Report

The Child Accident Prevention Trust

As accidents are the largest single cause of both death and morbidity in childhood after the age of one, a strategy to reduce the number of children's accidents and the severity of the injuries caused is crucial. All health personnel working with children, whether paediatricians, community health doctors, health visitors, nurses, or health educators should be aware of their possible roles in the field of accident prevention. Because doctors and nurses see the results of accidents, they can study their frequency, types, and severity and may be able to make suggestions about methods of prevention. In addition, being in direct contact with families, they can play a part in education and in the application of other preventive measures. They should also be aware of the developmental aspects of childhood accidents—children at different stages of development have different accidents necessitating different approaches to prevention.

It is obvious, however, that the prevention of children's accidents is not a matter for health workers alone. Certain aspects of preventive medicine, such as immunisation against infectious diseases, lie almost entirely within the province of the health services. There is an essential difference, however, between this and the prevention of accidents. The latter is multidisciplinary and lies as much within the field of road transport engineering, practical design, safety standards, and 'education for living' as it does within the health services.

The Child Accident Prevention Trust (CAPT) was formed over three years ago (as the Child Accident Prevention Committee) with the aim of bringing together people from the many disciplines and professions concerned directly or indirectly with accident prevention. Its members include paediatricians, paediatric surgeons, community physicians and nurses, and general practitioners as well as representatives from many Government departments, voluntary organisations, and professional bodies. Its object is to act as a scientific advisory and coordinating body. There are 6 Trustees, a Council of Management of 33 members, an Executive Committee of 8 members, and a full time staff of three with a paediatrician as a part time Medical Secretary. Funding for day to day work originally came from the King's Fund in London but more

recently from the Department of Health and Social Security, and research grants have been received from various trusts and other bodies. It functions in two main ways: firstly by producing reports on specific problems that aim to influence policy, and secondly through selected educational approaches. It does not produce educational material as this is already being done both by the Royal Society for the Prevention of Accidents (RoSPA) and the Health Education Council (HEC), both of which are represented on the Trust. It has a resource centre, however, that is used by students and researchers and that receives a large number of enquiries from individuals and organisations.

Published reports

Reports are produced by working parties of experts; some are from the Trust's own membership but others are coopted experts. The major reports to date have been:

(1) *Organisations working in the field of child accident prevention.* As one of the aims of the Trust was to coordinate work in this field, it seemed useful to produce a background document giving details of other bodies and their roles.

(2) *The safe transport of children in cars.* This was requested by the Minister of Transport, and was used initially as the basis of a Private Member's Bill introduced by Mr Barry Sheerman MP, the chairman of the Parliamentary Advisory Council on Transport Safety (PACTS). Although the Bill was voted out at its second reading, the main provisions were reintroduced at the committee stage of the Transport Bill; they were then adopted by the Government and included as part of the Transport Act. The provisions about the use of seat belts and restraints for children came into force in January 1983 and were based on the CAPT report's recommendations. The Trust was also consulted by the DHSS on child exemptions from the use of restraints.

(3) *Architectural glass accidents to children.* Like the previous report, this report was drawn up with expert help from outside the Trust. It made recommendations relating to the safety of glass in houses and public buildings and has been well received by the Department of the Environment; its views are

being taken into consideration in the current revision of the Building Regulations.

(4) *Disability and handicap arising from accidents.* This is a report of a seminar held at the King's Fund Centre in London that was opened by the Minister of State for the Disabled, Mr Hugh Rossi MP. It is not a complete and comprehensive review but presents the wide range of papers that were given at the seminar.

Working parties

Working parties currently functioning are:

(1) **Working party on data collection.** The availability of appropriate and comprehensive data on accidents and injuries is of tremendous importance and is vital to the Trust's function. The DHSS's Körner Committee, which is concerned with statistical indicators within the Health Service, is looking especially at data that can or should be collected at accident and emergency departments, and the Trust is currently advising about a module relating to children that might be used in the proposed computerised data collecting system. It is hoped, too, that this will be compatible with a minimum data set on accidents being developed by the World Health Organisation.

(2) **Working party on burns and scalds.** This subject has been selected for review because of its importance in terms of seriousness of injury and frequency. Membership of the working party includes plastic and paediatric surgeons, epidemiologists and researchers from the Department of Trade's Home Accident Surveillance System, the Director of the Medical Research Council's Burns Research Unit, an architect, a fire officer, representatives of the Home Office, and members of staff. Financial support for this working party has come from the Wolfson Foundation.

(3) **Working party on local initiatives in the field of childhood accident prevention.** It is felt that many aspects of prevention will carry greater thrust if put forward locally rather than nationally. This working party has developed out of the 'Play It Safe!' groups described below and is financially supported by the Health Education Council and the Greater London Council.

Education

The main educational component of the Trust's work has been through its participation in the BBC television series 'Play it safe!'. This series of 10 programmes presented by Jimmy Savile OBE was

accompanied by a booklet of the same name produced by the HEC. The Medical Secretary of the Trust was adviser to the television series and the editor in chief of the HEC booklet. The series was the focal point of a large scale campaign: the BBC education department held 16 regional meetings many months before the programmes went out. At these, regional representatives from many sectors were present, including health education and road safety, home safety, transport, social services, education, police, fire brigades, and ambulance services. A member of the Trust spoke about the aims and objects of the series at each regional meeting. This encouraged the establishment of local groups, and later the BBC gave previews of some of the programmes in 44 centres so that local groups could get some idea of the style and content of the programmes. An ad hoc committee consisting of the series' producer, its director, members of the Trust, the HEC, the Scottish Health Education Group, the DHSS, RoSPA, and the Central Office of Information coordinated this work; it was administered by the Organising Secretary of the Trust. A great deal of research was undertaken on the television series and booklet, and the BBC held a seminar in November 1982 on this aspect. The programmes were well received and were viewed by a substantial number of people—the average audience for each programme was 8 million, and it is estimated that 58% of the adult population of the UK saw at least one programme. The HEC booklet was also well received; 1.5 million copies have been distributed free.

Other educational efforts appear small in comparison with the 'Play it safe!' campaign, but many seminars have been held. As well as the seminar on disability and handicap already mentioned, seminars have been held with the Centre on Environment for the Handicapped on the environmental aspects of accidents and on the problems of data collection; both of these were held at the King's Fund Centre in London. Finally, a series of seminars looking at the interface between accidents in childhood and child abuse were organised jointly with the National Children's Bureau.

Liaison with other organisations

The Trust liaises and cooperates with many other bodies in the field. It is represented on RoSPA's National Safety Education Committee, on the Parliamentary Advisory Council on Transport Safety, on many committees of the British Standards Institution including the national advisory panel on personal safety, which reviews a large number of standards, and on special committees dealing with

matters such as child resistant containers, play-ground equipment, cots, dummies, and 'baby nests'.

Finally, mention must be made of the Trust's international contacts. The International Children's Centre in Paris invited the Trust's staff to the Centre to discuss the Trust's work, and close links have been established with the Child Accident Prevention Foundation of Australia and similar bodies in Eire, Sweden, New Zealand, and Spain. The World Health Organisation's European office, which is responsible both for the WHO's global and European programmes on accident prevention, often calls upon the Trust's expertise and help, and papers have been presented in Mexico, Copenhagen, Brussels, Essen, Dresden, St Etienne, and Ankara. The Trust's approach is used as a model upon which similar accident committees may be based in various countries.

In conclusion

One anxiety remains. There is still room for paediatricians and other health workers dealing with children to be more concerned than at present with the problem of children's accidents—in their management and the services for them as well as in their prevention. The BPA/BAPS Accident Committee, all of whose members are on the Trust but which concerns itself more with services for children than with accident prevention, is circularising members of both organisations to ascertain the current position with regard to children attending

accident and emergency departments and the part that paediatricians are playing in their care. It is to be hoped that this survey will lead to constructive suggestions for improvements in this field. The Trust is always willing to support any paediatrician with an interest in accidents and their prevention and is happy to receive information about any special problems that may arise such as an accident arising from the use of an unsafe product in the home. This paper aims not just to show that an attempt is being made at action within the field but also to reinforce the importance of accidents in the minds of paediatricians and their colleagues. 'The prevention of childhood accidents should, quite clearly, become one of the most important factors in general child care and should be the fundamental concern of all those (individuals, groups, and services) responsible for children.'¹

Reference

- ¹ Deschamps JP. *Prevention of traffic accidents in childhood*. EURO Reports and Studies No 26. Copenhagen: WHO, 1981.

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