

UNINTENTIONAL HARM THEMATIC PAPER

Older People



Building Safer Communities

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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:
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.

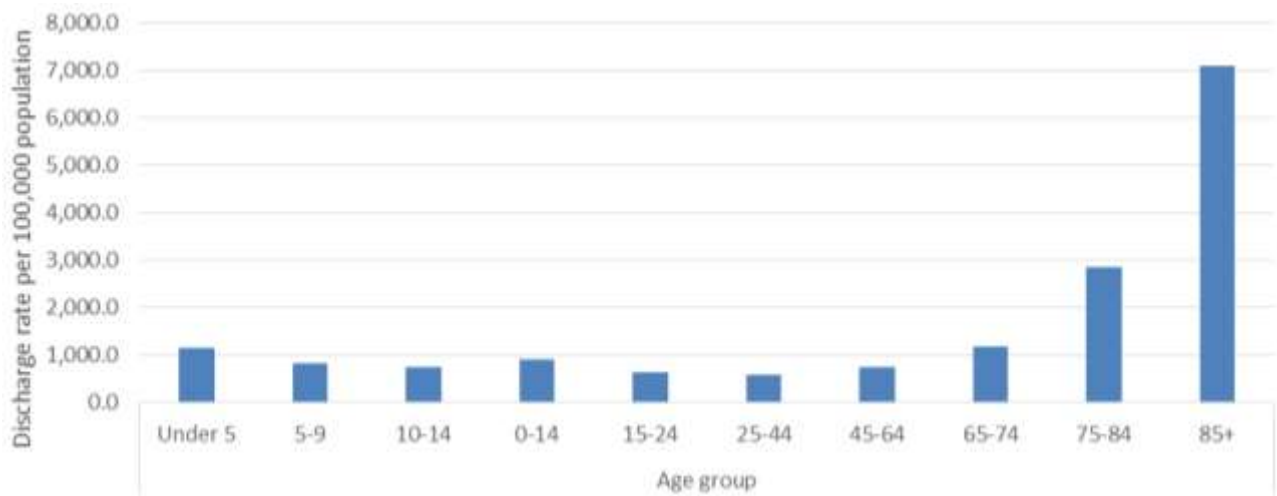


Figure 1 Emergency hospital admissions as a result of an unintentional injury by age group, year ending 31 March 2015 (Source: NHS Information Services Division Unintentional Injuries publication, 2015)

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

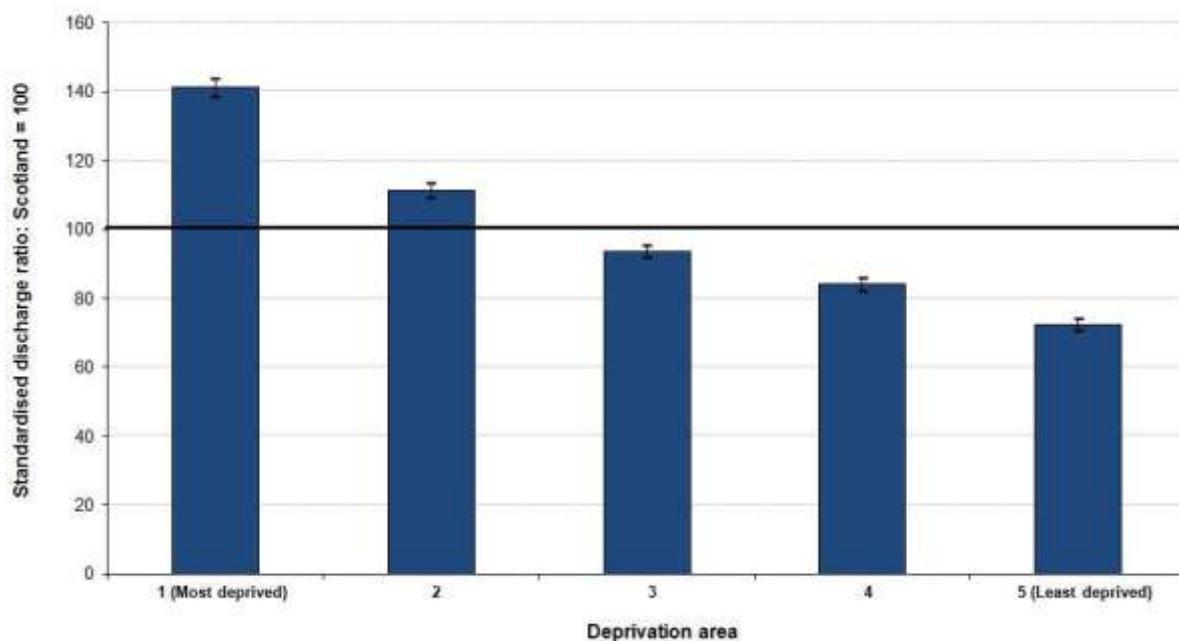


Figure 2 Emergency hospital admissions as a result of an unintentional injury, adults aged 15 and over by deprivation quintile; year ending 31 March 2016 (NHS Information Services Division Unintentional Injuries publication 2017)

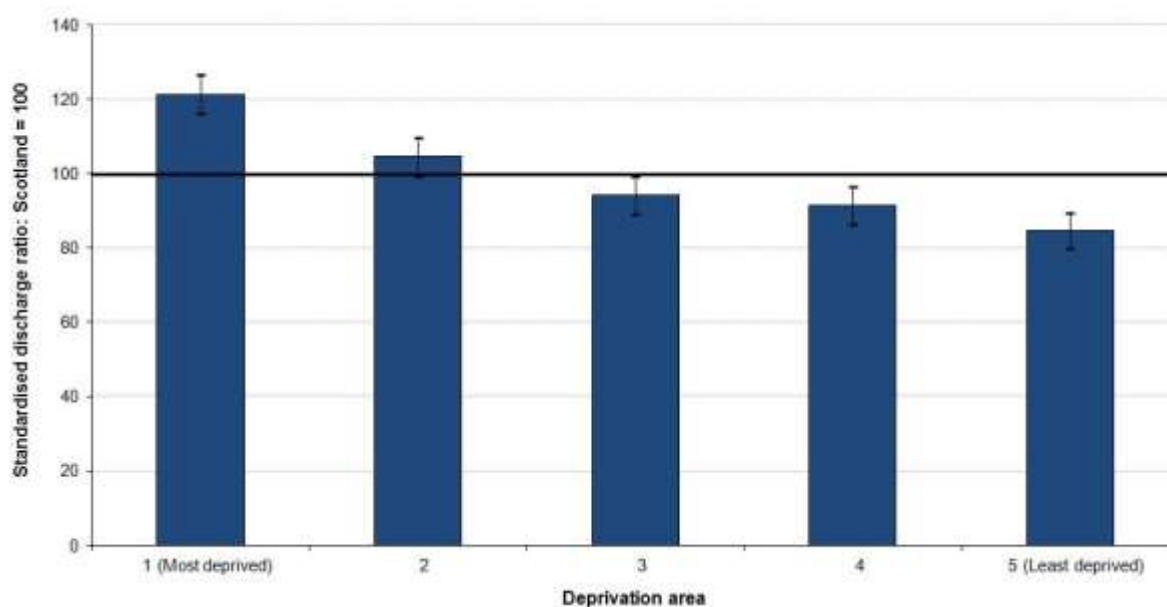


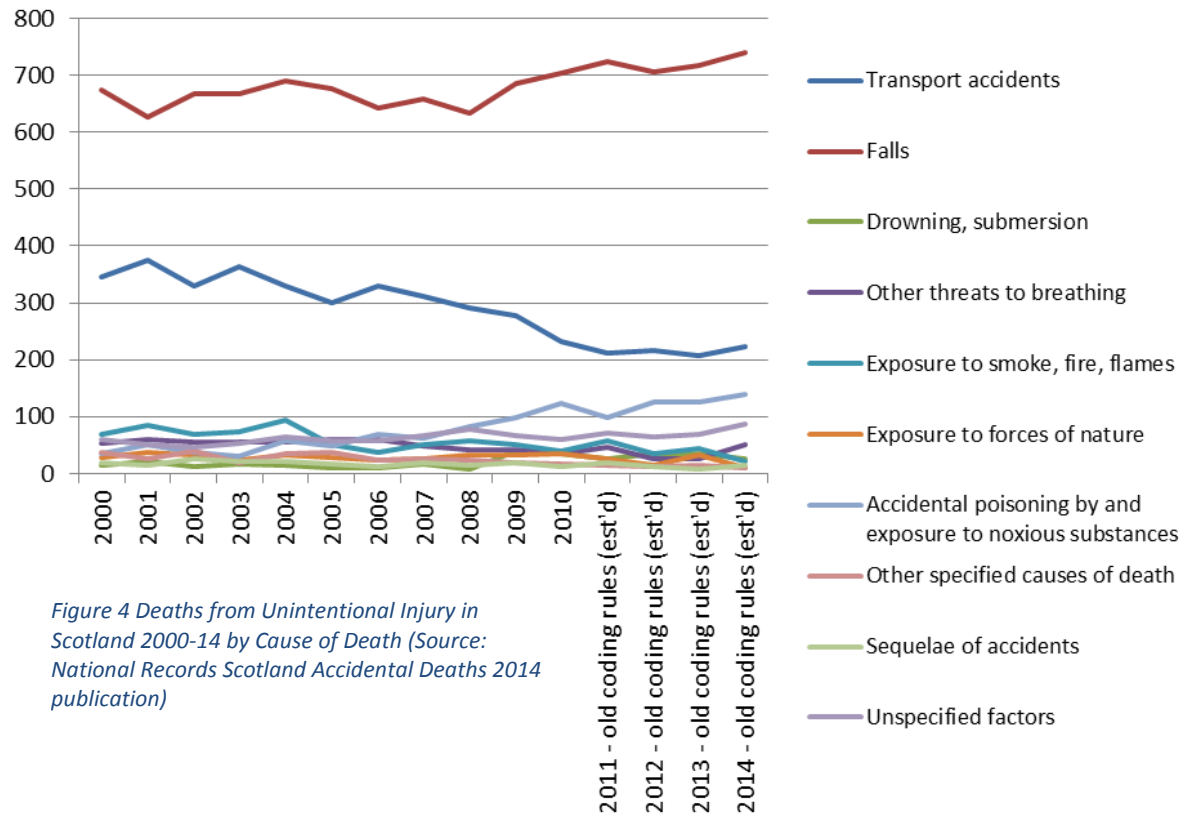
Figure 3 Emergency hospital admissions as a result of an unintentional injury, children aged under 15 by deprivation quintile; year ending 31 March 2016 (NHS Information Services Division Unintentional Injuries publication 2017)

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.

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 Older People

Older people in Scotland, particularly the over 75s and 85s but not excluding those over 65 years, are disproportionately affected by unintentional harm. Home safety is particularly important for this age group as 90% of physical unintentional harm incidents occurs in the home⁵. There is projected to be a large increase in Scotland's population of older people⁶; an age group disproportionately affected by unintentional harm and most likely to be hospitalised and die as a result of unintentional harm.

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"

⁵ NHS ISD Unintentional Injuries publications

⁶

More information can be found in Section 5 of the Summary report of the Strategic Assessment for Unintentional Harm and in various sections of the National Strategic Assessment for Unintentional Harm.

2.2.1 Introduction

Older people have higher death and serious injury rates than any other age group:

- 160.4 deaths per 100,000 population in those aged over 75 in 2014⁷ compared to 12.3 deaths per 100,000 population in the under 75s
- The emergency hospital admission discharge rate is almost 4,000 per 1000 population in the over 75s and 2,440 per 1000 population in the over 65s in year ending 31 March 2015⁸. The same rate is just over 1000 per 1000 population for the over 15s

Over 87% of physical unintentional harm emergency hospital admissions for older people over 75 are as the result of a fall⁹ however they are also at risks of burns and scalds within the home as well as falls¹⁰.

⁷ NRS *Accidental deaths* annual publications

⁸ NHS Information Services Division (ISD) *Unintentional Injuries* 2015

⁹ *Up and About or Falling Short A report of the findings of a mapping of services for falls prevention and management and fracture prevention in older people in Scotland*. The National Falls Programme in association with WorksOut 2012

¹⁰ NHS ISD *Unintentional Injuries* publications

- My chance of dying from and sustaining an unintentional injury at this age is higher than any time in my life, particularly when I am over 75. The likelihood of having a severe injury increases as I age.
- My unintentional injury will almost definitely occur in my home and will probably be the result of a slip/trip or fall.
- If I am female I am at higher risk.
- If I live in a more deprived area I am more likely to have an unintentional injury.
- Age-related factors are likely to begin to play a part in the risk of me having an unintentional injury e.g. physical and cognitive impairment, medication and medical conditions and living alone or living in a care home.
- Recovery from an unintentional injury (even a minor one) is more difficult than at any other stage of my life.
- Primary prevention (e.g. strength and balance exercises) remains important for me.

Over-65

Figure 5 Relationship between unintentional harm and older people

Unintentional psychological harm is also higher in this older age group - mental wellbeing falls to the lowest mean score among those over 75 years of age in Scotland and a number of academic sources estimate that around 10% of UK residents aged over 65 years of age are lonely most or all of the time with many more at risk of loneliness¹¹.

There are a number of factors that are commonly associated with ageing and can give rise to an increased risk of suffering from physical or psychological unintentional harm - living alone, never being married, widowhood, support network type, poor health, cognitive impairment or poor mental health. This overlap gives a rationale to provide particular support to those going through the changes and transitions of growing older that might lead to unintentional harm.

The proportion of older people is expected to increase notably from 2012 to 2037 – by 86% - and as this age group is already over-represented in unintentional harm there is the potential to have a sizeable impact on public services in terms of response and treatment costs.

2.2.2 Key Findings

- Deaths are a particular issue for older people – 46% of deaths as a result of physical unintentional harm in 2014 were in those over the age of 85 and the

¹¹ Bolton, 2012 and Victor, 2011

death rate (deaths per 100,000 population) is four times higher in the over 75s than in the over 15s overall¹².

- Falls are a significant component of death and injuries through unintentional harm - for adults 64% of the emergency admissions to hospital for an unintentional injury in 2014/15 were the result of a fall¹³, rising to 84% in the over 65s (see Figure 6).

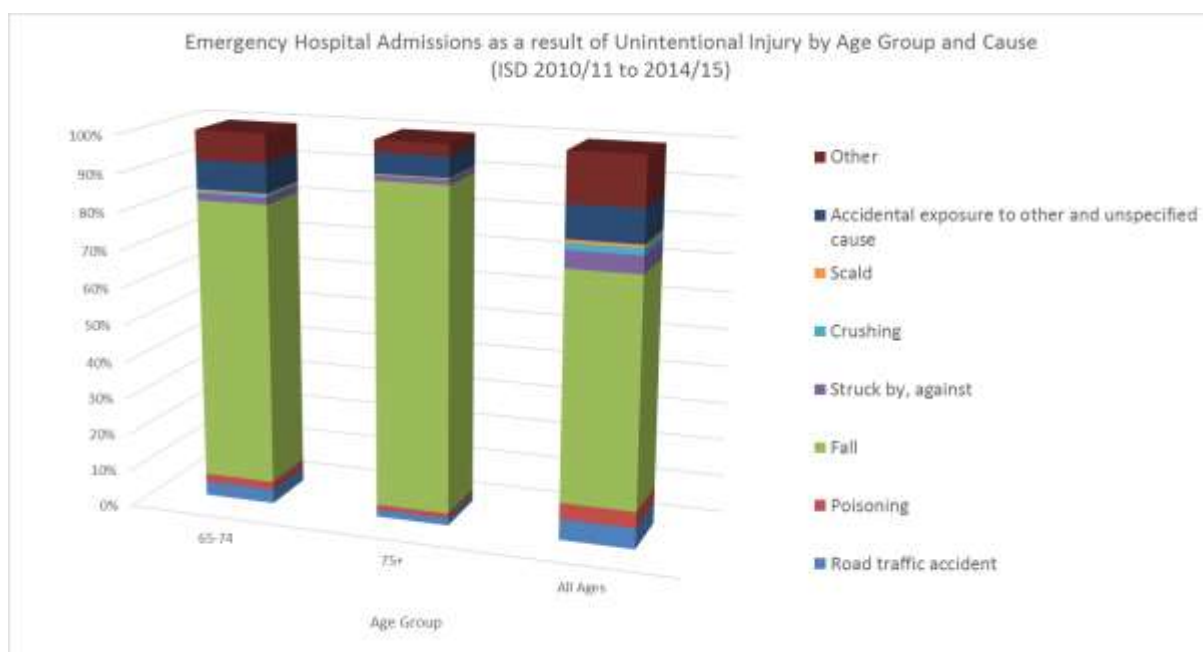


Figure 6 Emergency hospital admissions as a result of Unintentional Injury in Scotland by Cause and Age (NHS Information Services Division 2010/11-2014/15)

- This is the only age group where females have higher hospital admission and A&E attendance rates (even when accounting for the higher population of females compared to males at this age group) – some of this is likely to be due to females of this age being more likely to suffer more serious injuries than males of the same age when they do fall. See Figure 7.

¹² National Records Scotland (NRS) 2014 publication on Accidental deaths. The most recent publication is available at <http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/accidental-deaths> and archived publications are available on request.

¹³ NHS Information Services Division *Unintentional Injuries* publications

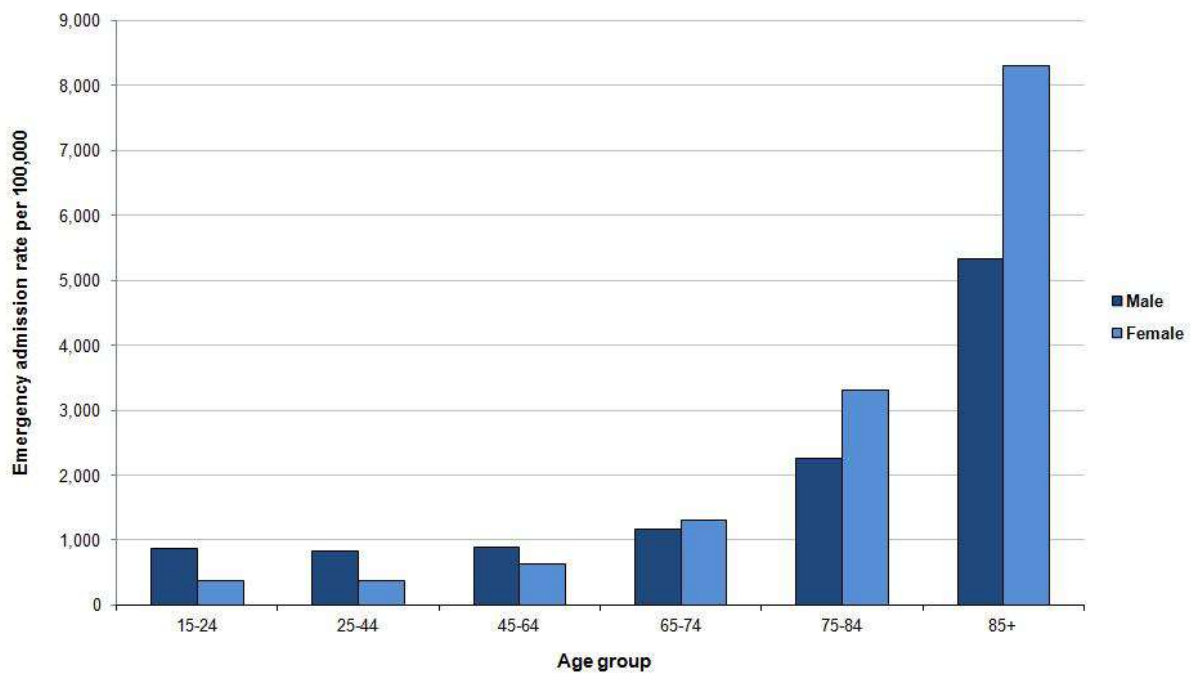


Figure 7 Emergency Hospital Admissions as a Result of A Physical Unintentional Harm Incident, by Age Group and Gender, Year Ender 31 March 2016.

- There is projected to be an **increase in Scotland’s population of older people**, an age group disproportionately affected by unintentional injury and most likely to be hospitalised and die as a result of an unintentional injury.
- Older people are more likely to be affected by loneliness and social isolation - amongst the older old (those aged over 80 years), rates of self-reported loneliness climb steeply to approximately 50%¹⁴. There are many reasons for this including retirement and bereavement. Older people are also often carers for loved ones which can lead to isolation. Low income, poor physical and mental health and cognitive and sensory impairment are all other factors.
- The links between loneliness and poor health are well established. In their recent review of the evidence on loneliness and social isolation, the Social Care Institute for Excellence highlighted that being

FALLS IN OLDER PEOPLE

The impact of falls on this age group is particularly striking: Around 1% (6,000 per year) of falls result in hip fracture and the acute management of hip fracture alone cost NHS Scotland in excess of £73 million each year.

Older people living in care homes are three times more likely to fall than older people living in their own homes, and there are ten times more hip fractures than in other environments. Some of this is due to the type of older people that require to be cared for within a care home which may make them more susceptible to falls in the first place. Falls are more common due to age related changes such as deterioration in hearing, eyesight, blood pressure, reflexes, strength, mobility and balance. Conditions like dementia also play a big part. Physical

¹⁴ Age UK, 2010

lonely has a significant and lasting effect on individuals' health. It is associated with higher blood pressure and depression, and leads to higher rates of mortality – comparable to those associated with smoking and alcohol consumption. It is also linked to higher incidence of dementia. These effects are particularly important when we consider some of the contributory factors associated with unintentional injuries in the home. For example poor mobility and health can lead to falls, cognitive impairment can lead to poor decision making and forgetfulness e.g. leaving cooking unattended, and alcohol consumption and smoking which are key contributors to house fires.

2.2.3 Sub-National Picture

As older people are over-represented in unintentional injury data it is logical that areas that have higher populations of older people will have higher proportions of unintentional injury. There is a full list of 325 datazones which are the Top 5% areas with the most older people in Appendix 3 of the full strategic some of which are also in the 'more deprived' list too, but the Top ten datazones by proportion of older people are highlighted in Figure 8.

Datazone	Population	Rank	Intermediate Geography name	SIMD rank (2012)	In most 15% deprived?
Scotland	18.61				
S01002429	71.69	1	Falkirk - Falkirk Town Centre and Callendar Park	1011	no
S01001382	55.02	2	East Ayrshire - Altonhill South, Longpark and Hillhead	43	yes
S01001158	54.45	3	Dundee City - Craigie and Craigiebank	3096	no
S01004086	53.82	4	Inverclyde - Greenock Town Centre and East Central	391	yes
S01005210	52.34	5	Renfrewshire - Paisley South East	1135	no
S01003439	52.17	6	Glasgow City - City Centre East	216	yes
S01005580	51.66	7	South Ayrshire - Ayr South Harbour and Town Centre	5244	no
S01003431	50	8	Glasgow City - Riddrie and Hogganfield	385	yes
S01001178	48.38	9	Dundee City - Fairmuir	1729	no
S01006195	48.37	10	West Dunbartonshire - IZ Four	535	yes

Figure 8 Top 5% Areas in Scotland by Elderly Population

The Standard Discharge Ratio (SDR) is the number of observed discharges/number of expected discharges*100. Figure 9 shows this for each Local Authority in Scotland for year ending 31 March 2015 – and shows which Local Authorities, have a higher or lower than anticipated SDR for physical unintentional harm in adults over the age of 15:

Significantly HIGH Adult SDR	Significantly Adult LOW SDR
Argyll & Bute	Aberdeen City
Dundee City	Aberdeenshire

East Ayrshire	Clackmannanshire
City of Glasgow	Dumfries & Galloway
Inverclyde	East Lothian
North Ayrshire	East Renfrewshire
Renfrewshire	City of Edinburgh
South Ayrshire	Falkirk
West Dunbartonshire	Highland
West Lothian	Moray
	South Lanarkshire
	Stirling

Figure 9 Local Authorities in Scotland with Significantly High or Significantly Low Standard Discharge Ratios and Standard Mortality Ratios for Physical Unintentional Harm in Adults

Standard Discharge Ratios for unintentional injury, by local authority area for adults aged over 15, year ending March 2015

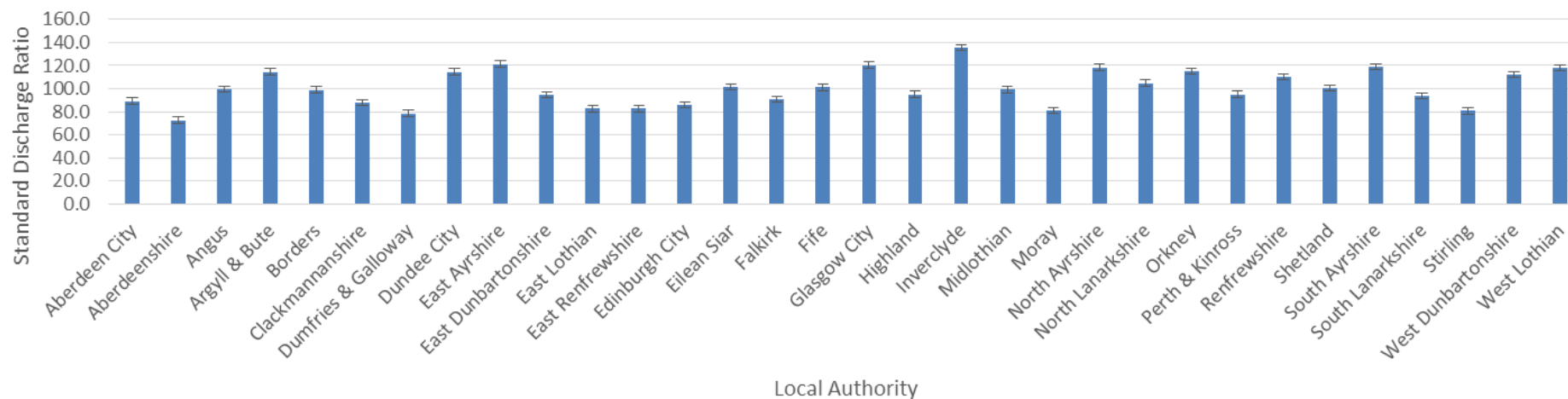


Figure 10 Standard Discharge Ratios for Physical Unintentional Harm (“unintentional injury”) by Local Authority Area in Scotland for Adults aged over 15 (NHS ISD Year ending 31 March 2015)

It has not been possible to gain access to geographical information pertaining to all types of incident due partially to time constraints and issues with data sharing and protection however the following maps (Figure 120) show the variation across NHS Boards in the rates of emergency hospital admissions in the over-65s age group for unintentional harm and also for falls for the year 2014/15.

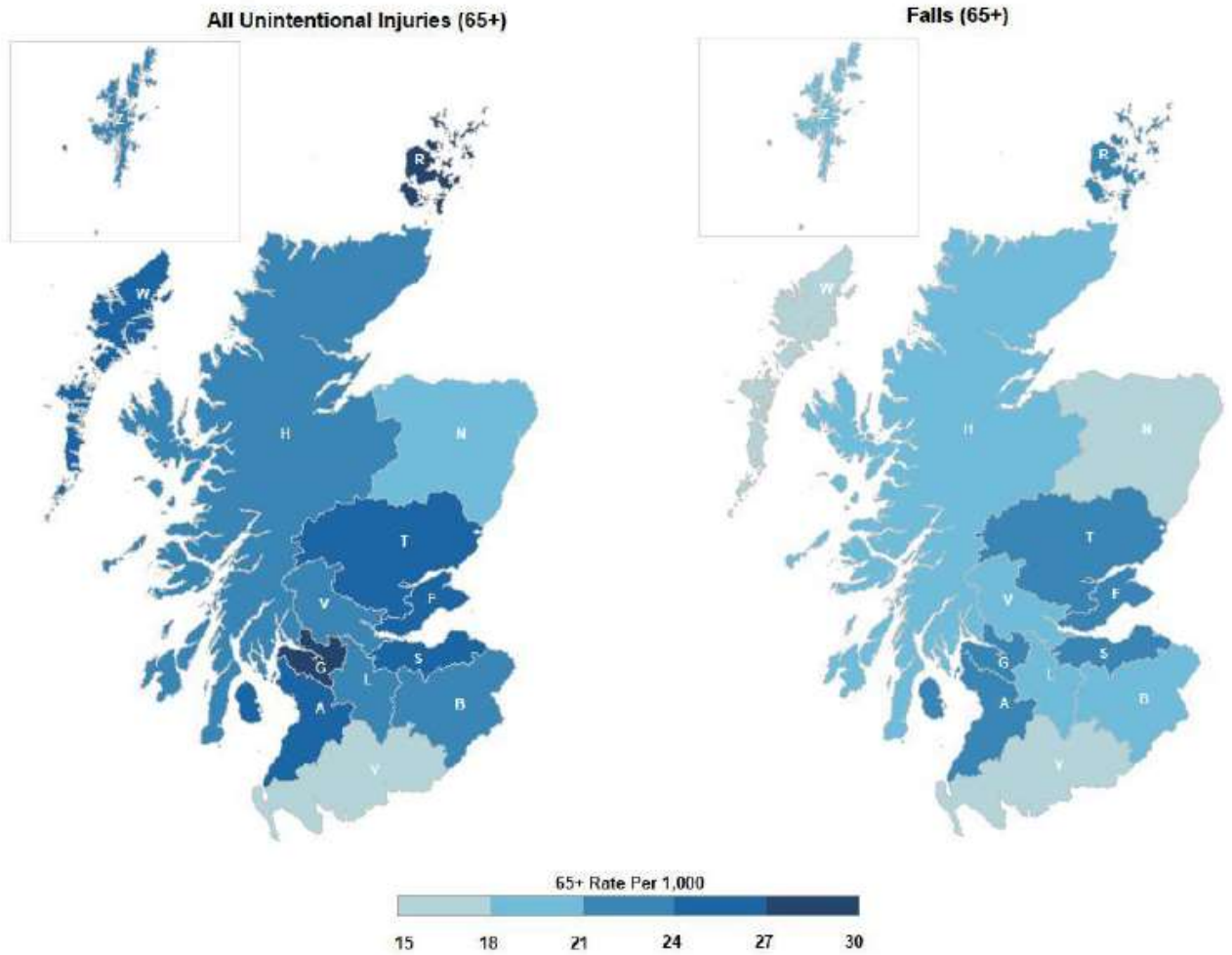


Figure 11 Variation across NHS Boards in the rates of emergency hospital admissions in the over-65s age group for unintentional harm and also for falls for the year 2014/15

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.

Approach / Source	National Role	Local Role
Findings from the strategic assessment should be used to inform approaches to preventing unintentional harm.	The link between deprivation and unintentional harm highlights the importance of considering and explicitly mentioning unintentional harm when developing strategies to tackle inequalities and poverty etc.	
	The link between older people and unintentional harm highlights the importance of considering and mentioning unintentional harm when looking at policy and prevention in the areas of older people, health and social care integration and ageing well.	
The UK drowning prevention strategy		Recommends that every community with water risks should have a community level risk assessment and water safety plan.
Scottish Parliament's Equal Opportunities Committee Inquiry into Age and Social Isolation	The inquiry made a number of recommendations in relation to a national strategy, embedding the issue within health and social care strategies and considerations for housing; in addition to publicity campaigns, training and education and further research into those most at risk and the impact on individuals and communities.	The inquiry made a number of recommendations in relation to embedding the issue within health and social care strategies and considerations for housing; in addition to publicity campaigns, training and education and further research into those most at risk and the impact of this issue on individuals and communities.
Strategies to prevent unintentional harm	Evidence shows that having a strategy to prevent unintentional harm can deliver greater improvements in unintentional harm than the absence of such a strategy.	
Literature Reviews	Evidence suggests that offering home safety audits in the course of routine home visits, particularly to disadvantaged families could result in improvements to unintentional harm rates. Access to follow-up equipment in addition to education is a necessity here. Both of these raise important questions about capacity and resources.	

Approach / Source	National Role	Local Role
	<p>A coordinated approach should be adopted to focus on early education and intervention in the prevention of unintentional harm in older people and there is a shift in the allocation of resources towards upstream engagement and identification of risk.</p> <p>For example primary prevention (e.g. strength and balance exercises, medication checks etc) are important for the 'younger old' (e.g. those over 60) as well as those over 75 and 85.</p> <p>For example - there is potential for more to be done around the education and prevention of falls at an earlier stage. A range of agencies come into contact with individuals who may be susceptible to falls at a later stage, and this engagement could be utilised to promote the benefits of exercise and active ageing, identify any trip hazards in the home, promote local services to reduce social isolation, and where required, provide referrals onto falls professionals who can provide expertise and support to remain safe and independent at home.</p>	
Thermal injuries – particularly in children and young people and older people	Some evidence indicates that installing thermostatic mixing valves to hot water sources and installing hardwired smoke detectors and sprinklers in all properties (or particular properties where people are at a greater risk of unintentional harm of this type) would reduce scalds and injuries from fire. This should involve retrospective 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. 	Local strategic assessments of unintentional harm would support local prioritisation and activity.

Approach / Source	National Role	Local Role
	<ul style="list-style-type: none"> • 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 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. • 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 	

Approach / Source	National Role	Local Role
	<p>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.</p>	
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. CASE STUDIES

Accounts from Scottish Councils

Aberdeen

*Mary J Agnew, Health, Safety and Wellbeing Manager, Aberdeen City Council,
magnew@aberdeencity.gov.uk*

Aberdeen City Council is committed to ensuring the community lives as safely as possible in their own homes (including council housing). Funding was received through the Common Good Fund to deliver a home safety scheme to the people of Aberdeen. Homecheck is funded by the Common Good Fund to the tune of £71,376 and makes on average 800/900 visits per year. In 2014/15 the service fit 809 child safety gates, 191 grab rails and 110 metal rails.

Home Check offers a free service to any family with a child under the age of two and adults over the age of 65 living in Aberdeen City Council. The service includes a home safety check, with advice given on how to apprehend hazards within the home.

The service is provided by two members of staff; a Home Safety Officer who visits customers and offers them advice on hazards and general home safety and a Handy Person who performs remedial works in the homes such as fitting grab rails or child safety gates. The elderly are also offered a light bulb changing service to prevent them from climbing ladders.

Dundee

Laura McDermott, Home Safety Advisor, Dundee City Council Community Safety Partnership, laura.mcdermott@dundeecity.gov.uk

Home Safety Scheme: The Homes Safety Scheme is a multi-agency project involving SFRS, Police Scotland, NHS falls, Food Train, Dundee energy advice, Children and adult protection, welfare rights

Each organisation provided three triggers (visuals) which make up a collective home assessment. The idea of the scheme is to refer the household to the relevant organisation if a visual trigger is picked up to receive specialist advice and assistance.

A CAT (Co-ordinated Advice Tracking System) system is used as a common referral system whereby organisation can log in to the CAT and send a referral to the relevant organisation. The CAT system is widely used by Dundee City Council already and therefore can be easily rolled out and accessed by other partners.

A Visual Trigger sheet has been developed for each organisation to use when they enter a home.

Home Safety Issues to raise alert:

The Visual Trigger sheet includes the following key areas:

- Falls
- Adult abuse
- Financial concerns
- Household energy
- Dietary
- Fire
- Isolation, and
- Children concerns.

Each of these issues has a direct point of contact in which organisations can refer too.

The initial set up and organisation of the project has taken approximately two years. This time has been used to identify and support relevant organisations, develop the visual triggers for each organisation and get council acceptance of this project going ahead.

Each partner provided their identifiable triggers and appointed one person to access the CAT system and process the referrals. The idea of the CAT system is to reduce work load. Once the referral has been sent from one organisation to the relevant partner no other paper work needs to be completed or chased up.

Access to the CAT system was available to all partners in the scheme; therefore no costs were needed to buy into the scheme.

There have been no costs associated to this project as the CAT system was already a working component of Dundee City Council and could be accessed easily.

There was some initial resistance and reservations from partners due to a perceived increased workload and heavy case loads.

Getting appropriate senior level buy-in to the scheme was a lengthy process for some organisations involved.

This project began in January 2016 and will be evaluated after a six month pilot.

East Lothian

Christine Dora, Executive Assistant, East Lothian Council, cdora@eastlothian.gov.uk

Telecare service- Telecare offers a tailored support package to meet an individual's needs following an assessment. The package provides a range of telecare sensors and alarms to increase safety for elderly clients in the home. This includes system alerts for gas, smoke and water leakages; fall detectors and bed sensors.

Training and awareness raising for staff in the community was provided to ensure knowledge around technology is consistent.

Falls Training- Physio therapists from East Lothian's Duty Response and Rehab Team has provided fall training to all staff who interact with vulnerable elderly adults in the community.

Home Fire Safety Checks- Working in partnership with the Scottish Fire and Rescue Service to undertake risk assessments in the home.

Emergency Care Alarms- Alarms are now linked to the community alarm service, providing 24/7 response for people in the community who may be at risk of falls and require support at home following a triggered alarm.

Home Assessments: OT service provides support and advice on a range of assistive equipment and adaptations in the home to maintain safety and reduce levels of risk for vulnerable elderly people. Assessments are shared with medical and health professionals to ensure adequate care is provided. Elderly clients are provided with safety equipment where necessary after home assessment.

Moray

Roddy Burns, Chief Executive, Moray Council,

In Moray, the Community Safety Partnership has the responsibility to ensure that Moray is a safe place to live, work and visit. The partnership consists of Police Scotland, SFRS, Moray Council and NHS Grampian. As a Community Safety Partnership they undertake Home Safety Checks which involve Health Visitors, Community Wardens and Home Carers. These staff members have been trained in fire and general home safety, as well as home security. They carry out inspections of homes they are visiting to identify potential hazards and provide appropriate advice. In serious cases they can refer the address to the appropriate service who will carry out a more in depth inspection and provide solutions.

NHS Grampian also train Health Visitors and Community Wardens to identify hazards associated with trips and falls; particularly in relation to the elderly and disabled, and offer advice and practical help to remove hazards.

The Scottish Fire and Rescue service deliver Fire Safety Briefings for the under fives to parenting groups, nurseries and play groups. They also carry out home Fire Safety visits where advice and practical assistance is provided when fire hazards are identified. Referrals come from all members of the Community Safety Partnership and vulnerable persons/addresses are also often identified via weekly community safety hub meetings.

NHS Grampian delivers home safety workshops to voluntary organisations and to statutory bodies such as Public Health leads. To accompany these presentations a Home Safety pack has been developed and they are provided to vulnerable families by Health visitors, District Nurses and Carers. Packs are also available at Police Stations, GP surgeries and Council Access Points.

Scottish Borders

Paul Richardson, Community Safety Officer, Scottish Borders Council
PRichardson@scotborders.gov.uk

Prevention of home accidents is generally carried out by a range of partners from the Scottish Borders;

- Scottish Borders Council
- NHS Border
- SFRS
- Care and Repair
- Child Care Partnership, and;
- Third sector voluntary organisations.

Key Injury Prevention Activities for the over 75s;

- Promotion of the Care and Repair service
- Falls prevention annual road show in five Border towns during Falls Prevention Week in June. This is a multi agency event supported by the NHS Borders, Safer Communities team, Care and Repair, borders Care alarms, Scottish Fire and Rescue, Age Scotland and Border Elder Voice
- 'Falls and Fire' safety displays in Elder Voice Road Show events across the Borders each year
- Regular falls prevention talks to older people groups throughout the year
- 2014 falls prevention was key strand in a active ageing seminar held in Galasheils
- 2014 launched Stay Steady- Community falls prevention boxes. Funded through the Change fund, these resource boxes are designed for local communities to be able to deliver basic falls awareness sessions and include: a presentation, fitness DVD and a broad range of information regarding preventing falls, keeping active, making changes to the home environment, healthy diet. It cost a total of £2,000 to create 36 of these boxes, compared with a serious injury resulting in hip replacement which costs £50,000

Accounts from Organisations and Safety Charities

Care and Repair

Care and Repair services operate throughout Scotland to offer independent advice and assistance to help homeowners repair, improve or adapt their homes so that they can live in comfort and safety in their own community.

Angus

Judith Leslie, company manager, Judith@anguscareandrepair.org

Home Safety Visits: Care and Repair carry out home safety visits for the elderly, fitting small adaptations and safety equipment to help their mobility around the home.

Recipe Book: A recipe book has been developed to assist the elderly in cooking nutritious low cost meals. Funding was secured from Awards for All Scotland (£4,500) and Angus Council Community Grant Scheme (£1,000) has been provided to Care and Repair to produce a small recipe book filled with local recipes.

West Dunbartonshire

Elizabeth Eadie, Care and Repair Manager, Elizabeth@care-repair.co.uk

Home Safety visits: Care and Repair carry out Home Safety Inspections in the homes of elderly and disabled people living in West Dunbartonshire. These safety audits are carried out by our RoSPA qualified team of small repair workers. Home safety checks are carried out to identify hidden danger points such as worn carpets and damaged electrical sockets/household appliances.

The Audit includes an Inspection of each room in the home; falls prevention advice; home security advice; and general home safety advice.

This would include:

- Checking smoke alarms are present
- Checking for potential trip hazards
- Checking for trailing cables and flexes
- Checking for overloaded sockets
- Check doors locks are adequate
- Signposting to other agencies if required, e.g. Welfare Rights for benefit check, Fire Service for fire safety visit, etc.

A minimum of one follow up visit is made to carry out any minor repairs that were found during the audit. Any repairs that are the responsibility of the West Dunbartonshire Council/Housing Association are referred to the relevant department. Referrals are also made to the Social Work, Scottish Fire and Rescue and Sensory Impairment if required.

Electrical Safety First

Electrical Safety First is a campaigning consumer charity dedicated to preventing deaths, injuries and damage caused by electricity.

Wayne McKay, public affairs and policy advisor, wayne.mackay@electricalsafetyfirst.org.uk

“A shock to the system: Electrical safety in an ageing society”: This report looked to assist the elderly in keeping safe at home. Older people, whether it is due to housing conditions they live in, the health conditions they may have, or the lack of advice or practical help available to them, are often disproportionately at risk from electrical hazards. A reduction in electrical hazards in the home can contribute to people with dementia living independently in their own homes for longer, leading to savings in social care. Findings from the report include:

- Older households are less likely to contain features that can protect from electrical hazards
- The numbers of over 65s in private rented sector is predicted to rise from 350,00 in 2009 to over 700,000 by 2035
- Older people who are in the private rented sector, which generally has a poorer safety record than other housing tenures, are often vulnerable and open to landlord exploitation.
- Our ageing population will result in a significant increase in the numbers of people living with dementia. Certain symptoms of dementia can increase the risk of injuries or fatalities from electricity.
- Electrical safety is one of the most common concerns when leaving a person with dementia alone in the house; reducing these fears may impact decisions made over when to admit a person with dementia to residential care.

“Reducing deaths and injuries in Scottish homes”: This report has been written as a call to action by the Electrical Safety First Council. Renting has become the default tenure type for hundreds of thousands of Scots, with the private rented sector having doubled in size over the last decade. Fires caused by electricity supply (wiring, cabling and plugs) are the third most damaging type of fire in the home. Over 10% affect other dwellings in the same building. Electrical Safety First call for wider awareness of the dangers of undertaking electrical work in the home and the need to always consult a registered electrician and for Government to promote benefits of the certification and verification processes in helping raise building standards in Scotland.

Home Electrical Safety Check App: Carrying out various checks around the home can seem like a daunting task. Electrical Safety First have created a Home Electrical Safety Check app that tells you what to look out for in each room of the house. The app is free to download on your smartphone via Apple and Android stores.

[The National Falls Programme](#)

Ann Murray, Falls Programme Coordinator, NHS, ann.murray3@nhs.net

Home hazards are one of many risk factors for falls, however, assessment of the home environment in combination with actions to mitigate identified risk are key components of primary and secondary falls prevention.

Over the past few years national resources have been produced which guidance to health and social care and partner organisations to help reduce falls. Resources include:

[Up and About. Pathways for the prevention and management of falls and fragility fractures](#), published by NHS Quality Improvement Scotland in 2010. This document outlines the following falls prevention priorities relating to home safety:

- Supporting people to make their home environment safe by sign posting to Scottish Fire and Rescue, Care and Repair, Telecare and Community Alarm Services and services providing assistive devices.
- Assessment of the home environment for trip and fall hazards following a fall, and assessment of a person's ability to carry out daily activities safely.
- Working with the person to adapt or modify their home to make it safer in terms of preventing falls.
- Rehabilitation to regain function and confidence following a fall.

[The Prevention and Management of Falls in the Community. A Framework for Action for Scotland 2014/16](#) reinforces this approach and states that an environmental screen should be a core component of every multifactorial falls risk screen carried out by health and social services.

NHS Inform's [Falls Information Zone](#) has a section dedicated to "Home Safety" and includes pages on 'How to identify hazards' and 'How to safety check your home'. It includes a link to the [FallCheck App](#) and links to Care and Repair Services and Scottish Fire and Rescue. It also links to information on lighting your home. It also provides information on what to do in the event of a fall.

SCTT's SmartCare [FallsAssistant](#) enables people to self assess their risk of falls – it includes a section on 'a safe home'.

[Preventing Falls](#), an e-learning resources and pocket guide for care at home providers, includes 'Supporting a person to keep their home environment safe' as a key component.

Local work: Health and Social Care Partnerships are working toward implementing the Falls Framework for Action outlined above. Many areas are testing and adopting new ways of working with a range of partners to improve home safety.

Work is underway in a number of NHS Board areas to improve joint working between health and social care services and SFRS, these include:

- Grampian
- Tayside
- Forth Valley
- Dumfries and Galloway
- Lothian
- Highland
- Fife

The Joint Improvement Team

The JIT provide a range of practical improvement support and challenge including knowledge exchange, developmental innovation and improvement capacity and direct practical support to local health, housing and social care partnerships across Scotland. The JIT champion the identification, development, evaluation, spread and adoption of good practice to accelerate the pace of improvement towards the Scottish Government's vision for 2020; a vision that includes the aims that each of us is able to lead a longer, healthier life at home or in our own choice of setting in an integrated health and social care environment – which includes an increasing focus on prevention, anticipation and supported self-management.

Doreen Watson, Action Group Member, dkawatson@hotmail.co.uk

Technology Enabled Care Programme 2014-2016: The Technology Enabled Care Programme looks at funding organisations to improve the lives of dementia sufferers through the use of advanced technology. The programme is split into four work streams; expansion of home health monitoring, expanding the use of video conferencing, digital platforms and expanding the uptake of telecare. There are 41 specific pieces of funded activity, spread across different health boards, local authorities and third sector organisations. The telehealth and telecare delivery plan highlighted four main ambitions:

- Telehealth and telecare will enable choice and control in health, care and wellbeing services for an additional 300,000 people
- People who use out health and care services, and the staff working with them, will proactively demand the use of telehealth and telecare as positive options
- There is a flourishing innovation centre where an interacting community of academics, care professionals, service providers and industry innovate to meet future challenges and provide benefits for Scotland's health, wellbeing and wealth.
- Scotland has an international reputation as a centre for the research development, prototyping and delivering of innovative telehealth and telecare services and products at scale.

Alzheimer's Scotland- Dementia Friendly Charter: The Charter aims to help every person with dementia have the opportunity to benefit from technology appropriate to their needs and to outline and encourage the implementation of high-level principles and best practice for organisations that provide services to people with dementia.

Technology can be invaluable in helping people with dementia remain self-sufficient and carry on living their lives as independently as possible.

This report asks members of Alzheimer's Society Service Users what difficulties they think could be made easier by technology:

- Alarms and Sensors for independence: Peace of mind and reassurance
- Safer Walking Technologies: It might be nice, as it would be like someone's walking alongside you, able to lend a hand if you get lost
- Medication dispensers: This would be really useful- I always find it difficult to remember if i have taken my tablets.

NHS Health Boards

NHS Tayside

Shelagh Creegan, NHS Tayside,

The SFRS and NHS Tayside piloted partnership working. A community Safety fire link worker provided risk assessments to adults, identified by community health teams, at high risk of fires, with the aim of reducing fires. An existing evaluation shows the service developed a culture of 'high trust' between partners and had high client satisfaction.

The project estimated to save 4.4 fires, equivalent to £286 per client. The estimated cost of delivering the Service was £55 per client, giving net savings of £231 per client. The project was cost-saving under all scenarios, with results sensitive to the probability of fire.

Partnership working, delivering joint Risk Assessments in the homes of people at high risk of fire is modelled to be cost saving.

Both organisations have been working closely to produce a new e-learning module for health care professionals, which is hoped will improve home fire safety for the most vulnerable members of the community.

Health practitioners will use information contained in the new LearnPro module (being launched today) to identify indicators of people who are at risk from fire, establish fire risks within the home, raise awareness of the prevention services the SFRS can provide and have a better understanding of how to refer individuals to SFRS for a Home Fire Safety Visit.

West Dunbartonshire

Safety Plays: The play, called *Home Sweet Home*, addresses issues such as slips trips and falls, fire safety, and cold calling in a light-hearted and entertaining way. It is performed by the Kickstart Theatre Company and lasts around 20 minutes. Police Scotland have worked in partnership with West Dunbartonshire Community Safety Team, Care and Repair and the Scottish Fire and Rescue Service. Funding is provided from West Dunbartonshire Council.

The Scottish Ambulance Service

As the front line of NHS services in Scotland our key role is to respond to 999 calls as quickly as possible with the most appropriate skills and equipment. The Scottish Ambulance Service's mission is to deliver the best ambulance services for every person, every time.

Colin Crookston, patient safety manager, c.crookston@nhs.net

ASSET: The Scottish Ambulance Service has been working with NHS Lanarkshire to support the development of their Age Specific Service Emergency Team (ASSET) model for frail and elderly patients. The ASSET team aims to manage patient care at home to avoid unnecessary admissions to hospital. A team of practitioners trained in elderly care are able to assess, treat and monitor patients in the home where it is safe and clinically appropriate.

Making the right call for a fall: The Scottish Ambulance Service respond to around 45,000 calls a year where people aged 65 years or older have fallen. The ambulance service have been working in conjunction with Health and Social Care Services to develop integrated pre-hospital pathway to make sure frail and elderly patients are provided with the right care at the right time following a fall.

The Scottish Fire and Rescue Service

The Scottish Fire and Rescue Service works to protect every community, not only by responding to incidents but by preventing them from happening in the first place.

Aberdeen

Ally Brikett, Group Manager, Aberdeen, Aberdeenshire and Moray
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Working in partnership Care and Repair, Home Check and the SFRS, have merged home safety and fire safety visits into a single service. When entering a home, the three organisations focus on slips, trips and falls, burns and scalds, hypothermia, poisoning and strangulation along with fire safety walk through. Every person in Aberdeen City making requests for Home Fire Safety Visits or Home Safety visits will all receive the same standard of home check regardless of which partner delivers the service.

East Lothian, Midlothian and the Scottish Borders

Michael Jaffray, Station Manager, East Service Delivery Area,
Michael.jaffray@firescotland.gov.uk

This partnership initiative have involved SFRS providing fire safety training to the British Red Cross and Health and Social Care Teams allowing them to make referrals for Home Fire Safety Visits. In addition, Third Sector agencies; Penumbra, Women's Aid, Dementia groups, Elderly groups, Alzheimer's Scotland has also received fire safety training. SFRS has also developed strong links with Social Work in relation to safe guarding children and adults at risk of harm. Whilst carrying out Home Fire Safety Visits established referral pathways have been established made should concern for a child or adult appear.

East Renfrewshire

Paul Nelis, Group Manager, East Renfrewshire, Renfrewshire and Inverclyde,
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Reaching Older People in Renfrewshire (ROAR): SFRS are working with ROAR to help prevent falls and accidents in the homes of elderly people. The SFRS have received training on the following:

- How to conduct slips, trips and falls assessment
- How to provide slips, trips and falls advice
- How to make referrals following an assessment to other services which will deal with the issues, e.g.- referral to care and repair who will attend and fix trip hazard caused by fraying carpets or defective flooring.

'Better by Design'- a project targeted at supporting elderly people home from hospital. The project is in its infancy and will firstly scope out challenges and opportunities to people going into and coming out of hospital, and working with partners to improve outcomes. A test of change will then be made and agreed on with a range of local partners.

Fife

Steven Michie, Station Manager, Scottish Fire and Rescue Fife,
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A Home Safety Visit concept was agreed and developed by the SFRS in partnership with the Fife Community Safety Partnership, who have seconded a firefighter to their team to ensure effective implementation. A training package was designed and delivered to watch based personnel. This was initially piloted in one station until March 2015 after which the project was rolled out.

The Home Fire Safety Visit (6,500 carried out in Fife) includes elements targeted at the under 5s and the over 65s, providing specialised advice and small scale safety equipment. Referrals can be made to partner agencies to fit larger pieces of equipment such as stair gates, window restrictors and fireguards.

Home Safety Check- Scottish Fire and Rescue have worked in partnership with Fife carers to produce a joint approach to home safety across the local authority of Fife.

Local issue: Fife community safety analyst gathered data from NHS hospital admissions. In Fife alone, between 2013 and 2014, there were 5,851 Accident and Emergency hospital attendees for home accidents over a range of age groups. The partnership highlighted trends and noticed the target age groups of over 65s and under 5s.

They worked in partnership to develop home safety visits for under 5s and under 65s.

The project provides a home safety assessment and free safety equipment where appropriate.

The incorporated visits began in April and aimed to be a 'One Stop Shop'- reducing the number of people entering homes.

Along with a home safety assessment the partnership offered equipment where necessary:

Blind Cord Cleats	Door Stickers
Hair Straighter Bag	Magnifier
Socket Covers	Key cord
Restraining Straps	Walking Stick Supports
Cupboard Locks	Plug Pullers
Door Jammers	Car Safety- Good Egg guide
Corner Protectors	Home Safety- Good Egg Guide
Bath Thermometer	Top ten Tips booklet

Safety Gates, Fire Guards and Window Restrictors can be ordered separately through Building Standards who will fit the equipment free of charge.

400 fire officers in Fife were trained in Home Safety by Fife Carers, in return the fire service trained fife carers in Fire Safety checks in the home.

It cost £16,300 for the equipment pack for 1 year which was funded by Scottish Fire and Rescue Service and Fife Community Safety Partnership.

It took 6 months to train 400 staff in joint working approach.

Highlands

John MacDonald, Group Manager, Highlands, john.macdonald7@firescotland.gov.uk

Home Fire Safety Visits with partnership working to target high risk groups: NHS 'in home' care staff were trained by SFRS on the fire risk identification and the referral process for home fire safety visits. SFRS also trained third sector organisations to deliver the fire safety message to their retrospective audiences which consist of elderly people. Risk Identification, risk reduction and home fire safety visit referral training was provided.

Scottish Fire and Rescue staff worked in partnership with the NHS to refer clients onto the falls team should they suspect they are susceptible to a fall in their home. In turn NHS falls staff will refer on clients who may be in need of a fire safety check.

Project ongoing with NHS Highland in the delivery of Alcohol Brief Interventions, fire staff can undertake alcohol assessments and refer clients onto NHS should they need extra support.

Formal referral process with Police Scotland where officers can refer households onto SFRS with immediate action being taken where necessary

Partnership with Highland MARAC where cases with a known or perceived risk of fire being used as a weapon or threat are referred to the SFRS for Fire safety talks and referrals onto other relevant safety organisations who need to know of high risk clients.

Perth and Kinross

Rab Middlemiss, Group Manager-Service Delivery, Scottish Fire and Rescue,
Rab.Middlemiss@firescotland.gov.uk

Partnership Home Safety Visits: A partnership approach had been developed between Scottish Fire and Rescue Service and PKC's Safer Communities Wardens to deliver joint Home Safety Visits to cover a wider range of risks in the home. These include a basic falls assessment, fire, electrical and gas safety, financial harm awareness and home security information, all of which is intended to support healthy independent living and keep people safe within their homes.

Over 375 visits have taken place as part of the scheme in the first year.

The scheme used volunteers from Perth and Kinross' Safer Communities Team to work in partnership with SFRS. The partners worked together in the home to pick up on home safety issues. A check list was used to highlight issues and solutions were put in place where applicable. If solutions could not be made by the partnership, referrals were made to other agencies.

SFRS trained volunteers on home fire safety checks, and volunteers trained SFRS in other aspects of home safety

£3,500 was used to provide equipment: Cooker guards, mail guards.

After year 1 the scheme has targeted 375 households and has referred a further 92 cases onto relevant organisations.

The scheme is now looking to continue into year two.

Scotland's Gas Network

SGN manage the network that distributes natural and green gas to 5.8 million homes and businesses across Scotland and the south of England.

Caroline Lawrie, stakeholder strategy manager, SGN, caroline.lawrie@sgn.co.uk

Gas Safety in the Home: SGN working in partnership with Dying to Keep Warm launched a Gas Safety in the home initiative which looks at training professionals on gas safety. The aims of the training are to:

- Educate frontline workers and raise their levels of risk awareness so that vulnerable people are identified, and risks to their health can be reduced and managed properly.
- Provide emergency safety interventions to prevent serious harm and death for vulnerable people from the cold, fires, gas leaks, and CO poisoning
- Give frontline workers real life experience points and examples to work with in order to broaden their knowledge through shared experience.
- Offer solid and tangible support by providing checklists and procedure to follow in most case scenarios.

Lockable Gas Safety Device: Statistics show that elderly and vulnerable people, and particularly those suffering from conditions such as dementia, are at a much greater risk in their homes from gas leaks and fires.

The lockable safety valve can be fitted to cooker pipe work, allowing it to be locked by a carer and prevent a potential explosion from the appliance being turned on but the gas not lit. It will also put a stop to fires caused by burnt-out saucepans and kettles and, most importantly, give reassurance to carers and relatives that the cooker cannot be used when they leave the house or even the room.

SGN is leading a pilot project, initially taking place in Fife, Dundee and the Borders, to test the process for referrals and installation of the valves. The initiative is being carried out in partnership with community safeguarding groups including social services, occupational health, Scottish Fire and Rescue Service (SFRS) and social housing providers.

If, after visiting the home of a vulnerable person, social workers, occupational therapists or community safety representatives from SFRS feel they would benefit from having one of the valves installed, they will refer them to SGN's Customer Service team, who will arrange for one of its engineers to visit the home and fit the valve.

A carer or relative must be present during the visit to the vulnerable person's home and they would agree the position of the valve with the engineer. They will then be given the key for the valve or it will be placed in a key safe.

SGN's own engineers will also be able to refer people to their local safeguarding group for assessment and approval. To help them recognise the signs of dementia, the company has invested in Care Inspectorate-accredited training which is being trialled over the next year by 500 staff, including frontline engineers, customer service staff, the stakeholder team and Executive team.

At the end of the trial period, the results will be analysed by all partners involved. If successful, the process will be rolled out across both SGN's Scottish and southern networks, and the trial findings shared with the UK's other gas distribution network operators.

6. LINKS TO FURTHER READING AND SUPPORT

5.1 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 – 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

Nature of the data	Source	Nature of the data	Level to which it is available	Frequency published
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

5.2 Organisations

The organisations listed below are good sources of information for policy and guidance on unintentional harm.

- Age Scotland <http://www.ageuk.org.uk/scotland/>
- Building Safer Communities (BSC) Programme <http://www.bsc.scot/>
- Campaign to End Loneliness <http://www.campaigntoendloneliness.org/>
- Cross-party group on Accident Prevention and Safety Awareness <http://www.parliament.scot/msps/100957.aspx>
- Electrical Safety First <http://www.electricalsafetyfirst.org.uk/>
- Go well Glasgow <http://www.gowellonline.com/>
- Health and Safety Executive <http://www.hse.gov.uk/>
- Home Safety Scotland <http://www.homesafetyscotland.org.uk/>
- iHub programmes including Frailty and falls, Focus on dementia and Coproduction and community capacity building <http://ihub.scot/a-z-programmes/>
- National Falls Programme <http://www.knowledge.scot.nhs.uk/fallsandbonehealth/the-national-falls-programme.aspx>
- Road Safety Scotland <http://www.roadsafetyscotland.org.uk/>
- 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 Fire and Rescue Service <http://www.firescotland.gov.uk/your-safety.aspx>

- The Royal Society for the Prevention of Accidents (RoSPA) <http://www.rospa.com/> and <http://www.rospa.com/about/around-the-uk/scotland/>
- Transport Research Institute (TRI) <http://www.tri.napier.ac.uk/>
- Transport Scotland <http://www.transport.gov.scot/>
- Visitor Safety in the Countryside <http://vscg.org/>
- Water Safety Scotland <http://www.watersafetyscotland.org.uk/>
- World Health Organisation (WHO) http://www.who.int/violence_injury_prevention/en/

5.3 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.

- 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.
- Grant S, et al (2014) *Home Visits for Prevention of Impairment and Death in Older Adults: A Systematic Review*. Campbell Systematic Reviews 2014:3
- Joint Improvement Team and NHS Health Scotland (2014) *Active and Healthy Ageing: An Action Plan for Scotland 2014-2016*
- The National Falls Programme in association with WorksOut (2012) *Up and About or Falling Short? A report of the findings of a mapping of services for falls prevention and management and fracture prevention in older people in Scotland*.
- Victor et al, (2005); Cann and Jopling, (2011), Schnittger et al, (2012), cited by The Institute for Research and Innovation in Social Services (IriSS) (2014) *Preventing loneliness and social isolation in older people*