

UNINTENTIONAL HARM THEMATIC PAPER

Deprivation



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1. EXECUTIVE SUMMARY

1.2 Background

This thematic briefing paper is part of a suite of documents produced on unintentional harm in Scotland as part of Building Safer Communities (BSC), part of the justice change programme that contributes to the Justice Strategy. Although managed by Scottish Government, Building Safer Communities works collaboratively with local and national partners to help communities make use of their existing strengths and uses the latest in improvement methodology to drive change. The vision is of a flourishing, optimistic Scotland in which resilient individuals, families and communities live safe from crime, disorder, danger and harm. This is achieved through two distinct phases:

- Phase 1 aims to reduce the victims of crime in Scotland by 250,000 by 2017-18. More information about Phase 1 and the programme as a whole can be found at www.bsc.scot.
- Phase 2 has the aim of “reducing unintentional physical and psychological harm that could have been predicted and prevented”.

The Strategic Assessment for Unintentional Harm was commissioned under Phase 2 of BSC to better understand the prevailing issues, causal factors and epidemiology of unintentional harm in Scotland. The scope of this strategic assessment included home safety, falls, sports injury, outdoor safety (water safety, mountain safety), road safety and workplace safety; mental well-being, loneliness and social isolation.

Through robust analysis of existing data and environmental scanning, areas of focus and priority were recommended:

1. Areas of increased deprivation
2. The under-fives
3. The over 65s
4. Strategic data gathering, analysis and sharing
5. Bridging the gap between strategy and delivery

All documents relating to Building Safer Communities Phase 2: National Strategic Assessment Unintentional Harm are available on the BSC website here: <http://www.bsc.scot/publications.html>

1.2 Who is this report for and why?

Six thematic papers have been produced covering Children and Young People, Older People, Deprivation, Home Safety, Road Safety and Outdoor Safety.

These are designed for practitioners with an interest in particular aspects of unintentional harm – the paper aims to provide some key facts about particular issues but also support practitioners to tackle unintentional harm locally using the further reading/support links and case studies.

This report can be supplemented with Sections six and seven in the full strategic assessment which may be found on the BSC website here: [http://www.bsc.scot/publications.html](#) which provides geographical information at a Local Authority level for particular aspects of unintentional harm.

2. KEY POINTS

2.1 The National Picture

Unintentional harm in Scotland is a large burden on the population in terms of death (around 1,250-1,400 deaths from physical unintentional harm in Scotland per year¹ and one of the top causes of death for young children and the elderly) and serious injury (around 54,500 emergency hospital admissions for physical unintentional harm annually²) but also the number of years lost to disability, time off work, not to mention the emotional impact on those injured and their family and friends. For public services it can also be a burden in terms of unscheduled care costs, volunteer time, and reduce the amount of time that can be dedicated to prevention. Various reports including one by the UK's Chief Medical Officer present a powerful economic case for injury prevention. Extrapolating from UK figures, the costs to the NHS in Scotland attributable to physical unintentional harm alone amount to at least £200 million per year (of which £40 million relate to children)³.

Children and young people (particularly the under-fives), older people and those living in more deprived areas are all over-represented in unintentional harm data as shown in Figures 1 to 3 – more detail can be found in the summary paper if required.

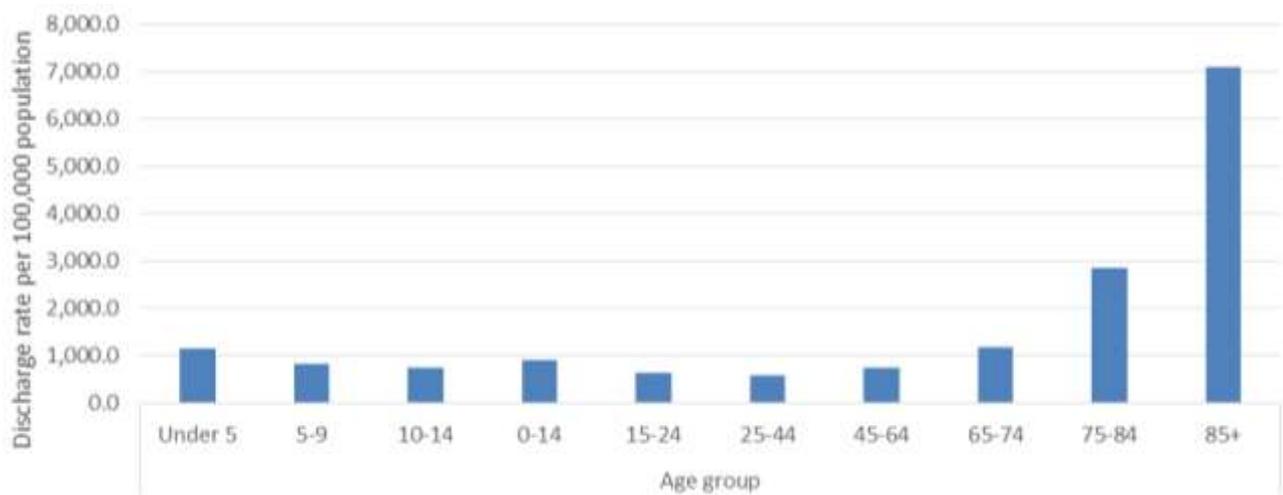


Figure 1 Emergency hospital admissions as a result of an unintentional injury by age group, year ending 31 March 2015 (Source: NHS Information Services Division Unintentional Injuries publication, 2015)

¹ National Records Scotland (NRS) annual publications on Accidental deaths 2014. The most recent publication is available at <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/accidental-deaths>

² All information on emergency hospital admissions are sourced from NHS Information Services Division (ISD) annual publication on Unintentional Injuries. The most recent publication is available at <http://www.isdscotland.org/Health-Topics/Emergency-Care/Publications/>

³ Professor David Stone 2011, Paediatric Epidemiology and Community Health (PEACH) Unit in Yorkhill Hospital, Glasgow; part of the University of Glasgow's School of Medicine

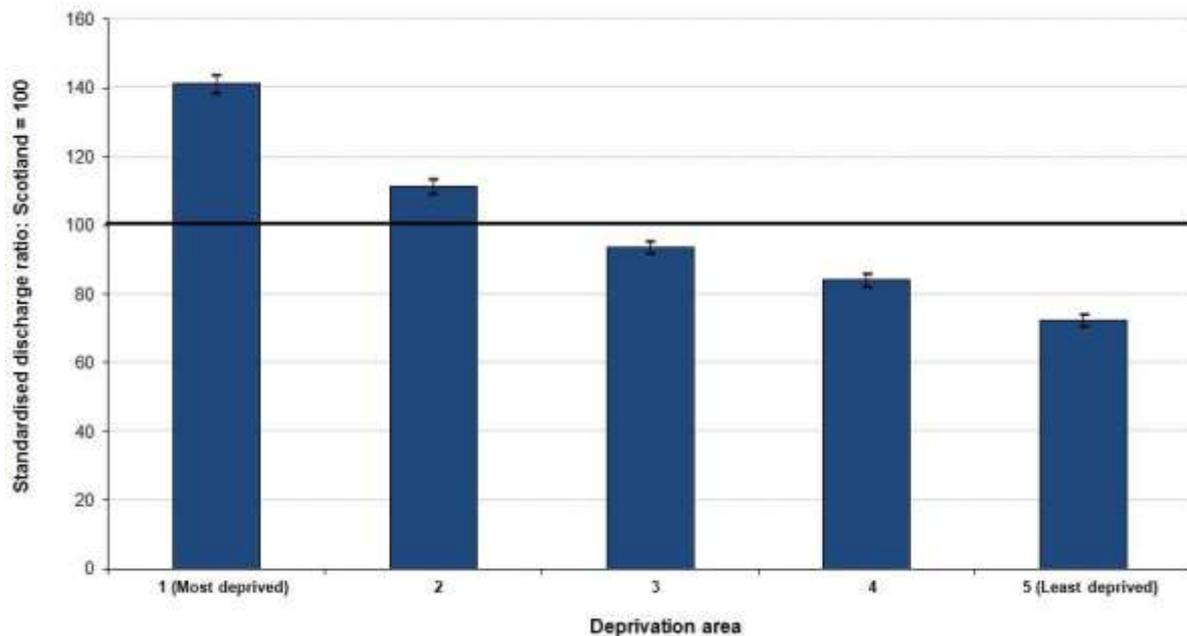


Figure 2 Emergency hospital admissions as a result of an unintentional injury, adults aged 15 and over by deprivation quintile; year ending 31 March 2016 (NHS Information Services Division Unintentional Injuries publication 2017)

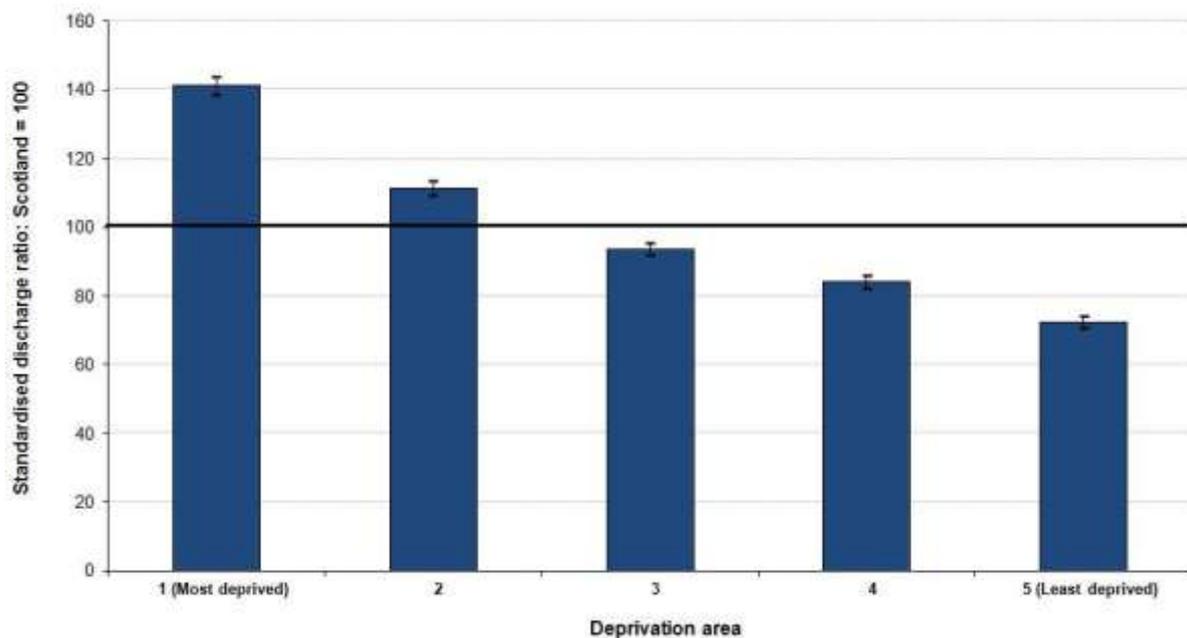


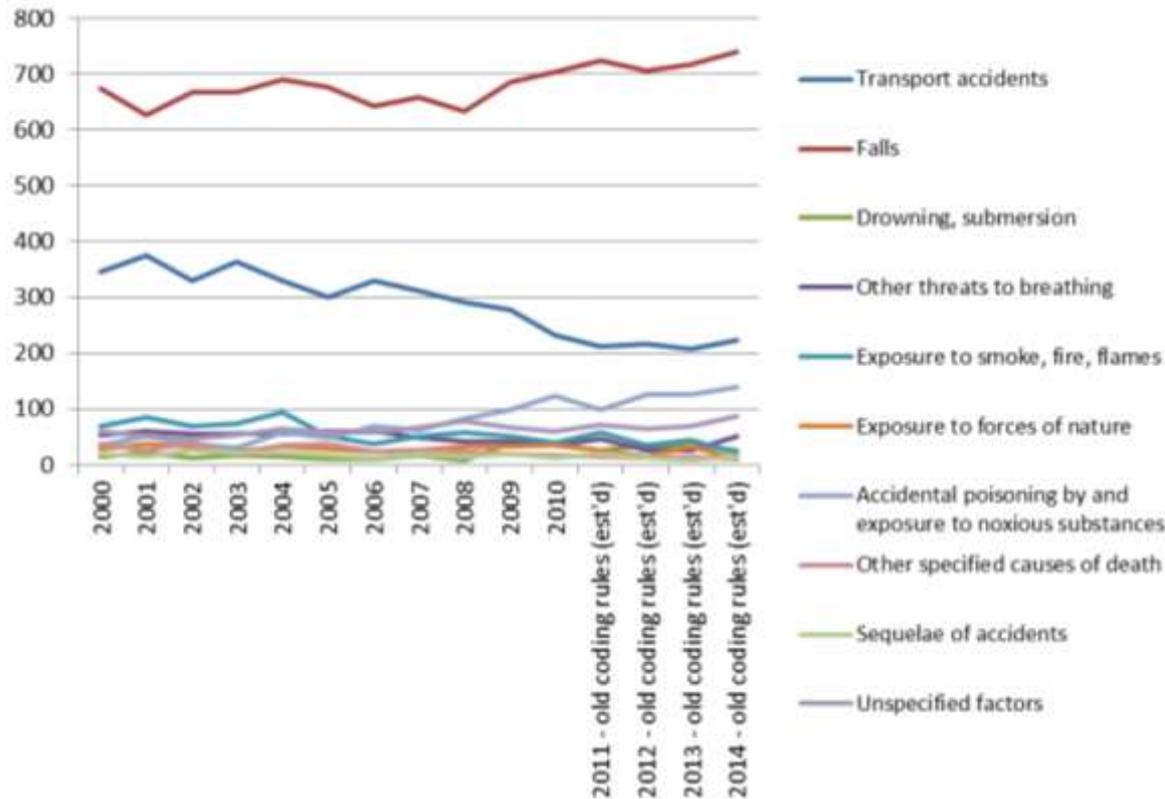
Figure 3 Emergency hospital admissions as a result as a result of an unintentional injury, children aged under 15 by deprivation quintile; year ending 31 March 2016 (NHS Information Services Division Unintentional Injuries publication 2017)

There is also a potential for unintentional harm to become an increasing burden in Scotland due to the over-representation in deaths and injuries of older people from unintentional causes and the projected increase in this age group: the Scottish population projection indicates an 80% increase in the over 75s between 2012 and 2037 (from 1.25 million in 2012 to 1.78 million in 2037)⁴.

⁴ National Records Scotland (NRS) Projected Population of Scotland (2014-based) "Estimated and projected population over 70, Scotland, mid-2014, mid-2024 and mid-2039"

Despite this, however, much unintentional harm is preventable through a variety of mechanisms and the limited improvement in death and injury rates since the 1990s present broad scope for improvements.

Reductions in road traffic collision injuries and fire fatalities (see Figure 4) are excellent examples of the potential for improvements through effective legislation, a focus on prevention and partnership working.



2.2 Deprivation⁵

2.2.1 Introduction

Unintentional harm can affect any individual or household regardless of economic background. However, analysis of a number of datasets including deaths and emergency hospital admissions as a result of physical unintentional harm and mental wellbeing, as well as international academic research clearly demonstrates that those individuals living in Scotland's most deprived communities are more likely to experience an incident of unintentional harm.

Figure 4 Deaths from Unintentional Injury in Scotland 2000-14 by Cause of Death (Source: National Records Scotland Accidental Deaths 2014 publication)

⁵ In Scotland the Scottish Index of Multiple Deprivation (SIMD) is used to measure deprivation at a local level. Datazones are divided into five groups (quintiles) with decreasing levels of deprivation (from 5 to 1). The overall deprivation score is a combination of a number of indicators ('domains') including Employment, Income, Health, Education, Skills, and Training, Geographic Access to Services, Crime and Housing.

There is also some evidence that people living in more deprived areas experience multiple unintentional injuries - from the Growing Up in Scotland survey⁶ children living in deprived areas were more likely than those living in more affluent areas to experience two or more unintentional harm incidents requiring treatment during their first four years.

This is on a sliding scale - it's not just people in the *most* deprived areas that experience it but that even those in *slightly* deprived areas experience unintentional injury disproportionately.

2.2.2 Key Findings

The correlation between deprivation and higher rates of unintentional harm highlighted in Section 2.2.1 are clearly demonstrated in Figure 5 and below:

- In 2014/15 children in the most deprived areas had a standardised discharge ratio approximately 19% higher than the Scottish average. For adults, this was nearly 40% higher than the Scottish average
- Taking into account the age and sex breakdown of the population compared to Scotland there were more deaths from unintentional injuries in deprived areas than less deprived areas (the standardised mortality ratio was 49% higher in the most deprived area and 37% lower in the least deprived area compared to the Scottish average).
- Road traffic collisions and accidental dwelling fire rates also increase with increasing deprivation. The accidental dwelling fire rate in the 15% most deprived areas of Scotland is over double the rate seen in areas that are not within the 15% most deprived areas.

⁶ Bromley, C & Cunningham-Burley, S (2010) *Growing Up in Scotland: Health inequalities in the early years* Edinburgh: Scottish Government

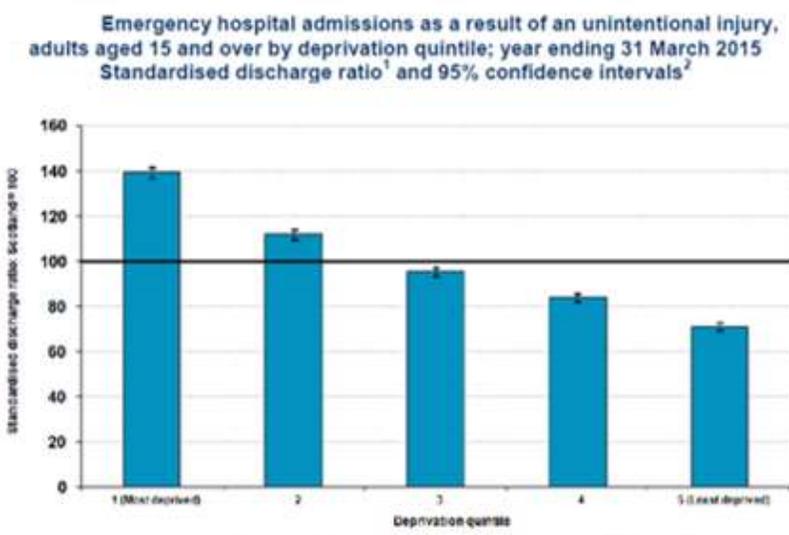
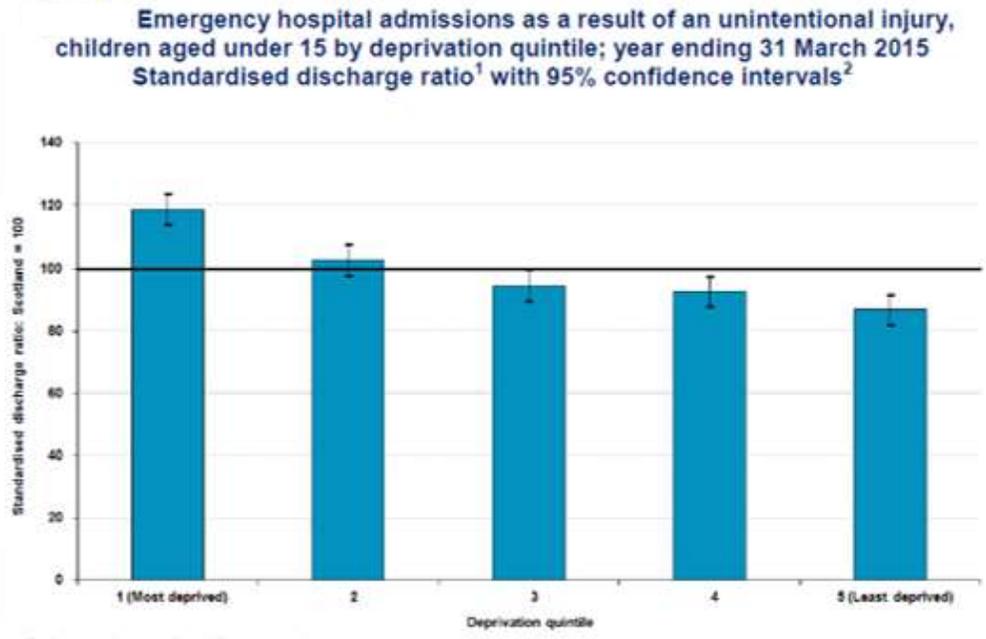
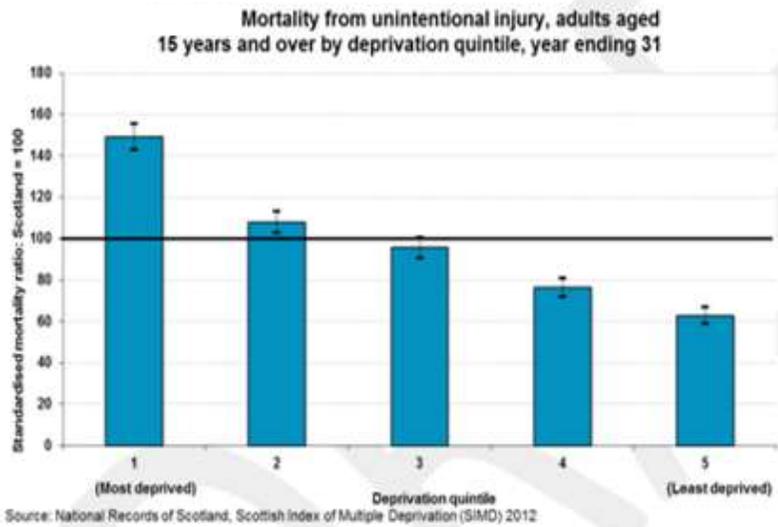


Figure 5 Relationship between physical unintentional harm and deprivation (NHS Information Services Division Unintentional Injuries publication)

Psychological Unintentional Harm

- Measures of mental wellbeing in adults (overall mental wellbeing and life satisfaction) are lowest in the most deprived quintile and increased stepwise to the least deprived quintile.
- Community measures including volunteering, involvement in local community, whether people felt they were able to influence local decisions, the social support people felt they had, general trust, neighbourhood trust, feelings of safety in their neighbourhood and home were all lowest in the most deprived areas and highest in the least deprived areas.
- Children and young people living in more deprived areas had poorer mental health and well-being outcomes than those living in less deprived areas.

Interestingly it appears that people from the more deprived areas may only experience *severe* unintentional harm at a higher rate compared to those from less deprived areas - from the Scottish Health Survey 2009/2011 (which covers all severities of physical unintentional harm) the incident location and deprivation have no notable differences where the hospital admission and mortality data (the most severe types of unintentional harm) do show a correlation between injuries and deprivation⁷.

In addition to deprivation, 'Family adversity' (an index combining eight measures of disadvantage including poverty and maternal depression) is significantly associated with children experiencing three or more physical unintentional harm incidents requiring medical attention during their first five years. However, no significant relationship between parenting styles and parent-child relationships and incidents/injuries was identified in this study⁸.

Some of the higher prevalence in more deprived areas may be due to:

- Lower incomes (which is one measure of deprivation) could mean safety equipment is prohibitively expensive.
- Other factors which contribute to family stress and chaotic lifestyles and which are linked to certain aspects of unintentional injuries e.g. drug and alcohol misuse are higher within deprived areas.

⁷ No research has been conducted into the reasons for health survey data showing no 'deprivation effect' where a lot of other data does, but it could be due to differences in the composition of statistics (for example age standardisation where ISD statistics control for the different age profiles in each deprivation category) between the two data sources which could account for the differences.

⁸ Parkes, A & Wight, D (2011) *Growing Up in Scotland: Parenting and children's health* Edinburgh: Scottish Government

- Poorer health within more deprived areas could mean falls and other things in older people are a) more prevalent or b) result in more serious injury when they occur due to poorer overall health.

The Child Accident Prevention Trust also highlights the following as potential reasons for this deprivation gradient⁹ in child unintentional harm specifically:

- Overcrowded homes – children from overcrowded homes are three times more likely to be injured (cited)
- Lack of a garden in which children can play: (no reference) In 2014, 62% of those who lived in the top 20% most deprived areas lived within a 5 minute walk of their local greenspace compared to 71% of those who lived in the 20% least deprived areas.
- Greater exposure to through-roads and roads without parking (no reference)
- Higher parental smoking rates – poorer parents are more likely to smoke, smoking is a major cause of house fires, and households with smokers are less likely to have working smoke alarms (cited)
- Lack of accessible information – disadvantaged parents are six times more likely to have serious literacy problems; parents who are long-term unemployed, young parents and parents from deprived black and minority ethnic communities are over-represented among those with poor literacy (cited). One child home safety leaflet distributed in Scotland has a reading age of 13-15 years – the average adult reading age in Scotland is 11 years old¹⁰ and this is often lower in more deprived areas.
- Parental understanding of child development, with deprived parents more likely to be taken by surprise by the next stage of their child's development.
- There are also links to family type – teenage parents may need more support to keep their babies safe – and family size – disadvantaged parents with larger families may struggle to control their children's behaviour.

⁹ Child Accident Prevention Trust (2013) *Inequalities and Deprivation* briefing. Original sources available at <http://www.makingthelink.net/topic-briefings/inequalities-and-deprivation>

¹⁰ http://www.scottishhealthcouncil.org/patient_public_participation/participation_toolkit/written_information.aspx#.V-k54z_bLWM

Some commentators have also highlighted how recent spending cutbacks in local authorities may have an effect on accidental injuries among low-income children. The removal of speed camera funding, for example, can put low-income children at particular risk of road traffic accidents (cited).

2.2.3 Sub-National Picture

As more deprived areas are over-represented in unintentional injury data, focusing efforts on people living within these areas (the Scottish Indices of Multiple Deprivation or SIMD) has been selected as a priority for Phase 2 of Building Safer Communities.

The 20 most deprived datazones SIMD2016 (listed in descending order and with the datazone reference in brackets) are:

1. Ferguslie Park (Area 1), Paisley (S01012068)
2. Carntyne West and Haghill, Glasgow City (S01010245)
3. North Barlanark and Easterhouse South (Area 1), Glasgow City (S01010122)
4. Old Shettleston and Parkhead North, Glasgow City (S01010148)
5. Nitshill, Glasgow City (S01009780)
6. Muirhouse, City of Edinburgh (S01008929)
7. Possil Park (Area 1), Glasgow City (S01010323)
8. Cliftonville, North Lanarkshire (S01011598)
9. Drumchapel North (Area 1), Glasgow City (S01010493)
10. North Barlanark and Easterhouse South (Area 2), Glasgow City (S01010118)
11. Ferguslie Park, Paisley (S01012067)
12. Parkhead West and Barrowfield, Glasgow City (S01010050)
13. Alloa South and East, Clackmannanshire (S01007465)
14. Niddrie, City of Edinburgh (S01008710)
15. Possil Park (Area 2), Glasgow City (S01010326)
16. Drumchapel North (Area 2), Glasgow City (S01010495)
17. Ardrossan Central, North Ayrshire (S01011243)
18. Central Easterhouse, Glasgow City (S01010111)
19. Keppochhill, Glasgow City (S01010312)
20. North Barlanark and Easterhouse South (Area 3), Glasgow City (S01010121)

Figure 6¹¹ shows that there are a number of areas of “deep-rooted deprivation” – these areas have been consistently among the 5% most deprived in Scotland since SIMD2004:



Figure 6 Areas of Deep-Rooted Deprivation in Scotland (SIMD 2016)

Five local authorities contain the most datazones with deprivation (the most deprived 20%): Glasgow City, Inverclyde, West Dunbartonshire, North Ayrshire and Dundee City. Figure 7¹² shows the local share of the most deprived 20% (i.e. the percentage of datazones in the local authority area that are in the 20% most deprived – this is shown in pink). The blue bar shows



Figure 7 Local Authorities with the highest 'local share' of 20% most deprived datazones

¹¹ Scottish Government (2016) *Introducing The Scottish Index of Multiple Deprivation 2016* <http://www.gov.scot/Resource/0050/00504809.pdf>

¹² Scottish Government (2016) *Introducing The Scottish Index of Multiple Deprivation 2016* <http://www.gov.scot/Resource/0050/00504809.pdf>

the local share of the most deprived 21-40% datazones – people who live here may also experience difficulties. The same figures are shown for all local authorities in Scotland in Figure 8¹³.

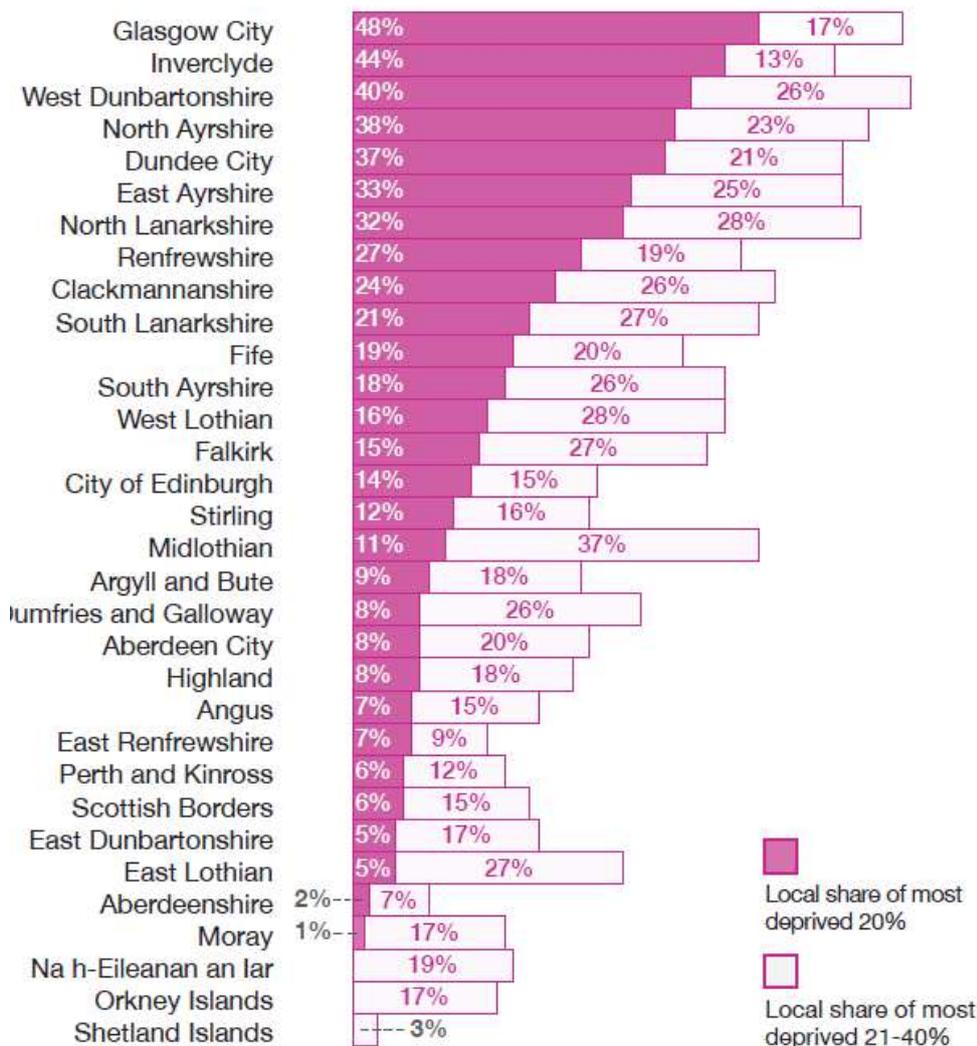


Figure 8 Local share of 20% and 21-40% most deprived datazones by Local Authority

An interactive map of all deprived datazones is available at <http://simd.scot/2016/#/simd2016/BTTTTFTT/9/-4.0000/55.9000/> which could be used to select particular areas of focus on unintentional harm by local partnerships.

¹³ Scottish Government (2016) *Introducing The Scottish Index of Multiple Deprivation 2016* <http://www.gov.scot/Resource/0050/00504809.pdf>

3. SUGGESTED ACTIONS

The following have been taken from the Summary document and a number of other sources (detailed where appropriate) for national and local action to prevent unintentional harm in Scotland. See also the thematic papers on Children and Young People and Older People for specific actions relating to these populations.

Approach / Source	National Role	
Findings from the strategic assessment should be used to inform approaches to preventing unintentional harm	<p>The link between deprivation and unintentional harm (physical and mental health) should be considered and explicitly mentioning unintentional harm when discussing poverty etc.</p> <p>The link between protective factors such as a supportive home environment and the importance of considering and explicitly mentioning unintentional harm in interventions.</p>	
Strategies to prevent unintentional harm	Evidence shows that having a strategy to prevent unintentional harm is more effective than the absence of such a strategy.	
Literature Reviews	Evidence suggests that offering home safety audits in the course of other services for disadvantaged families could result in improvements to unintentional harm. In addition to education is a necessity here. Both of these raise issues for funding resources.	
Thermal injuries – particularly in children and young people and older people	Some evidence indicates that installing thermostatic mixing valves, smoke detectors and sprinklers in all properties (or particular properties) to prevent unintentional harm of this type) would reduce scalds and injuries from fires. Fitting as well as within all new build properties.	
Data	<ul style="list-style-type: none"> • Further research is required to investigate the mechanism of unintentional harm, its risk factors and protective factors in order that appropriate preventive measures can be put in place. As this kind of data is not yet collected this may require a separate piece of work, for example MSc or PhD student, NHS analysts or local partnership analysts; or other commissioned work. • We need to understand what works and why and adapt these principles. • Data will help to identify people most at risk, build predictive models to scope future demands, benchmark performance and understand costs and benefits of approaches. • Linking data sets at a national level will assist to provide a clear picture. • There is a need for more on understanding the psychological component of unintentional harm. • More exploration of the reasons for differences in unintentional harm between the most and least deprived communities would be a step forward in understanding this issue and aid in the development of preventative interventions. • Discussions with various colleagues with experience in co-production, asset-based and community development work have made it clear 	Local s would s

Approach / Source	National Role
	<p>that there may be some mileage in a) trialling community-based approaches as seen in Phase 1 of BSC as part of Phase 2 and/or b) doing some further research in places where this type of work is already happening (for example place-based projects or Phase 1 Places) to ascertain if there have been / are / could be some unintended positive outcomes around unintentional injury.</p> <ul style="list-style-type: none"> • Organisations need to improve their recording of unintentional harm as it is likely the figures in this document are underreported. Further breakdowns of those unintentional harm incidents classed as 'other' would be valuable. • A horizon scanning exercise assessing longer-term risks and opportunities relating to unintentional harm in Scotland should be undertaken in order that opportunities for mitigating risk can be seized. • A discussion on the scope of poisoning within BSC would be beneficial – perhaps the most logical approach, would be to focus on all poisonings in specific age groups – for example all poisonings in children and young people and older people – and poisonings from certain substances only in the other age groups. The latter approach would involve combining information on deaths and injuries from poisoning.
Engagement	<ul style="list-style-type: none"> • Direct engagement with local Community Safety Partnerships (CSPs) and Community Planning Partnerships (CPPs) and other networks and partners (for example the community planning network, SOLACE and COSLA, Scottish Community Safety Network (SCSN), Royal Society for the Prevention of Accidents (RoSPA), Improvement Service) to support the development of local analysis and seek to influence the adoption of unintentional harm as a priority issue within the Local Outcome Improvement Plan (LOIP) or community safety strategy.

4. LINKS TO FURTHER READING AND SUPPORT

4.1 Data and Intelligence

Below are some of the key sources of data about unintentional harm in Scotland. Additional links can be found in Sections 5.2 and 5.3 and through the references in the summary document and full strategic assessment.

Nature of the data	Source	Nature of the data	Level to which it is available	Frequency published
Mortality data - deaths	National Records for Scotland and Information Services Division (ISD) of NHS	Includes information on the number of deaths, cause of death, gender and age breakdown & location data for some	All Scotland, Health Board and Local Authority (the latter for only some types of the data)	Annually (Autumn by NRS and Spring by ISD)
Emergency hospital admission data	NHS ISD Unintentional Injuries	Includes information on the number of hospitalisations, injury type and cause and deprivation, age and gender breakdowns	All Scotland, Health Board and Local Authority (the latter for only some types of the data). Postcode data available on request	Annually (Spring)
A&E attendance data	Some healthboards	Varies but can include type of injury (e.g. fall/poisoning/road traffic etc), day and time of arrival, age and gender breakdowns	Only for some healthboards - datamart review underway which should ensure this is available across Scotland.	Bespoke request
Incident data – all	Scottish Health Survey	Includes information on the prevalence of incidents, deprivation data, type of injury, gender and age breakdowns and treatment. Also contains information on mental health and wellbeing.	All Scotland. Health board every 4 years	Every two years (September)
Incident data – CYP	Health Behaviour in School-Aged Children	Includes information on the prevalence of incidents, deprivation data, type of injury (most severe injury only), gender and age breakdowns.	All Scotland	Every four years

Nature of the data	Source	Nature of the data	Level to which it is available	Frequency published
Incident data – all	Scottish Ambulance Service	Includes information on the number of calls, temporal data, patient age and gender, type of injury and many other fields	All Scotland, local authority area (and lower as some data is geo-coded)	Bespoke request
Incident data – water safety	Water Incident Database (WAID) from the Water Safety Forum	Currently drownings only but hope to have rescue incidents too in time. Age and gender, activity being undertaken at the time, location (e.g. coast, river, loch etc) included.	All Scotland and possibly regional.	Bespoke request
	Various: Maritime and Coastguard Agency, SFRS, Police Scotland, RNLI and other rescue boats	Includes temporal information, type of vessel, whether vessel/people involved were commercial or non-commercial	All Scotland and regional. Some incident data will be geo-coded.	Bespoke request
Incident data – mountains	Mountain rescue Scotland	Includes information on type of injury, activity being undertaken (e.g. hill walking, mountaineering etc), whether part of a group, temporal information, gender and age	All Scotland and by mountain rescue team area	Annually
Incident data – fire	Scottish Fire and Rescue Service (SFRS)	Includes accidental dwelling fires and fires resulting in casualty/fatality. Temporal data, age, gender, injury and treatment, cause of fire and contributory factors all available	All Scotland and local authority. For some analysts sub-geographies are available as data is geo-coded.	Annually (and bespoke for some analysts and under FOI for more information)
Incident data – road traffic	Road Safety Scotland and Transport Scotland	Includes information on the road type, injury type and severity, age and gender of people involved, contributory factors etc. Attitudes and behavioural studies available as part of Road safety Information Tracking Study (RITS).	All Scotland	Annually

Nature of the data	Source	Nature of the data	Level to which it is available	Frequency published
	MAST	In addition to hospitalisations and deaths as a result of a transport collision, MAST has data for all transport collisions reported to the Police. This includes information on the road type, injury type and severity, age and gender of people involved, contributory factors etc. Deprivation and MOSAIC codes are also available.	All Scotland and local authority. For some analysts sub-geographies are available as data is geo-coded.	
Incident data – air safety	Civil Aviation Authority	Incident data for air safety incidents but not necessarily injuries.	Various	Bespoke request
Incident data – rail safety	Rail Risk Portal	Incident data and injury data in their annual safety report.	Scotland	Annually
Incident data – Forestry commission	Forestry Commission	Incidents involving unintentional injury on Forestry Commission land. Injury surveillance is of variable reliability due to different practises between each area.	Various	Bespoke request
Population data	Scottish Neighbourhood Statistics (SNS)	Vast array of population data including population data by datazone	Datazones by child, older people and deprivation available on request.	
Psychological Unintentional harm	Scottish Health Survey NHS Health Scotland Scottish Schools Adolescent Lifestyle	Vast array of information on mental health and wellbeing.	Various	SHeS annually NHS Health Scotland various SALSUS every two

Nature of the data	Source	Nature of the data	Level to which it is available	Frequency published
	and Substance Use Survey (SALSUS)			years
Community indicators	Scottish Household Survey Scottish Social Attitudes survey	Community cohesion and support indicators which could provide valuable context	Various	Annually

4.2 Organisations

The organisations listed below are good sources of information for policy and guidance on unintentional harm. Those in bold have a particular focus on inequalities and/or communities.

- Age Scotland <http://www.ageuk.org.uk/scotland/>
- Building Safer Communities (BSC) Programme <http://www.bsc.scot/>
- Child Accident Prevention Trust (CAPT) <http://www.capt.org.uk/>
- **Child Poverty Action Group in Scotland** <http://www.cpag.org.uk/scotland>
- **Community Health Exchange (CHEX)** <http://www.chex.org.uk/>
- Cross-party group on Accident Prevention and Safety Awareness <http://www.parliament.scot/msps/100957.aspx>
- Electrical Safety First <http://www.electricalsafetyfirst.org.uk/>
- **European Child Safety Alliance** <http://www.childsafetyeurope.org/>
- **Glasgow Centre for Population Health** <http://www.gcph.co.uk/>
- **Go well Glasgow** <http://www.gowellonline.com/>
- **Growing Up in Scotland** <http://growingupinScotland.org.uk/>
- **Inspiring Scotland** <http://www.inspiringscotland.org.uk/our-funds>
- **NHS Health Scotland** <http://www.healthscotland.com/equalities/health-inequalities/index.aspx>
- The Royal Society for the Prevention of Accidents (RoSPA) <http://www.rospea.com/> and <http://www.rospea.com/about/around-the-uk/scotland/>
- Safety policy leads group within Scottish Government (contact Michelle Harray at the Community Safety Unit for more information)
- **Scottish Community Safety Network** <http://www.safercommunitiesscotland.org/>

- **Scottish Government Equally Well (health inequalities)**
<http://www.gov.scot/Topics/Health/Healthy-Living/Health-Inequalities/Equally-Well>
- **Scottish Government Tackling Poverty**
<http://www.gov.scot/Topics/People/fairerscotland/tacklingpovertyinScotland>
- **Scottish Public Health Observatory (ScotPHO)**
<http://www.scotpho.org.uk/>
- **World Health Organisation (WHO)**
http://www.who.int/violence_injury_prevention/en/

4.3 Other reading

This list is not exhaustive, however provides some interesting additional reading to be used in conjunction with products from the organisations mentioned in Section 5.2 and the data sources mentioned in Section 5.1.

- A Khambalia A, et al (2006) *Risk factors for unintentional injuries due to falls in children aged 0–6 years: a systematic review* Journal of Injury Prevention. 2006 Dec; 12(6): 378–381.
- Anderson M. et al (2012) *Poisoning in Young Children*. Archives of Disease in Childhood 2012;97:9
- Bradshaw, P. et al (2013) *Growing Up in Scotland: Birth Cohort 2 Results from the first year Edinburgh: Scottish Government*
- Cree C, Kay A, Steward J (2012) *The economic and social cost of illiteracy: a snapshot of illiteracy in a global context*. World Literacy Foundation.
- Currie, C. et al (2015) *Health Behaviour in School-aged Children: World Health Organization Collaborative Cross-National Study (HBSC): findings from the 2014 HBSC survey in Scotland*. Child and Adolescent Health Research Unit (CAHRU), University of St Andrews
- Fauth R, and Ellis A (2010) *Reducing Injuries in Childhood, a research review*. National Children’s Bureau research
- Grant S, et al (2014) *Home Visits for Prevention of Impairment and Death in Older Adults: A Systematic Review*. Campbell Systematic Reviews 2014:3

- Green J, Muir H, Maher M (2011) *Child Pedestrian casualties and deprivation. Accident analysis and prevention*
- Joint Improvement Team and NHS Health Scotland (2014) *Active and Healthy Ageing: An Action Plan for Scotland 2014-2016*
- Klassen T P, et al (2010) *Community-Based Injury Prevention Interventions. The Future of Children*
- MacInnes, K and Stone, D H (2008) *Stages of development and injury: An epidemiological survey of young children presenting to an emergency department BMC Public Health.*
- NHS Greater Glasgow and Clyde (2010) *Preventing Unintentional Injuries to Children in the NHS Greater Glasgow & Clyde Area.*
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