



# Children in Wales Plant yng Nghymru



## **Summary of Strategies and Policies for Accident Prevention Practitioners**

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There are a number of strategies and policies relevant to the work of accident prevention practitioners in Wales. This document lists some of these, and highlights the relevant sections. It is designed to act as a quick reference for practitioners. For access to the full documents, please click on the hyperlinks.

### **Strategies & Policies**

- **United Nations Convention on the Rights of the Child**
- **Health Challenge Wales**
- **National Service Framework for Children, Young People and Maternity Services in Wales**
- **Health, Social care and Well-being Strategies – Policy Guidance**
- **Children’s Environment & Health Strategy for the UK**
- **Road Safety Strategy for Wales**
- **Walking & Cycling Strategy for Wales**
- **Safe Routes to Schools**
- **A Fair Future For Our Children**
- **Children & Young People Rights To Action**
- **Health Gain Targets**

## United Nations Convention on the Rights of the Child

### Articles 3, 6, 19 & 24

The United Nations Convention on the Rights of the Child (UNCRC) is an international human rights treaty that grants all children and young people (aged 17 and under) a comprehensive set of rights.

#### Article 3

1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.
2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, ... and, to this end, shall take all appropriate legislative and administrative measures.
3. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety...

#### Article 6

1. States Parties recognize that every child has the inherent right to life.
2. States Parties shall ensure to the maximum extent possible the survival and development of the child.

#### Article 19

1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, **injury** or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.
2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.

#### Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.
2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:
  - (a) To diminish infant and child mortality;
  - (d) To ensure appropriate pre-natal and post-natal health care for mothers;

- (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition,...and the prevention of accidents;
- (f) To develop preventive health care, guidance for parents and family planning education and services.

The Assembly Government has adopted the UNCRC as the basis of all its work for children and young people in Wales.

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## **Health Challenge Wales**

Welsh Assembly Government, launched 2005

Health Challenge Wales is the national focus of efforts to improve health and well-being. HCW recognises that a wide range of factors – economic, social and environmental – have an impact on health, so that action in all these areas can help create a healthier nation.

The following are issues that contribute to a significant proportion of ill health that can be prevented and are 'key themes' of Health Challenge Wales:

- Smoking
  - Obesity
  - **Accidents and Injuries**
  - Alcohol and other substance misuse
  - Infections
  - Mental health and well-being
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## **National Service Framework for Children, Young People and Maternity Services in Wales**

Welsh Assembly Government, 2005

The National Service Framework sets out the quality of services that children, young people and their families have a right to expect and receive in Wales. It aims to improve quality and equity of service delivery by setting national standards.

### **Prevention of injuries and accidents (pg 18)**

**2.38** Children & Young People's Framework Partnership Plans (under Core Aim 6) include mechanisms for the prevention of accidental injuries in children that include;

- Monitoring of accidental injuries in children using effective data collection systems
- Promotion of home safety, including safety equipment loan schemes in deprived areas and the safe storage and disposal of medicines
- Safe play areas which are easily accessible for children
- Traffic-calming measures in densely populated areas and near schools

- School policies to encourage pupils to behave safely on their journeys to and from school

**2.39** LAs use their housing strategies and related powers to facilitate the implementation of the Housing Health and Safety Rating System (HHSRS) to ensure that children, young people and their families live in safe and healthy homes.

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**3.14** (pg 29): All pregnant women and their partners have access to parent education in their local areas, organised by appropriately trained professionals, and in a setting appropriate to their needs.

**3.17** (pg 29): Mothers, babies and their families have access to services in the postnatal period from:

- A midwife
- A health visitor
- Other professionals according to assessed needs

## **Chapter 7 – Acute and Chronic Illness or Injury**

**7.19** (pg 68): Information regarding every child or young person's attendance at and A&E department is sent to the child's GP, health visitor, school nurse or social worker as appropriate.

**7.21:** All A&E departments collect data on children's attendances by age bands and case mix (diagnoses). These data are sent to AWISS.

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## **Health, Social care and Well-being Strategies – Policy Guidance**

Welsh Assembly Government, 2008

This statutory guidance sets out the requirements for preparing a Health, Social Care and Well-being Strategy under the provisions of the National Health Service Reform and Health Care Professions Act 2002 (the 2002 Act) and the Health, Social Care and Well-being (Wales) (Regulations) 2003.

### **Strategy Aims** (pg 15)

- a) Improving health, social care and well-being
- "Improve the health, social care and well-being of the local population by addressing the full range of issues that affect people's health, social care and well-being
  - Identify and tackle health inequalities
  - Address health gain targets
  - Enhance the prevention role of both local authority services and health care services

### **Key Features** (pg 1):

- Local authority and health board jointly responsible for needs assessment and Strategy formulation and implementation

- Address full range of issues affecting health and well-being
- Put action to improve health and reduce health inequalities as an equal priority to effective and efficient health care services
- Identify areas for tackling health inequalities
- Develops the prevention role of local authority services and health services

### **Health and Well-being** (pg 6)

- **2.6:** “An individual’s or a community’s well-being depends on several things. These include;
  - health and safety”

### **Local Health, Social Care and Well-being Strategies** (pg 8)

- **2.17:** “The Strategy should span the whole spectrum from preventative action and regulation to improve health and reduce the risk of ill-health..... It will reflect the need to tackle the underlying factors which lead to poor health..... In so doing, it will contribute to the improvement of health, well-being and prosperity as well as to reduce health inequalities.”

### **Each local Strategy will:** (pg 16)

Identify and address factors affecting the health and well-being of the local population, including:

- Health promotion and education, health protection and nutrition
- Inequalities in health and well-being

## **Children’s Environment & Health Strategy for the UK**

Health Protection Agency, March 2008 (Consultation)

The Children's Environment and Health Strategy for the United Kingdom makes recommendations as to the areas that may need to be addressed in order to meet the UK's commitments to the Children's Environment and Health Action Plan for Europe and further improve children's environmental health in the UK

### **Regional Priority Goals:**

- RPG 1: Water, Sanitation and Health
- **RPG 2: Accident, Injuries, Obesity and Physical Activity**
- RPG 3: Respiratory Health, Indoor and Outdoor Air Pollution
- RPG 4: Chemical, Physical and Biological Agents

### **RPG 2:**

“Prevent and substantially reduce health consequences from accidents and injuries and pursue a decrease in morbidity from lack of adequate physical activity, by promoting safe, secure and supportive human settlements for all children. This will be addressed by:

- a) Developing, implementing and enforcing strict child-specific measures that will better protect children and adolescents from injuries at and around their homes, playgrounds, schools and workplaces

- b) Strengthening the implementation of road safety measures, including adequate speed limits as well as education for drivers and children, and enforcement of the corresponding legislation
- c) Supporting and implementing child-friendly urban planning and development as well as sustainable transport planning and mobility management, by promoting cycling, walking and public transport
- d) Providing safe and accessible facilities (including green areas, nature and playgrounds) for social interaction, play and sports for children and adolescents

“There remain substantial socioeconomic differences with children living in more deprived areas experiencing much higher rates of unintentional injury” (pg 16).”

“Accurate health surveillance, locally and nationally, of injury rates amongst children and young people is essential for an accurate picture of injuries to be ascertained and to enable the impact of interventions to be effectively monitored and evaluated.” (pg 17)

“Most injuries result from accidents in the home or road traffic accidents; there also exist considerable inequalities between different groups..... It is important to ensure that unintentional injuries are given the same high priority and addressed comprehensively in all parts of the UK to ensure children are afforded the same high levels of safety regardless of where they live. However, it is important that a proportionate approach is taken towards health and safety and injury reduction initiatives to ensure that children’s opportunities to learn about and experience risk and participate in physical activity are not adversely restricted.” (pg 16/17).

## [Road Safety Strategy for Wales](#)

Welsh Assembly Government, January 2003

The Wales Road Safety Strategy sets out a range of measures designed to help achieve road safety targets.

The strategy has a number of key objectives, in road safety terms, this requires:

- Improving safety for children – especially as pedestrians and cyclists
- Promoting safe use of “vulnerable” transport modes – walking, cycling, motorcycling and horse riding
- Reducing excessive and inappropriate speed of motor vehicles
- Targeting other poor driving practices – use of mobile phones, drink-driving, drug-driving and driving whilst tired (pg 5)

Statistics:

- 56% of KSI child road casualties are pedestrians (pg 3)
- Pedestrians in poorer areas are far more likely to become a road casualty (pg3)
- Over 70% of KSI child road casualties are pedestrians and cyclists (pg 6)
- The reduction in casualty numbers over the past few years is partly the result of a decline in walking and cycling (pg 3)

Targets for casualty reduction by 2010:

- 40% reduction in the total number of KSI casualties
- 50% reduction in the total number of child KSI casualties
- 10% reduction in the rate of slight casualties per 100 million vehicle kilometers traveled.
- For every 1 mph reduction in average speed, there is a 5% reduction in the number of collisions (pg 8)

Ultimate responsibility for delivering the strategy:

- Local authorities (safety schemes on local roads and road safety education, training and publicity)
- WAG (safety schemes on trunk roads and national road safety initiatives)
- Police (road traffic law enforcement and road safety advice)

“The focus for improving road safety is the need to change road user behaviour – given that the majority of all road collisions involve human error.” (pg4)

“The problems of poor road safety are most keenly felt in local communities – and this is where we wish to focus much of our effort.” (pg4)

Practical road safety measures for children will include (pg 7):

- Continuation of the Safe Routes to School initiative – new footpaths, cycle routes and traffic calming measures
- Researching the links between child safety and social deprivation
- Review of road safety education – placing more emphasis on changing behaviour and improving skills in children
- Establishing Children’s Traffic clubs throughout Wales (aimed at pre-school children. Health authorities supply local authorities with details of children approaching 3 yrs. Each child receives a book containing ideas and activities that parents can use as a teaching aid. If parents join the club, their children receive 6 books at 3 monthly intervals – some LAs, are providing children with free membership – implying that parents have to pay currently.
- Practical training for child cyclists
- More areas where the speed limit is reduced to 20mph – particularly around schools, town centres and residential areas.
- Promotion of ‘Home Zones’ in urban areas where street activity takes priority over motorized traffic

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## **[Walking & Cycling Strategy for Wales](#)**

Welsh Assembly Government, 2008

The Assembly Government's Walking and Cycling Strategy for Wales aims to increase opportunities for walking and cycling, and integrate walking and cycling more fully with public transport in Wales's sustainable travel programme.

- An estimated 45% of 5-16 year olds walk to school, 30% use a bus and 25% use a car (pg 15)
- “Although Britain has the best overall road safety record in Europe, we have one of the worst child pedestrian safety records.” (pg 15)

- Walking and cycling account for around 4% of personal travel each year, yet pedestrians and cyclists represent over a ¼ of all KSI casualties. (pg 16)
- “A pedestrian hit by a car travelling at 40mph has a 15% chance of surviving. If the car is travelling at 20mph, the chance of surviving is 95%.” (pg 31)

*“Physical activity is fundamental for a healthy lifestyle and helps to reduce the risk of developing diseases such as coronary heart disease, cancer, hypertension, stroke, diabetes and obesity.... Physical activity is also good for mental health and for a feeling of independence and well-being.”* (pg 13)

Priority Action Points (pg 6):

- Increase levels of walking and cycling both through promotion and provision of facilities
- Reflect the higher priority for walking and cycling in cross-cutting policies, guidance and funding
- Make walking and cycling both safer and more pleasant for all age groups
- Change public attitudes towards walking and cycling in our society
- Encourage cyclists to use lights and wear reflective clothing after dark
- Educate cyclists to the benefits and limitations of helmets, with special emphasis on children and young children
- Continue rolling programme of Safe Routes to stations

“Reducing road danger is one of the keys to the promotion of walking and cycling in Wales.” (pg 16)

“Evidence from countries with developed pro-cycling and pro-walking policies suggests that increases in walking and cycling can go hand in hand with improved safety.” (pg 17)

## **Safe Routes To Schools**

Welsh Assembly Government, 1999

The Safe Routes to Schools scheme was launched in 1999 to reduce the number of children travelling to school by car and to encourage them to choose fun and healthy methods of getting to school.

WAG has given local authorities in Wales more than £18 million to enhance road safety and make communities a safer place to live, resulting in more than 300 schools across Wales introducing a range of safety measures, both practical and educational, to ensure that children can get to school safely and by an alternative method to the car.

Leading sustainable transport charity Sustrans works closely with WAG to provide safer walking and cycling routes and supports schools who want to promote healthier forms of travel.

" Evidence has shown that, given the opportunity, many children and young people would happily cycle or walk to school provided they felt safe and they had suitable secure cycle facilities. Walking or cycling to school also offers many health benefits, in

an age when we are concerned that people aren't being active enough in their daily lives. We are determined to ensure that walking and cycling to school become a safe and healthy option for children and reassure parents that their children are safe when travelling to and from school.” (Deputy Minister for Economic Development and Transport, Tamsin Dunwoody-Kneafsey, July 2005)

- The Safer Routes to School initiative funds capital works such as crossings and traffic calming measures; improved school entrances, construction of cycle and footpaths, secure cycle facilities (including stands and CCTV), lockers and changing facilities.
  - The campaign has the support of Health Challenge Wales, the national focus for action to build a healthier nation.
  - Safe Routes to Schools was developed to encourage more people to walk and cycle to school in safety; to improve road safety; and to reduce traffic congestion and pollution.
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## **A Fair Future For Our Children**

Welsh Assembly Government, 2005

The strategy of the Welsh Assembly Government for tackling child poverty.

The Strategy aims to:

- Improve health and well-being and reduce inequality (pg 13).

Leisure and Social Activity (pg 5):

- £3.5m new investment in Safe Routes for cycling or walking to school

“The Strategy takes forward the Welsh Assembly Government’s commitment to tackle poverty and inequality among children and young people. It will make a major contribution towards meeting the UK government’s challenge to eradicate child poverty in a generation and also to Health Challenge Wales as our new national focus for improving health in Wales”.

### **Income Poverty:**

- **2.17:** (pg 17), “The development of community focused schools... These schools have the potential to provide facilities where lifelong learning, childcare and work with partners...”. For the promotion and development of these schools, it is essential that this strategy supports other WAG strategies such as Road Safety, Safe Routes to Schools and Walking & Cycling Strategy. Health inequalities already exist in terms of accident rates for those in areas of deprivation and if there is an increased focus on schools, there should be an increased proactive approach to accident prevention within these areas.

### **Participation Poverty:**

- **3.13:** (pg 27), “Local authorities in Wales have embraced the safe routes to School ideas..... Successful projects often include traffic calming, crossings, new or enhanced cycleways and footpaths... Safe routes to school projects also improve road safety and reduce child casualties, improve children’s

health... The best projects are child-centred, build on small steps to raise awareness and change travel behaviour”.

- **3.14:** A Road Safety Strategy was published in 2003 to improve safety. The Strategy includes a focus on children..... to look at children’s road safety issues. The Strategy also provides for Home Zones under the Action Programme. We are also supporting the use of traffic calming including 20mph zones within new and existing development.”

#### **Health and Safety:**

- **4.57:** (pg 45), “ Poor children are at greater risk of accidental injury..... The NSF refers to the two new health gain targets set in 2004:
  - To reduce pedestrian injuries to children from motor vehicle accidents by 35%
  - To reduce the incidence, severity and death rates of pedestrian injuries....”

#### **Safer Homes:**

- **4.58:** (pg 46), The Assembly Government’s Community Fire Safety Working Group published findings in its report ‘Wired for Safety’, October 2001. The Assembly Government adopted the findings and recommended that:
  - All social housing without hard-wired smoke detectors to have a hard-wired detector by the end of 2005
  - The Assembly explore the potential to incorporate the provision of hard-wired smoke detectors in its Home Energy Efficiency Scheme (HEES).

#### **Health Challenge Wales:**

- **4.66** (pg 48), “All the above actions, and a number of others that appear under other parts of this strategy, make an important contribution to Health Challenge Wales as our new national focus for improving health. Health Challenge Wales is a challenge to organisations in all sectors and to individuals to do more to prevent ill health in Wales”.

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## **Children & Young People: Rights To Action**

Welsh Assembly Government, 2004

This document gives details of progress that made by the Assembly and its commitments for the future.

#### **Priority for those most in need**

- Page 5: “A commitment to preventive services and early intervention underpins our approach to children and young people, as is illustrated by many of the initiatives described in the following sections. Properly targeted preventive services can tackle many of the causes of poor outcomes for children and young people, such as poverty, low quality early years experiences, poor schooling and unhealthy lifestyles”. “Preventive services are valuable both for the increases they bring in quality of life for the children and young people concerned and the scope for eventually reducing the likelihood of more serious problems.

## Health Gain Targets

Welsh Assembly Government, 2004

The health-gain targets and indicators aim to improve health and reduce health inequalities in Wales. They link existing and future policies at national and local levels.

- Targets for two priority areas – children’s health and mental health
- The health gain targets for children are:
  - To eliminate sustained person-to-person spread of mumps, measles and rubella by 2015
  - To reduce pedestrian injuries to children (ages 0 to 14) from motor vehicle accidents by 35 per cent by 2012.
- The health inequality target for children is:
  - To reduce the incidence, severity and death rates of pedestrian injuries in the 0-14 age group by 2012.

For further information on policies affecting children and young people in  
Wales, please visit: [www.childreninwales.org.uk](http://www.childreninwales.org.uk)