2007/08 the WHSC made two large capital investments in the renovation of the puppet theatre and the ‘plugster’ initiative.

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### 4. HOME ACCIDENTS AND INJURIES IN WALES

4.1 Accidents in and around the home continue to be a major health problem and the cost to the National Public Health Service, commerce and industry in Wales is almost incalculable. The accident statistics and subsequent costs could be described as a hidden epidemic eating into the Welsh economy. The consequences of accidents and injuries affect us all, and we all have a role to play in their prevention.

4.2 Accidents and injuries occur in a wide variety of settings and environments, however the home is the most likely location, accounting for more than 92,000 A & E attendances across Wales every year. This number is more than road, work, school and sports accidents combined.

4.3 Home accidents are a major cause of death and injury and contribute substantially to potential years of life lost. They affect everyone, but those most at risk are children under 5 years and older people. The risk is

further increased by their socio economic circumstances and this contributes towards the known health divide and inequalities regarding home accidents across Wales. In addition, those with a disability or from a black and minority ethnic community have particular requirements in accessing home injury prevention information and advice.

4.4 Accidental deaths and injuries in the home are most commonly caused by falls, accidental poisoning, fire, burns and scalds. The three main categories of home accidents are:

- **Impact accidents** including falls, being hurt by falling objects and general ‘bumping into’ type accidents.
- **Heat accidents** including burns and scalds; and
- **Through mouth and foreign body accidents** including accidental poisonings, suffocation, choking and objects in the eye/ear/nose.

4.5 Our behaviour, socio economic circumstances, our physical home environment and the perception that accidents “just happen” influence the risk of accidents in the home.

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4.6 Around 95% of accidents are preventable and even making small changes in our behaviour alone can dramatically reduce the risk of a home accident.

4.7 There is a need to raise awareness that home injuries are predominantly linked to our behaviour, product and house design and to change the perception that accidents “just happen”.

4.8 An effective integrated, targeted and co-ordinated approach across statutory, community and voluntary sectors will have the most effect in reducing the risk of home injuries.

4.9 The health and economic benefits of home injury prevention include:

- Potential lives saved
- Improved quality of life, not only for individual, but also families
- Reduction in the cost of hospital, residential and community health care
- Increased independence
- A healthier Wales

4.10 In reducing home accidents key objectives should be:

- To reduce home injuries, particularly in those most at risk
- To educate and raise awareness of the causes of home injuries, not only for individuals, but for statutory, community and voluntary groups working within the community
- To promote safer behaviour and a safer home environment
- To promote, support and facilitate effective preventative measures
- To promote evidence based good practice

## 5. A WELSH HEALTH PERSPECTIVE ON ACCIDENTS AND INJURIES

### 5.1 Health Improvement Agenda

5.1.1 There is increasing interest in preventing death and disability in Wales with the Chief Medical Officer, Dr. Tony Jewell supporting the concept of ‘preventing the preventable’. Injuries are caused by predictable interactions between individuals and the environment in which they live and work.

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5.1.2 The term ‘accident’ is increasingly, no longer being used as it tends to suggest that injuries are random events and not amenable to prevention when they usually follow a predictable pattern of exposure and are largely preventable. Increasingly references are made to unintentional injuries or events, such as crashes or collisions, rather than terms such as ‘accidental injury’ or ‘road traffic accident’.

5.1.3 Accidents and injuries are recognised to be one of the wider determinants of health and the World Health Organisation has identified the huge health benefits to be gained from preventing injuries and has developed a number of strategies and action plans which are available on their website.

5.1.4 The Faculty of Public Health has defined three ‘domains’ of public health practice. Health improvement is one of these domains. The NPHS for Wales has set strategic goals and objectives in Health Improvement under the strategic goal of ‘Reduce the impact of major illnesses and other threats to

health and well being’ is the strategic objective to ‘reduce the number of accidental injuries, particularly to children and older people’.

5.2 Health Challenge Wales was established by the first Minister of the Welsh Assembly Government in response to the second Derek Wanless Report “Securing good health of the whole population” in Spring 2004. The second Wanless report identified ways that the UK population could achieve his “fully engaged scenario” whereby maximal uptake of preventive opportunities was achieved. Only in this way would there be a sustainable health service in the longer term. The response in England led to the White Paper on Public Health “Choosing Health”.

5.2.1 Health Challenge Wales was a call to everyone in Wales to take responsibility for improving their health through organisations, communities and by individuals themselves by taking personal action.

5.2.2 Health Challenge Wales was based around 6 key themes that constitute the core of

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programmes for health improvement. One of these was 'Accidents & Injuries'

- 5.2.3 Unintentional injury is a major concern for all those seeking to improve health and reduce inequalities. Commitment to public health has gained momentum in recent years, particularly with the focus on promoting health, preventing ill-health, making long-term improvements to the health of the population and the need to control the rising costs of healthcare to the NPHS for Wales.
- 5.2.4 There is a divide and inequalities regarding home accidents and injuries across Wales.
- 5.2.5 Overall, deaths from unintentional injury had decreased. However, there are persistent and widening inequalities between socio-economic groups. Children of parents who have never worked, or who have been unemployed for a long time, are 13 times more likely to die from unintentional injury than children of parents in higher managerial and professional occupations.

- 5.2.6 Preventing unintentional injury is an important component of wider efforts to improve health. It is a complex area requiring a complex range of responses. Competing local priorities, together with limited resources, often result in short-term solutions which do not secure long-term gains in health. Increasingly, public health is not seen as just the responsibility of any one organisation. However, successful delivery is dependent on partnerships between Local Health Boards (LHB's), local government and others.

### 5.3 Health Social Care and Well-Being Strategies

- 5.3.1 Local Authorities and Local Health Boards are legally and jointly required to produce a HSCWB Strategy for their area. (S.24(1) NHS & Health Care Professions Act 2002).
- 5.3.2 The first Strategies were adopted by 31st December 2004 and were operational between 1st April 2005 & 31st March 2008, thereafter running in 3 yearly cycles.

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- 5.3.3 The regulations and guidance accompanying the legal requirement have a strong partnership ethos, with specific duties of consultation (with communities and organisations from all sectors) and co-operation.
- 5.3.4 The main thrust of the Strategies is to put action to improve health & reduce inequalities on an equal footing with the provision of effective & efficient health care services.
- 5.3.5 The Strategies are underpinned by comprehensive health and well-being needs assessments, and have a direct relationship with and support implementation of the Community Plans.
- 5.3.6 Of the original 22 HSCWB strategies 14% had an aim to reduce accidents and injuries. There is a strong case for believing the prevention of home accidents and injuries should be specified within all HSCWB strategies for 2008-11. In order to assist Local authorities and Local Health Boards to carry out their 2006 Health Needs Assessment, the NPHS for Wales produced in June 2007 a report on Injuries in Wales. The information was primarily provided by CAPIC and AWISS based at Swansea University.
- 5.3.7 Unfortunately whilst the document is strong in detail on injuries relating to road traffic workplace and house fires, it has less to assist in assessing injuries in and around the home, although data relating to the location of injuries showed quite clearly that most people are injured at home.
- 5.3.8 There are many good reasons why home accidents should be addressed in Partnership HSCWB strategies and these include:
- They are one of the wider determinants of health
  - Have been identified by WAG as a key theme for Health Challenge Wales (an underpinning strategy for HSCWB)
  - Clear link between home accidents and areas of deprivation (Health inequalities)
  - Improving independence for older people
  - Ageing population and their needs
  - Health and well-being of carers
  - Financial and emotional cost of accidents

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- Helping individuals to make responsible, informed choices
- Effective use of current and future resources
- 95% of accidents are preventable
- Measurable and achievable

### 5.4 Communities First and Communities Next

5.4.1 The Welsh Assembly Government's Communities First Programme exists to provide local people with opportunities to plan an active role in shaping the future of their community.

5.4.2 The Communities First programme is targeted at the most disadvantaged counties only. The Communities First areas comprise the 100 most deprived electoral divisions in Wales (as identified in the Welsh Index of Multiple Deprivation), 32 smaller areas ("pockets of deprivation") and 10 sectoral initiatives ("imaginative proposals"). Every county and county borough in Wales has at least one Communities First area (and many have several). Approximately 18% of the population of Wales live in the 142 Communities First areas.

5.4.3 It is founded on the principle that poverty and disadvantage are created by a complex number of factors, such as poor educational achievement, poor housing and environments, substance misuse, local job markets, benefit systems, stigma and perceptions about people and places etc. If we want to address poverty and inequalities then we must understand what the causes are. Communities First provides opportunities for people living in areas we term to be disadvantaged, and the agencies that deliver services in those communities, to examine the realities of poverty and to learn and work together to address it. Communities First is about people challenging the barriers, whether they be real or perceived, which prevent residents from fulfilling their own potential and from effecting change where they live. It is about supporting communities, groups and individuals to find their voices and use their skills and experiences to change, challenge, negotiate, persuade and jointly plan for the benefit of their communities.

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5.4.4 Home Safety and accident prevention fits within a number of the practical aims, that the programme aims to achieve including:

- To improve health and well-being
- To improve housing and quality of the environment
- To make communities safe, secure and crime free

5.4.5 Attaining the objectives, entail a collaborative, co-ordinated, multi-faceted and multi-sectoral approach. Communities Next will build on Communities First and be launched in 2009. It will focus on outcomes and activities rather than capacity building.

### 5.5 National Service Framework for Older People in Wales

5.5.1 The NSF for older people in Wales (2006) seeks to promote the health and well-being of older people enabling them to stay well, safe and independent.

5.5.2 Preventing falls in order people is a key element to reducing fractures or other injuries in their population which can cause

disability and is a leading cause of mortality in older people aged over 75.

5.5.3 Most falls do not result in serious injury, but the consequences for an individual of falling or of not being able to get up after a fall can include:

- Psychological problems, for example a fear of falling and loss of confidence in being able to move about safely.
- Loss of mobility leading to social isolation and depression
- Increase in dependency and disability
- Hypothermia
- Pressure-related injury
- Infection

5.5.4 The NSF for older people is designed to help ensure that as people grow older, they are enabled to maintain their health, wellbeing and independence and it is expected that the implementation of the strategy will be achieved through effective partnership working both locally and at a national level.

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### 5.6 The National Service Framework for Children etc.

5.6.1 The NSF sets out the quality of services that children, young people and their families have a right to expect and receive in Wales. The health and well being of children are an essential part of the NSF.

5.6.2 Accidental injury is a leading cause of child deaths and there is a need to advise and assist parents with very young children on steps to take to protect their children against falls, scalding, burns, drowning, choking and poisoning.

### 5.7 Children and Young People's Plans

5.7.1 Since 2002, local authorities in Wales have been required, on a non-statutory basis, to form Children and Young People's Framework Partnerships, bringing together representatives of statutory and voluntary sector organisations to plan integrated services for children and young people.

5.7.2 Now new statutory Children and Young People's Plans will replace those previously produced on a non-statutory basis. The intention is that the Plans should act as a three year strategic vision for all services provided to children and young people in the local area, based on the Assembly Government's seven core aims for them. They should set joint targets and provide a basis for the joint commissioning of services and pooled funding. They should also set out proposals for more integrated working aimed at earlier preventative interventions for children and young people.

5.7.3 The Children and Young People's Plans will contribute to the plan rationalisation agenda by replacing the existing requirements for:

- The (Social Services) Children's Services Plan
- The Single Education Plan
- The Children's Partnership Plan; and
- The Young People's Partnership Strategy and Annual Plan for Youth Support Services.

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### 6. WHO DOES WHAT IN LOCAL GOVERNMENT ON ACCIDENT AND INJURY PREVENTION?

#### 6.1 Public and Private Sector Housing

The upgrading and maintenance of public sector housing, as well as the provision of Council grants for private housing improvements provides an excellent opportunity to fit effective injury prevention equipment and provide behavioural advice. This includes providing adaptations to enable people to live independently and safely at home. Care and Repair schemes, too have an impact on home safety.

#### 6.2 Environmental Health Officers

Environmental Health Officers implement the Housing Health and Safety Rating System in domestic properties, together with various health Improvement initiatives. Through their enforcement of health and safety and Houses in Multiple Occupation (HMO) legislation these are key players in preventing home accidents and injuries.

#### 6.3 Trading Standards Officers

Trading Standards Officers have responsibility for product safety and raise public awareness through accident prevention initiatives e.g. car child seats and electric blankets, and promoting the safe storage and use of fireworks.

#### 6.4 Home Carers/Social Services

These key workers are ideally placed to assess home safety of clients and advise accordingly. Other Social Service functions relate to parenting programmes and sheltered housing accommodation.

#### 6.5 HSCWB Co-ordinators and Health Improvement Staff

Health Challenge Wales and its priority of accident and injury prevention puts these practitioners at the heart of local HSCWB Strategies. The provision of Telecare and assistive technology, provides an ideal opportunity for installers to provide accident prevention advice.

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### 6.6 Education Department

Education in schools or child safety and providing resources to teachers is an important role.

### 6.7 Communities First and Next Staff

Staff assisting and advising Community First Partnerships can ensure that home accident and injury prevention are considered in partnership initiatives.

### 6.8 Planning and Building Control

Planning Officers are involved in the initial design and safety layout of new buildings. In addition, Building Control ensure that all new buildings and alterations to existing buildings are constructed in a safe way.

## 7. WHO ELSE DOES WHAT?

### 7.1 The Collaboration for Accident Prevention and Injuries Control (CAPIC)

is a multi-disciplinary collaboration of individuals and organisations, which support injury prevention initiatives across Wales. It is supported by WAG through Wales Centre for Health and NPHS.

7.1.1 They are based at the School of Medicine in Swansea and are run by Ronan Lyons, University of Wales Professor of Public Health. CAPIC have a website which is a useful resource for the latest injury prevention initiatives.

7.1.2 CAPIC also participate in IOBI (Injury Observatory for Britain and Ireland) projects which seeks to stimulate interest in injury prevention, support injury prevention practitioner and research into effective interventions.

7.1.3 This has included the recent analysis of rates and trends in deaths due to injury between Scotland, Northern Ireland, republic of Ireland, Wales, England and the nine English regions.

7.1.4 CAPIC is also currently working with IOBI to develop and improve the availability and usefulness of hospital admission injury indicators.

7.1.5 CAPIC has also recently commenced work with NPHS and WCH on a study, which will be conducted to look at the impact of a broad based

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publicity/promotion campaign in Conwy and Denbighshire on uptake of the SafeHome tool by residents in the two counties for the six month period before and after its promotion week (23-27 June), compared to other areas where such promotion is not occurring.

7.1.6 In addition, CAPIC recently worked with Children in Wales (CIW) and Child Safe Wales (CSW) to develop a bid to the Welsh Assembly Government to develop a Child Safety Action Plan for Wales CIW have just announced that they were successful in securing a grant through Health Challenge Wales (WAG) to employ a full time worker in Child Safety for the next three years with a possible extension of a further two years.

### 7.2 Children in Wales

7.2.1 Children in Wales is the national umbrella organisation for voluntary, statutory and professional organisations and individuals who work with children and young people in Wales. Our aims are to promote the interests of these groups and take action to meet their needs.

7.2.2 Through this activity, we:

- Contribute to making implementation of the UN Convention on the Rights of the Child a reality in Wales
- Fight for sustainable quality services and fair shares for all children and young people
- Ensure special attention and treatment for children in need and those who are marginalised
- Ensure children and young people have a voice

7.2.3 Children in Wales is a Registered Charity and an independent, non-governmental organisation.

7.2.4 Children in Wales has a partnership relationship with the National Children's Bureau, Children in Scotland and Children in Northern Ireland. We also work with NCVCCO and are active members of both Eurochild and the International Forum for Child Welfare.

### 7.3 Accident And Emergency Department Data – All Wales Injury Surveillance Systems (AWISS)

7.3.1 The All Wales Injury Surveillance System (AWISS) is funded by the Welsh Assembly Government to collect information on all injured people attending A & E

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departments across Wales in order to support research into the targeting and evaluation of injury prevention initiatives. AWISS does not yet cover all of Wales. The Minister with Responsibility for Older People announced in an Assembly debate on 4th May 2005 that the Welsh Assembly would take steps to ensure that all hospitals in Wales supplied data to AWISS.

7.3.2 The data are checked for duplicates and errors in Health Solutions Wales before being anonymised and made available to the AWISS analysts. Professor Ronan Lyons, Professor of Public Health at University of Wales Swansea, is the Director of AWISS and AWISS analysts' work for NPHSW.

### 7.4 The Royal Society for the Prevention of Accidents (ROSPA)

7.4.1 ROSPA are a UK wide accident prevention organisation whose aim is to reduce injuries and save lives. Funded by the WAG, a Strategic Development Officer for Wales supports and advises all 22 local authorities in ways to reduce home accidents and injuries through the Health, Social Care and Well-Being Strategy.

7.4.2 RoSPA's mission is to save lives and reduce injuries.

7.4.3 The Royal Society for the Prevention of Accidents is a UK registered charity established more than 90 years ago that aims to campaign for change, influence opinion, contribute to debate, educate and inform – for the good of all.

7.4.4 By providing information, advice, resources and training, RoSPA is actively involved in the promotion of safety and the prevention of accidents in all areas of life – at home, on the road, at work, in schools, at leisure and on (or near) water.

7.4.5 Every year in the UK almost 4000 people die in accidents in the home and 2.7 million attend accident and emergency departments. In Wales, the size of the problem is tangible with nearly 92,500 people seeking treatment at A&E.

7.4.6 Because the accidents happen behind closed doors they rarely attract public and media attention. RoSPA is one of the few national voices speaking out on this issue. We also campaign

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for change and provide a range of training courses, support services and resources to inform, educate, change attitudes and empower voluntary, community and statutory organisations to reduce injuries and save lives.

### 7.5 Safehome

7.5.1 Safehome is a web based home safety tool aimed at helping people make their homes safe. The tool was developed by injury prevention researchers at Cardiff and Swansea Universities and can be used by anyone, of any age and can be used by teachers as part of education on health and safety or IT literacy.

### 7.6 Flying Start

7.6.1 The WAG initiative called Flying Start aims to provide intensive support for children up to the age of three.

7.7 Surestart is a government programme which aims to achieve better outcomes for children, parents and communities by:

- Increasing the availability of childcare for all children

- Improving health and emotional development for young children
- Supporting parents as parents and in their aspirations towards employment

7.7.1 They seek to achieve their aims by:

- Helping services development in disadvantaged areas alongside financial help for parents to afford childcare
- Rolling out the principles driving the Sure Start approach to all services for children and parents.

### 7.8 Health and Safety Executive (HSE)

7.8.1 The HSE is the national regulatory body responsible for promoting the cause of better health and safety at work. Safety problems in the workplace are often replicated in the living environment and they have a major role in providing information and advice on health and safety issues.

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### 7.9 The Fire and Rescue Service

7.9.1 The Fire Service provide free home safety checks for the over 60's. Provision of free smoke alarms and fire prevention advice.

### 7.10 Child Accident Prevention Trust

7.10.1 The Child Accident Prevention Trust is a national charity committed to reducing the number of children and young people who are killed, disabled or seriously injured as a result of accidents.

7.10.2 Child Accident Prevention Trust aims to reduce serious accidental injuries, especially those with long-term consequences by -

- Raising the profile of childhood accidental injury among decision-makers, practitioners and parents
- Increasing knowledge of what works in preventing childhood accidental injury
- Reducing inequalities in accidental injury.

7.10.3 The Trust works to achieve these aims through –

- Publicity directed at practitioners and parents through safety campaigns and its annual awareness-raising week – Child Safety Week.

- Information and advice to practitioners and parents through publications and videos, and via a telephone information service
- Close contact with decision-makers in government and other organisations
- Participation in the development of standards, both British and International
- Professional and community development through training course, conferences and seminars
- Community-based projects particularly targeting disadvantaged families.

7.10.4 Child Accident Prevention Trust is funded through –

- Grants from government, charitable trusts and the Community Fund
- Commercial sponsorship
- Cause-related marketing schemes
- Consultancy for bodies such as trading standards and to manufacturers of children's products, clothing and safety equipment
- Sales of publications and training.

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### 7.11 Road Safety

7.11.1 Under the Road Traffic Act 1988 all local authorities have a statutory duty to:

- carry out studies into the cause of accidents on the roads in their area
- take appropriate measures to prevent accidents

These measures must include:

- distribution of road safety information and advice
- provision of practical training for road users
- Use of measures for controlling and assisting the movements of traffic on all roads
- Use of appropriate measures for reducing the risk of accidents when constructing new roads

7.11.2 In Wales, for many years, there existed a Wales Road Safety Council, which operated in not a dissimilar fashion to the Wales Home Safety Council, with both elected Members and Council Officers supporting co-ordinated activities across Wales. They have however always had the benefits of a full-time officer, i.e. Steve Baker, Head of RoSPA Wales

7.11.3 More recently, they have reviewed their structure and are now called Road Safety Wales. Their mission is 'to further casualty reduction through collaborative working'. Their meetings now primarily involve officers and not Elected Members.

7.11.4 Road Safety Wales has been established to develop and sustain co-operation and interaction between all 22 Local Authorities in Wales and/or agencies with the responsibility for local authority road safety promotion, the Welsh Assembly government, the Four Welsh Police Forces, the three Fire and Rescue services, Welsh Ambulance Services NHS Trust and the Royal Society for the Prevention of Accidents.

7.11.5 They have developed a useful web site at [www.roadsafetywales.org.uk](http://www.roadsafetywales.org.uk) .

7.11.6 There may well be the opportunity in the future to utilise the offices of the Head of RoSPA Wales, in developing any future web site we have planned and/or to host any supporting staff that we may appoint.

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7.11.7 Road Safety Scotland develops and co-ordinates national road safety education and publicity initiatives. The Scottish Government funds it and in 2006/2007 its annual budget was £1.30 million with a further £594,000 spent on publicity campaigns, funded by the Scottish Government Communications Directorate.

### 8. CONCLUSIONS

The current programme and activities of the Wales Home Safety Council add little value to accident and injury prevention in Wales, and has resulted in poor support and attendances at meetings and a growing lack of credibility.

If the WHSC is to play a useful and active role in reducing accidents in Wales, it needs the enthusiastic support and participation of Officers of local authorities, as well as full time co-ordinator.

8.3 A number of factors have led to a reduction in the support of the WHSC over the last 10 years.

- Local Government reorganisation which reduced the number of

local and fire authorities from 51 to 25. The brigading of some services such as Trading Standards and Environmental Health also meant that if an Authority did support WHSC it would probably only send one representative from those two disciplines.

- The lack of a statutory duty towards home safety activities has led to a lack of focus or a 'champion' in local authorities.
- Increased demands on local authority professionals have resulted in home accident prevention slipping down the list of priorities on many local authority agendas.
- The withdrawal of ROSPA support for home safety activities in Wales in favour of maximising other revenue earning opportunities has also led to a lack of leadership and direction.

8.4 The WHSC has suffered over recent years because of:

- An old fashioned image and title
- A lack of focus and annual plans to galvanise activities.

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- Talking needs to be replaced by actions that benefit local authorities.
  - A failure to capitalise on broad membership base, particularly in respect of the health, social care and well-being area.
  - A lack of profile. It is not well known and needs to improve its image and identity in Wales.
  - Poor relationships with other organisations. It needs to re-affirm its relationships and credibility in Wales, and seek collaborative working.
  - Over reliance on elected Member. There has been a lack of attendance and leadership by officers of local authorities. There is a need to engage and win the support of the WLGA and its professional officer groups.
- 8.5 A survey of the twenty-two local authorities in Wales resulted in 24 responses from a variety of professional disciplines in 17 of the authorities. Headline responses were:
- 71% of the service areas who replied had been actively involved in home safety in the previous 12 months.
  - 83% of respondents said they would welcome a home safety resource in the form of a dedicated website.
  - 62% felt it was difficult to currently access home safety advice, information and good practice.
  - 91% of respondents would participate in home safety campaigns and initiatives for which the necessary materials, methodologies and toolkits were provided.
- 8.6 There remains a need for a positive input by local authorities into home accident and injury prevention. It could be argued the need for local authority intervention in this area is greater than ever and the levels of expertise demonstrated in the range of technical professions involved together with the political commitment could make a formidable contribution.
- 8.7 We will seek to conclude our review by presenting a report to the Wales Home Safety Council at a special general meeting in October 2008, with a view to them considering the report of the Review Group, and adopting a number of changes to the way it is structured and operates

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### 9. Recommendations

#### General

**We recommend** that the title of the Council should be changed to Home Accident Prevention Wales (HAPW).

The Review Group believes that the reasoning behind any and all changes should be the desire to reduce the number of home accidents and injuries in Wales by focusing on prioritised actions and campaigns that can make a difference and are supported by resources and structures that can deliver.

### 9.2 Aims and Objectives

9.2.1 **We recommend** that HAPW streamlines its aims and objectives as below and clarifies its role as a focal point for supporting and encouraging local authority activities in home accident and injury prevention.

#### 9.2.2 Aim of the Council:

To reduce the number of home accidents and injuries in pursuit of promoting the health and well being of the people of Wales.

#### 9.2.3 Key Objectives:

- To provide education, and to promote and share good practice within local authorities regarding home accident and injury prevention.
- To organise, encourage and co-ordinate initiatives, projects and campaigns in order to reduce home accidents and injuries.
- To influence social policies in relation to home accident and injury prevention.

### 9.3 Organisational Structure

9.3.1 **We recommend** that HAPW alters its current organisational structure. This would involve a number of measures as below.

9.3.2 Membership of HAPW shall be open to all Local Authorities in Wales, on payment of an annual membership fee.

9.3.3 Every member organisation shall be entitled to attend meetings of HAPW and in the event of any ballot has two voting representatives.

9.3.4 Additional representatives of member organisations or representatives of other

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organisations with an interest in Home Accident and Injury prevention may attend meetings of HAPW as 'observers'.

9.3.5 **We recommend** that a Steering Group be created to oversee the management of HAPW. The Steering Group to consist of the Chair, Vice-Chair, Secretary, Treasurer and four other representatives from its member organisations.

9.3.6 The Steering Group shall draft terms of reference and set up such Task & Finish or Working Groups, as it seems fit. Each shall have specific terms of reference and also a timescale for the completion of the work.

### 9.4 **Activities and Services**

9.4.1 **We recommend** that HAPW develops a number of core activities and services that seek to bring benefits to member organisations. The focus of activities should be on actions that can make a difference, and suggestions appear below.

#### 9.4.2 **Annual Campaigns**

HAPW needs to be realistic and focus on a limited number of

campaigns in its annual work plans. Campaigns should be based around specific topics and be supported by briefing materials, best practice guidelines and coordinated activities in order to encourage inputs, activities and participation by member organisations.

#### 9.4.3 **Annual Seminar**

We believe HAPW should hold an annual seminar for the purpose of briefings, discussions and presentations on current developments in Accident and Injury prevention policy and practice. This should be held in the Autumn and will help shape the Council's activities and prioritise campaigns for the following year.

#### 9.4.4 **Website**

HAPW needs to develop a website to provide a resource and service to member organisations. Such a site could be a source of information on policy development, good practice, the work of HAPW and contacts with the wider home accidents and injury prevention network. The design of such a website would

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require the input of a professional web site designer and would need to incorporate systems that allowed member organisations and officers of HAPW to update the site and download documentation.

### 9.4.5 Influencing Policies

HAPW needs to put in place a mechanism that ensures it is influencing policy both locally and nationally. To do this it needs to develop effective working relationships across a wide range of organisations and WAG departments. A key to effective influencing of decision makers and of general awareness raising is through the media and the Executive Committee needs to ensure the regular production of press releases and other media contacts.

### 9.5 Finances and Resources

9.5.1 **We recommend** that HAPW meets with its President, WAG and WLGA officials with a view to securing funding for a Development Officer.

9.5.2 We believe that to be successful and sustainable HAPW needs a Development Officer. The current finances of HAPW could not sustain such a post, even on a part-time basis, and therefore the Council needs to identify and seek to access external funding from other organisations, e.g. WAG.

9.5.3 The role of the Development Officer would include:

- Ensuring the implementation of HAPW's Annual Plan
- Overseeing the development of HAPW's campaigns and initiatives
- Managing the business affairs of HAPW, including its financial affairs, preparing funding applications and financial reports
- Representing HAPW with other agencies on a day-to-day basis

9.5.4 To maintain its current activities and pay for the cost of administration and meeting venues etc., HAPW needs to generate an income. An annual subscription fee of £200 would generate £4,400 a year based on a 22-member organisation.

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### 9.6 Timeframe for Change

*September 2008:*

Circulation of Review, Report and Recommendations to All Members.

*Early October 2008:*

Special General Meeting to consider and agree (or otherwise) Review Report and Recommendations, and elect Steering Group.

*November 2008:*

Meeting of new Steering Group in Cardiff with Council President, Rosemary Butler AM, Deputy Presiding Officer at the National Assembly. Meeting to discuss funding options and plan Seminar in December and commence work on an Action Plan for 2009/10.

*February/March 2008:*

HAPW meeting with presentation and discussion on current and topical issues and potential campaigns for 2009/10. Update on funding and to agree new terms of reference.

*June 2009:*

Seminar and AGM