



Safety Education: Priorities for children and young people – A Manifesto for Action

Introduction

Accidents are preventable and yet they are the leading cause of death up to 39 years of age. Accidents on the roads, in the home, at school, and in the environment, account for large numbers of preventable deaths and serious injury to children and young people every year. It is vitally important that children and young people learn how to assess and manage risk to protect their own safety and are, with support of adults, able to take increasing responsibility for the protection and safety of others. All schools and colleges no matter how they are arranged organised and funded have a responsibility to ensure children and young people are safe and learn about risk and managing risk where risk is seen as part of everyday life.

The ability to recognise, assess, respond and manage risk in relation to health and wellbeing, the physical environment, relationships, personal finance and the world of work in order to be safe is central to the core outcomes for education and health. It should be seen as a means for undertaking new experiences and challenges safely.

Road accidents account for a large number of deaths and injuries each year in Great Britain. Figures published by the Department for Transport show that in 2010, 2,502 children under the age of 16 were killed or seriously injured on the roads. They account for around 35% of all childhood deaths for under-16s.

Accidents kill around 13,500 people a year across the UK. Hospital admissions following an accidental injury have been rising by 5 percent annually. In the 10 years to 2010/11, visits to hospital A&E departments in England & Wales have risen by 52 percent.

For young children, the predominant causes of fatal accidents are road traffic accidents, drowning, strangulation and house fires.. Among non-fatal injuries to under-5s, NHS data suggest that falls account for 49%, striking inanimate objects, people and animals 24%, poisoning 7%, burns and scalds 7%, cuts 6%, asphyxia 3%. NICE figures for under-15s account for over 2 million A&E visits costing £146m annually

www.rospea.com/ROSPAWeb/docs/public-health/big-book/index.html

These figures are of great concern and show that accidental and unintentional injuries are the leading cause of death and disability for children and young people. It is therefore essential that schools and colleges, as settings for health promotion, recognise their potential to impact upon Preventable Year of Life Lost (PrYLL) outcomes. Learning about risk and managing risk to stay safe should be central to their published aims.

Accident-related indicators in the Public Health Outcomes Framework for England 2013-2016 include: mortality from causes considered preventable; killed and seriously injured casualties on England's roads; hospital admissions caused by unintentional and deliberate injuries in under-18s. Priorities for Children and Young People include:

- Avoiding home accidents in all age groups, especially the under-5s

- Falls and bumps in the playground and around school for the 5-9s
- Slips/trips and falls around school and during sports for the 10-19s
- Injuries sustained in public places for the 10-19s

Given the huge cost of injuries and death to health services, economies and peoples' lives, more must be done to prevent accidents and unintentional injury through high quality health promotion and education which must begin at a very early age. Only so much can be done to make environments safer. Teaching the knowledge and skills to understand and manage risk is an imperative if these figures are to improve.

To this end we have identified the following priorities which we would urge the Government to adopt and ensure that Departments with responsibility for children and young people work more closely together to improve outcomes for their health and wellbeing in order to realise our ambition *to save lives and reduce injuries*.

WHAT SHOULD BE DONE?

1. Give children and young people the skills to be safe

Introduce a statutory and comprehensive Personal, Social, Health and Economic education (PSHE) programme in all early years settings, primary and secondary schools including special schools – however, funded organised and arranged – in which safety education is an essential component. To this end we endorse the report of the Education Select Committee Life Lessons: PSHE and SRE in Schools.

<http://www.parliament.uk/business/committees/committees-a-z/commons-select/education-committee/inquiries/parliament-2010/pshe-and-sre-in-schools/>

The promotion of safety education and risk awareness during the Early Years Foundation Stage, in the context of the responsibility that parents, carers and teachers have for health care and wellbeing, should lay the foundation for the Lifeskills which go hand-in-hand with greater freedom and independence.

<https://www.gov.uk/government/publications/early-years-foundation-stage-profile-handbook>

<http://www.capt.org.uk/shop/accidents-and-child-development> .

Schools should draw upon the curriculum for PSHE developed by the PSHE Association for the Department for Education (DFE) in which for the programme of study - core theme of Health and Wellbeing at Key Stages 1 & 2 – requires that children should learn ways of keeping physically and emotionally safe and how to respond in an emergency and at Key Stages 3 & 4, how to assess and manage risk to health and to stay safe, and keep others safe. To this end we believe that PSHE should be well planned and taught by properly trained, confident and competent teachers.

www.pshe-association.org.uk

Teachers of PSHE should make use of the 10 Principles for Effective Safety Education. These recognise the importance of starting from where children and young people are and gives them a voice through participation, a shared sense of ownership and responsibility for each other's safety and wellbeing besides a positive culture of care for younger children and siblings

<http://www.rospa.com/schoolandcollegesafety/teachingsafety/info/ten-principles-revisited.pdf>

2. Children and young people should learn about safety by experiencing risk

Learning about Safety by Experiencing Risk (LASER) is an approach used by schemes such as Crucial Crew and Junior Citizen. We endorse RoSPA's call for all children at Key Stages 2 and 3 to participate in a LASER experience as part of their broader PSHE curriculum.

Practical, interactive scenarios teach children aged 9-11 and beyond how to deal with hazards in a fun and exciting way. 'Learning by doing' benefits children hugely throughout life as it teaches them to assess risks and become independent so they can enjoy activities safely. The LASER Alliance – a network of organisations using the LASER approach- is hosted by RoSPA
<http://www.lasersafety.org.uk/> .

There is evidence that children who have experienced safety education have improved recognition of a variety of hazards but often underestimate risk and the likelihood of an accident happening to them. It shows that LASER teaching methods enable children to retain information, such as hazard recognition and rescue procedures, more effectively, and for longer periods of time, than class-based study. Researchers from Oxford and Oxford Brookes University evaluated the Bristol Life Skills programme and showed that even up to 12 months later, children who had participated were more knowledgeable and performed better on nearly all relevant tests and were rated as more confident in dealing with emergencies than control groups of children.

Working in this way, children's knowledge and confidence are increased, attitudes changed and skills developed. Children are given the opportunity to work through the scenarios themselves using problem solving skills.

3. Ensure that teaching safety and teaching safely are central to a school's activities

All those with responsibility for the health, safety and wellbeing of children and young people in schools must ensure that safe practices and the safety of children and young people are a priority across and beyond the curriculum, classroom and school.

In planning curricula to develop children and young peoples' understanding of science, teachers should give emphasis to the appreciation of risks associated with electricity, hot and inflammable materials, fast moving objects, expanses of water, toxic substances and infections, besides using laboratory equipment safely in secondary schools.

In design and technology, there should be emphasis on the safe use of materials, tools, solvents, and heat in workshops and food technology suites. Teaching younger children, with supervision, how to use sharp implements safely is preferable to removing them in order to mitigate risk. It is not the sharp pair of scissors that is inherently a hazard but how they are used.

In physical education and sport the potential to develop young people's health and wellbeing is also recognised within the PE National Curriculum. In pursuing this afPE advocates a whole school approach to raising standards as illustrated in their poster (High Quality Physical Education and School Sport - The Outcomes and Contributions to the Development of the Whole Child. http://www.afpe.org.uk/images/stories/HQ_PE_Outcomes_Poster.jpg) In delivering a safety education programme through physical education, schools can draw upon Safe Practice in Physical Education and Sport published by the Association for Physical

Education (afPE). Using the acronym SAFESTEP children and young people should be taught in PE about safeguarding, assessing and managing risk, first aid and accident procedures. They should learn how to exercise safely, with consideration for space, task, equipment, and people <http://www.afpe.org.uk/professional-leadership/publication-a-resources/publications-a-resources>

Through outdoor and adventurous activities at day and residential centres, children and young people should be given opportunities to engage in controlled activities which have elements of risk to identify and manage. Such activities necessarily include an opportunity for benefit or gain, a risk of loss or harm, and progression in the extent of challenge. They should be entered into willingly, involve youngsters moving outside their comfort zone physically, socially and emotionally, and have for them an element of uncertainty of outcome. The aim should be to enhance the personal and social well-being of children and young people and to recognise that well-being is more than just protection from harm. <http://www.englishoutdoorcouncil.org/HQOE.pdf>

4. Reinstate annual Ofsted surveys of PSHE

Ofsted should reinstate annual surveys of PSHE in schools and address how schools are implementing the teaching of safety education and risk. The Inspection Framework should be revised to include those aspects of safety education previously included but now omitted.

Ofsted report that in the fifty percent of schools where teaching in PSHE education required improvement, pupils often had learnt about staying safe but had not developed the skills to enable them to apply their knowledge. For some, this was because they lacked the self-esteem, confidence and assertiveness they needed to stand up for themselves and negotiate their way through difficult situations, and many were not given the opportunity to rehearse how to behave in unfamiliar, risky settings. These deficiencies in learning result in part from inadequacies in subject-specific training and support for PSHE education teachers, particularly in the teaching of sensitive and controversial issues.

<https://www.gov.uk/government/publications/not-yet-good-enough-personal-social-health-and-economic-education>

Ofsted must reinstate annual inspections of PSHE and address how schools are implementing the teaching of safety education and risk if this is to improve and to ensure children and young peoples' safety is given priority.

Following revisions to the Handbook for School for Inspection (from September 2014) Ofsted has changed the emphasis. Inspections must now consider the extent to which pupils are able to understand, respond to and calculate risk effectively, for example risks associated with child sexual exploitation, domestic violence, female genital mutilation, forced marriage, substance misuse, gang activity, radicalisation and extremism and are aware of the support available to them. The references to e-safety, substance misuse, knives and gangs, relationships (including sexual relationships) water, fire, roads and railways have been reduced to a footnote. This is not acceptable. **Equal weight must be given to those aspects of children and young peoples' lives which will place them in greatest danger and risk of harm and potential loss of life.**

<https://www.gov.uk/government/publications/school-inspection-handbook>

5. Introduce the teaching of First Aid/Emergency Aid in schools

Almost three million people go to hospital each year in the UK, with injuries that could have been helped by first aid. First aid skills can save lives and reduce injury. All children and young people must be taught basic life-saving and emergency skills.

Many injuries can be prevented, but it's vital that people are prepared to deal with injuries when accidents do happen. First aid is easy to learn, and everyone can and should have basic first aid knowledge. The care given before emergency medical help arrives can literally mean the difference between life and death. For example, a blocked airway can kill someone in three to four minutes, but it can take more than eight minutes for an ambulance to arrive. So a simple procedure such as opening someone's airway can save their life while they're waiting for emergency medical help. This is something that should begin at an early age and be developed as children and young people move through to adulthood. <http://www.redcross.org.uk/What-we-do/Preparing-for-disasters/How-to-prepare-for-emergencies/First-aid-for-all>

6. Introduce consistent cycling scheme provision

There were around 3,300 cyclists killed or seriously injured on our roads in 2013. However, although mainly involving adults, children and young people are not immune from such events. Introducing cycle schemes in schools would do much to encourage safer cycling and road awareness.

Encouraging physical activities in schools is central to reducing childhood obesity and in the longer term, heart disease, stroke whilst not only promoting physical but also mental health and wellbeing. Encouraging safer cycling as a physical activity will improve health outcomes for children and young people and the population as a whole. While cycling safety and proficiency programmes are available in many primary schools, provision is neither universal nor consistent.

<http://www.britishcycling.org.uk/cycletraining/article/ct-Cycle-Training---Bikeability-Summer-Schemes-0>

7. Promote safe routes to school

As well as reducing accidents and serious injuries, improved safety awareness when 'out and about' and during journeys to and from school each day can support public health efforts to improve physical activity and reduce obesity. Safer routes to school should be incorporated in school travel plans.

Making roads safer for pedestrians and cyclists will encourage greater confidence in walking or using a bike to get to school. The installation of secure cycle racks in schools and the introduction of cycle training will support such efforts.

<http://www.makingthelink.net/tools/improvingsafety-children-travelling-and-school>

There is much good practice in schools on this matter, but practice is inconsistent from school to school. School strategies and priorities should be shaped by active student participation through the Junior Travel Ambassador (JTA) and Junior Road Safety Officer (JRSO) schemes.

<http://www.tfl.gov.uk/info-for/schools-and-young-people/teaching-resources/junior-travel-ambassadors?intcmp=3364>

8. Introduce 20mph zones in urban areas and around schools

We support the argument that a 20mph speed limit in built up areas, urban and rural, would reduce pedestrian and cycle accidents.

Reducing the speed limit would help reduce the number of deaths and serious injuries to children and young people, in urban communities especially. Children and young people need to be safe on their journeys to and from school. Younger children need a reasonably safe environment when they 'play out' on the street.

Where necessary, schools should take responsibility for managing behaviour as pupils cross the road near school. No-parking zones near schools should be more strictly enforced. Unsafe practice by vehicles dropping off or collecting pupils should be more firmly addressed.

9. Introduce Graduated Licensing Schemes for novice drivers

The high number of preventable deaths or serious injuries to young drivers is of great concern. Between 2008 and 2012, across England, there were 2,316 deaths and 35,783 serious injuries among road users under the age of 25 years. The economic case for action is also considerable. Besides the costs to individuals and families there are also considerable costs for the NHS, police and local authorities. The graduated Licensing Scheme for novice drivers should be introduced as a priority.

<http://www.bmj.com/content/350/bmj.h659> <http://www.bmj.com/content/350/bmj.h659/rapid-responses>

The Graduated Licensing Scheme (GDL) allows new drivers to develop their driving skills and experience through a structured programme. Brake recommends GDL as a vital, life-saving policy because young drivers in all countries are known to be at very high risk of serious and fatal crashes, and GDL helps to address this. This is down to many reasons, including young drivers' overconfidence, lack of experience, and propensity for risk-taking. GDL addresses these by providing a minimum-length supervised learning period and limiting exposure to some of the highest risk situations, such as night-time driving, for newly qualified drivers.

<http://www.brake.org.uk/info-resources/info-research/road-safety-factsheets/15-facts-a-resources/facts/489-graduated-licensing>

10. Ensure a whole school approach

Schools are an important setting for health promotion and education and should be encouraged to take this role seriously in promoting positive health, wellbeing and safety outcomes for children, young people, teachers, and ancillary and support staff.

Safety at home, on the roads, in the wider community as well as on and around school premises enables children and young people to learn without the damaging loss of education caused by preventable injury. Training in child safety, injury prevention and the links to child development should be an integral part of the professional development for all school leaders, managers, teachers, ancillary and support staff, delivered by appropriate agencies and health professionals.

<http://www.rospa.com/schoolandcollegesafety/info/managing-safety-schools-colleges.pdf>

Teachers and support staff should be equipped to recognise and deal with the far reaching consequences of death or serious injury in the home, on the road, and through leisure to children and young people and their families. Children and young people who have been involved in accidents or simply witnessed an accident may not display signs of distress until sometime after the event. Such traumatic events require schools to recognise the impact that this has to mental health and well-being and provide emotional and psychological support in order to restore confidence, resilience and self-esteem.

<https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/mental-health-and-wellbeing>

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