

E-SCOOTERS & E-BIKE INJURY PREVENTION IN CHILDREN AND YOUNG PEOPLE

A guide for UK healthcare professionals

BACCH
British Association for Community Child Health

British Association for Child & Adolescent Public Health

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This resource provides practical guidance for anticipatory advice, injury presentations, safeguarding, documentation and advocacy. It is for all healthcare professionals working with children and young people (CYP) in the United Kingdom.

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This document is an injury-prevention practice guide, not a replacement for clinical trauma/head injury guidance, local safeguarding procedures, legal advice or local organisational policy.

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1. List of abbreviations

BACCH	British Association for Community Child Health
BACAPH	British Association for Child and Adolescent Public Health
CAPT	Child Accident Prevention Trust
CE	Conformité Européenne (European Conformity)
CYP	Children and Young People
DfT	Department for Transport
EAPC	Electrically assisted pedal cycle
E-bike	Electric bike
E-scooter	Electric scooter
HEADSS	Home, Education, Activities, Drugs, Sexuality, Suicide/depression
NI	Northern Ireland
NICE	National Institute for Health and Care Excellence
NICE PH29	NICE Public Health Guideline 29
NICE PH31	NICE Public Health Guideline 31
OPSS	Office for Product Safety and Standards
PACTS	Parliamentary Advisory Council for Transport Safety
QI	Quality Improvement
RCEM	Royal College of Emergency Medicine
RCPCH	Royal College of Paediatrics and Child Health
RoSPA	Royal Society for the Prevention of Accidents
STATS19	A dataset of personal injury collisions reported to police, named after the code number of the form
UK	United Kingdom of Great Britain and Northern Ireland
UKCA	UK Conformity Assessed

2. Purpose and scope

This guide is for all healthcare professionals working with CYP under 18 years in the UK. It covers privately owned e-scooters, official rental e-scooters, electrically assisted pedal cycles (EAPCs/e-bikes), and modified or non-compliant electric cycles.

Aims

- Provide a clear, current legal summary that professionals can use in conversations with CYP and families.
- Identify modifiable injury risks and practical prevention messages.
- Embed brief anticipatory guidance into routine care and adolescent risk assessment.
- Improve the quality of information-seeking and documentation after micromobility injury.
- Support proportionate, context-sensitive safeguarding assessment.
- Encourage advocacy for safer environments, products, surveillance and policy.

What this guide does not do

- It does not discuss product design.
- It does not provide acute trauma management, rules on imaging in head injury, fracture management or return-to-sport advice.
- It does not replace local safeguarding procedures or guidelines.
- It does not provide legal advice for individual cases. Where there is uncertainty, use current official guidance or seek appropriate local advice.
- It does not assume that education alone prevents injury. A Safe System approach also requires safer streets, product standards, enforcement, surveillance and reliable data.

3. Why does this matter?

Results of the 2026 British Association for Community Child Health (BACCH) UK service evaluation

The British Association for Community Child Health (BACCH) is the professional membership organisation for doctors and other professionals working in paediatrics and child health in the community in the UK. A BACCH national service evaluation completed in 2026 included 484 paediatric clinicians (353 survey respondents; 217 participants in structured local discussions; 86 in both). 47% (142/303) reported encountering e-bike/e-scooter-related injuries or discussing use with CYP in the preceding year. Legislative knowledge was limited: 25% correctly knew that a driving licence is required for rental e-scooter use, and only 22% correctly identified the minimum age for a private EAPC on public roads. Advice was commonly informal, reactive and based on individual knowledge rather than a standardised approach. [18]

As part of that work, BACCH liaised with the National Child Mortality Database for England and identified 17 child deaths associated with e-scooter or e-bike use between April 2019 and December 2025 (12 e-scooter; 5 e-bike). Of those 17 deaths, 13 were related to vehicle collisions and 4 to fire. Numbers were small, and 2025 data was incomplete, so trend interpretation requires caution and should not be extrapolated to the rest of the UK. [18]

Current national context

In Great Britain, final police-reported data for 2025, across all ages, recorded 1,377 collisions involving e-scooters and 1,477 casualties; 1,162 casualties were e-scooter users and 10 people were killed, all of them e-scooter riders. Male casualties outnumbered female casualties, especially between ages 10 and 39. [8]

These figures are an incomplete measure of burden. The Department for Transport (DfT) explicitly notes substantial non-reporting of non-fatal e-scooter casualties. A Parliamentary Advisory Council for Transport Safety (PACTS) comparison of 300 hospital casualties over two months in 2021 found fewer than 10% of emergency-department casualties with any injury were identifiable in official police data; DfT linkage of serious trauma admissions shows higher capture for severe injury but still incomplete recording. [9,10]

National injury surveillance is particularly difficult because STATS19 (the official police system to record personal injury road traffic collisions) currently includes e-bikes in the pedal-cycle category rather than identifying them separately. [27] E-scooters have been identified through police free-text descriptions; since September 2026, published open data also distinguish powered personal transporters and include a specific e-scooter casualty flag, although identification limitations and under-reporting remain.

Injury prevention is a national child-health priority

The Royal College of Paediatrics and Child Health (RCPCH) State of Child Health 2026 identifies e-scooter injury as an emerging significant concern. The 2026 Road Safety Strategy for Great Britain uses a Safe System approach and sets a target to reduce children under 16 killed or seriously injured by 70% by 2035. [13,17]

4. Definitions and device identification

Term	Practical definition
E-scooter	A stand-on device powered by an electric motor. Private and official rental e-scooters have different legal status.
E-bike / e-cycle	A broad everyday term. It does not by itself tell you whether the device is legally an EAPC.
EAPC	Electrically Assisted Pedal Cycle: a legal category treated broadly like a pedal cycle when it meets age, pedal, power and motor-assistance requirements.
Non-compliant / modified e-bike	An electric cycle that no longer meets EAPC requirements, for example because the motor can propel above 15.5 mph or has continuous rated power above 250 W. It may be a moped/motorcycle in law.

Term	Practical definition
Conversion kit	A motor/battery/controller fitted to a bicycle to add electrical assistance. The final converted device still needs to satisfy EAPC and product-safety requirements to be treated as an EAPC.

Three quick questions to identify a legal EAPC:

1. Are there pedals that can propel the cycle?
2. Is the motor's continuous rated power 250 W or less?
3. Does motor propulsion cut off at 15.5 mph (25 km/h) or below?

If any answer is "no", do not assume the device is an EAPC. Some "twist-and-go" devices can be lawful only if appropriately approved; if in doubt, check current DfT/NI guidance. [4–6]

5. UK legal framework

Legal status at a glance

Rental e-scooter trials currently operate in England only and are due to end in May 2028. Private e-scooter public use remains unlawful. EAPC rules are broadly aligned across Great Britain and Northern Ireland, but they sit within different legal frameworks. [1–7]

Rule	Private e-scooter	Official rental e-scooter	Compliant EAPC / e-bike	Non-compliant / high-powered e-bike
Lawful where?	Private land only with landowner permission. Not on roads, pavements, cycle lanes/tracks or public parks/spaces.	Official trial areas in England only: roads (not motorways) and permitted cycle lanes/ways. Not pavements.	Where pedal cycles are allowed, including roads and cycle routes. Not pavements.	Road use only if it meets the relevant moped/motorcycle vehicle and rider requirements; not cycle lanes/tracks.
Minimum age	No specific public-use age because public use is unlawful.	National trial framework effectively 16+ because of the requirement for a UK driving licence (provisional license is sufficient); operator may set a higher age.	14+ in Great Britain and Northern Ireland.	Depends on vehicle/licence category; requires registration, MOT, tax and insurance.

Important distinctions for counselling

- Buying, owning or borrowing a device is not the same as being allowed to use it in public.
- "Off-road mode" or a user-selectable limiter does not automatically make a high-powered e-bike a legal EAPC for public road use.
- Derestricting or modifying an EAPC can change its legal classification and safety characteristics.
- Private e-scooter use does not become lawful merely because a rider is over 16 years old, has a driving licence, wears a helmet or obtains insurance.
- Rental e-scooters remain motor vehicles in law during the England trials, but specific trial exemptions/requirements enable their use.

If a collision has occurred

For motor vehicles in Great Britain, the Road Traffic Act duties include stopping and exchanging details after a collision that causes relevant injury or damage involving another person or vehicle. Where required details are not exchanged, reporting to police must occur as soon as reasonably practicable and within 24 hours. E-scooters are classed as motor vehicles, so these duties may apply, but we should avoid the oversimplified statement that every e-scooter

injury must automatically be reported within 24 hours, regardless of what details were exchanged or who was injured. Northern Ireland has its own road traffic legislation. [28]

6. Injury patterns and higher-risk circumstances

The BACCH Improving Child Health in Communities QI (Quality Improvement) collaborative carried out a literature review in 2026 to identify recurring injury patterns and modifiable hazards.

Common clinical presentations

Pattern	Examples / clinical relevance
Head and brain injury	Concussion, intracranial injury, traumatic brain injury; severity is particularly important because helmet use is often low.
Facial and dental injury	Lacerations, facial fractures, oral/maxillofacial injury and dental trauma.
Upper-limb injury	Wrist, forearm, hand, clavicle and shoulder injuries/fractures, particularly after falls over the handlebars.
Lower-limb injury	Ankle, foot, tibia/fibula and other lower-limb injuries.
Polytrauma/torso injury	High-energy collisions with motor vehicles can cause multisystem, chest, abdominal and spinal trauma.
Pedestrian/other road-user injury	E-scooter collisions also injure pedestrians and cyclists; injury prevention should not focus only on the rider.
Burns/smoke inhalation	Lithium-ion battery fires can cause severe burns, smoke exposure and fatal residential fires.

In DfT 2025 police data, common serious injuries recorded in e-scooter-involved collisions included head injuries and fractures of the arm/collarbone/hand and lower leg/ankle/foot. UK major-trauma and paediatric case series similarly describe head, limb and polytrauma injuries. [8,19,20]

Circumstances that increase injury likelihood or severity

- High speed, derestriction, high-powered or otherwise modified devices.
- Collision with a motor vehicle or fixed object.
- No helmet or poorly fitted helmet.
- Dual riding / carrying a passenger on a device designed for one. This was noted to be a particularly significant risk for e-scooters.
- Inexperience, abrupt braking, poor hazard anticipation and loss of control.
- Phone use, headphones that impair awareness, stunt riding or deliberate risk-taking.
- Alcohol or drug use.
- Riding at night or in poor visibility without effective lights/reflective visibility aids.
- Wet, icy, uneven or potholed surfaces; small e-scooter wheels are particularly vulnerable to surface irregularities.
- Pavement riding and conflict with pedestrians; busy roads and lack of safe cycling infrastructure.
- Battery/charger damage, incompatible components, unsafe conversions, charging while asleep/away or charging in escape routes or in multi-occupied buildings.

Evidence quality

Most evidence is observational and varies by device, country, local regulation and exposure. There is still limited evidence showing which counselling interventions reduce injury rates. Use strong, established road-safety principles. [18,26]

7. Prevention in practice

When to ask

You do not need a dedicated appointment to talk to CYP about e-bike and e-scooter use. Brief enquiry can be integrated into routine risk assessment when it is relevant, particularly in adolescent health, injury follow-up, emergencies/trauma, safeguarding, Looked After Children and community settings. The BACCH service evaluation identified injury presentations as natural teachable moments and suggested integrating questions about e-bikes and e-scooters into existing adolescent frameworks such as HEADSS. [18] Appendix A provides a practical example of how e-scooter and e-bike use can be incorporated opportunistically into HEADSS assessment to support exploration of relevant risk-taking behaviours.

A practical 7-question screen

Question	Example wording
1. Device	"Is it an e-scooter, an e-bike with pedals, or something more like an electric motorbike? Is it private or rental?"
2. Legal/compliant	"Has it been modified in any way? Do you know its cut-off speed?"
3. Where	"Where do you ride: road, cycle lane, pavement, park, private land, off-road?"
4. Protection/visibility	"Do you wear a helmet every time? Are there working lights/reflectors at night?"
5. Riding behaviour	"Do you ever carry someone, use your phone, wear distracting headphones or do tricks?"
6. Substances	"Any alcohol/drugs before riding?"
7. Battery	"Where and when is it charged? Is it the original charger?"

Brief prevention messages: prioritise the highest-value points

Message	Framing
Law first	For a private e-scooter, be clear that public-road, pavement and public-space use is unlawful. For e-bikes, check that the device is a compliant EAPC before describing it as lawful for cycle use.
Helmet every ride	Recommend a correctly fitted, securely fastened cycle helmet for legal EAPC and rental e-scooter use, and for any private-land scooter riding. Helmet use is not a substitute for safe speed/environment. An 'off road' or full-face helmet similar to those used on mountain bikes of motorbikes offers greater protection.
One rider	Do not double-ride on e-scooters. This has been a cause of death for a number of young people. Avoid improvised passenger carrying on e-bikes.
Eyes and hands on the road	No handheld mobile phone while riding; minimise distraction. And luggage should be in a secured backpack not in hands or on handlebars.
Sober riding	No alcohol or drugs before riding.
See and be seen	Use legally required cycle lighting for e-bikes at night and effective visibility measures; rental e-scooters should have operator-provided lighting.
No derestriction	Do not modify speed, motor, battery or controller systems. Non-compliance can make the device unlawful and may increase mechanical/fire risk.
Carrying goods	e-scooter – backpack not carrier bag on handlebars. E-cycle rear rack or panniers

Message	Framing
Surface and traffic	Avoid wet/icy/poor surfaces and high-volume traffic environments. Use appropriate cycle infrastructure when available.
Charge safely	Use the correct charger; charge while awake and present; keep charging/storage away from escape routes; unplug when fully charged; stop using damaged/overheating batteries.
Developmental readiness	Legal age is a minimum, not proof of road readiness. Consider coordination, judgement, impulse control, supervision and the complexity of the road environment without making assumptions based on neurodevelopmental differences.

Keep the conversation non-judgemental

Use neutral questions, acknowledge why CYP value independent travel, and separate legal facts from moral judgement. A practical sequence is;

1. Understand the device and context
2. Explain the law
3. Identify the biggest modifiable hazards, encourage use of safety assets/essentials (helmets, lights etc)
4. Agree on one or two concrete changes
5. Provide a trusted link.

This approach may be more useful than a long list of prohibitions.

8. After an injury: assessment, documentation and counselling

Manage the injury according to usual paediatric trauma, head injury, orthopaedic, dental and burn pathways. In parallel, capture enough information to understand the mechanism and aim to prevent recurrence.

What to ask after an injury

After an injury it is important to answer the 'what went wrong' question so prevention can be targeted:

☐ Device: e-scooter / EAPC / high-powered or modified e-bike / unknown; private versus rental where relevant.

☐ Rider or pedestrian/other road user; passenger present; dual riding.

☐ Location: road, cycle lane/track, pavement, park/public space, private land, off-road.

☐ Estimated speed; braking/turning/loss of control

☐ Surface: pothole/kerb/wet

☐ Motor vehicle or other road user involved; direct impact versus fall.

☐ Helmet worn? Type, fit/fastening and visible damage where relevant.

☐ Lights/visibility and time of day.

☐ Phone/headphones/distraction; alcohol/drug use if appropriate.

☐ Device modification/derestriction or conversion kit.

☐ Battery/charging/fire or smoke exposure where relevant.

Peer influence- gangs drug running exploitation

Key actions

- Correct any misunderstanding of legal status.
- Give two or three tailored prevention messages rather than a generic lecture. Balance pros and negatives that address promotion and protection.
- For a private e-scooter injury from public use, be explicit that continuing public use is unlawful.
- For an EAPC, advise checking compliance before returning to public road/cycle use.
- Provide battery safety advice if the device is charged/stored at home. See Section 10.
- Use usual clinical advice about return to activity after head injury, fracture, surgery or other significant injury.

- Give written/QR-linked national information where available. See Appendix C for a safety infographic that can be shared with CYP and their families to support safer e-scooter and e-bike use.
- Consider whether the circumstances reveal a safeguarding concern, but do not treat illegal riding alone as proof of neglect or exploitation.

Appendix B provides a concise, practical summary of the key legal safety and injury-prevention information professionals should know when advising CYP and families about e-scooter and e-bike use.

A teachable moment, not an enforcement interview

Health promotion and protectioncoupled with safeguarding advice are key. Ask enough about legality and mechanism to give safe advice and document the event; avoid turning the conversation into a punitive interrogation. Where there is a statutory safeguarding or reporting duty, follow the appropriate pathway.

9. Safeguarding and vulnerability

Micromobility use can intersect with neglect, poor supervision, exploitation or other contextual risks. Use the same proportional, child-centred thresholds you would for other risk-taking behaviours.

Consider a wider safeguarding assessment

Have a low threshold for a safeguarding referral in all cases - even if only for information sharing. This is an important safety net as only local safeguarding teams will have access to other sources of information and can therefore make a more holistic assessment of risk. Escalate the case immediately to safeguarding teams if any of the following are present:

- Injuries are recurrent, severe or inconsistent with the explanation given, especially when supervision or access to obviously unsafe equipment is a concern.
- A child is being pressured, coerced or exploited to use a device for criminal activity including transport, theft or delivery linked to exploitation.
- There are broader signs of neglect, unsafe home charging/storage, violence, substance use, trafficking or contextual exploitation (situations where children or vulnerable people are manipulated, abused, or forced into criminal or harmful activities).
- A young child (under 14 years) has unsupervised access to a fast/high-powered device in public settings.
- The device appears stolen, deliberately concealed, dangerously modified or linked to other concerning circumstances.

Avoid over-attribution

Do not infer neglect or criminal exploitation solely from illegal e-scooter use, socioeconomic disadvantage, neurodevelopmental conditions or adolescent risk-taking. The BACCH service evaluation described clinicians encountering these contexts, but individual assessment must consider the whole child, family and environment. [18]

Where concerns meet local thresholds, follow local safeguarding procedures and consider liaison with safeguarding teams, social care, school/college, youth services, police or contextual-safeguarding partners as appropriate.

10. Battery and charging safety

Lithium-ion battery fires are a distinct injury-prevention issue. Office for Product Safety and Standards (OPSS) received reports of 211 UK fires involving e-bikes/e-scooters in 2024; 39% were confirmed to have occurred while charging. Five notified fires involved eight fatalities, although OPSS stresses that reporting is voluntary and the data cannot be used to estimate national incidence. [12]

Advice for families

- Buy devices, batteries and chargers from a trusted seller; check for product safety information and UKCA (UK Conformity Assessed)/CE(European Conformity for product safety) marking.
- Use only a compatible, manufacturer-recommended charger and replacement parts.
- Charge while awake and present; do not charge overnight or when nobody is home.

- Charge and store away from hallways, stairs and other escape routes; do not cover the charger/battery.
- Unplug when fully charged.
- Stop using the battery/charger if it is swollen, damaged, overheating, hissing/cracking, smoking, smelling unusual or performing abnormally.
- Do not tamper with the battery. Use a competent professional for conversion or repair.
- Check official product recalls/alerts, especially for second-hand or online-marketplace purchases.
- If a lithium-ion battery fire starts; get out, stay out and call 999; do not try to extinguish it yourself. Fireproof "bomb-proof" battery bags, Aqueous Vermiculite Dispersion (AVD) agents, and specialized AVD extinguishers are the core passive and active tools used to contain and suppress lithium-ion battery fires. As lithium-ion batteries can enter thermal runaway, explode and re-ignite after standard suppression, standard fire safety tools often fail to stop them. It is therefore paramount that the fire brigade is called in any lithium-ion battery fire.

Safety promotion opportunity

Ask about charging/storage after any e-bike/e-scooter consultation, including whether the device is kept in the family home, particularly in flats, shared accommodation or homes where the only charging point may be near an escape route. OPSS and Child Accident Prevention Trust (CAPT) provide family-friendly materials. [11,12,29]

11. Population and system-level prevention

Individual counselling matters, but sustained injury reduction is unlikely to come from education alone. NICE (National Institute for Health and Care Excellence) child-injury guidance and the 2026 Road Safety Strategy support coordinated approaches involving safer road environments, speed management, enforcement, product/vehicle safety, data and partnership working. [15–17]

What healthcare professionals working with CYP can contribute

- Surveillance: record related injury, device type and mechanism consistently; include micromobility in local trauma/injury audits.
- Quality improvement: add a brief triage prompt or discharge resource for relevant Emergency Department, trauma, fracture, adolescent and safeguarding encounters.
- Education: include legal status, battery safety and common injury patterns in teaching, not helmet advice alone.
- Public health partnership: work with healthcare, education, social care, road-safety/active-travel, police, fire and rescue, trading standards and safeguarding partners.
- Advocacy: support Safe System measures such as safer routes, appropriate speed management, safer product design, appropriate marketing, clear regulation and equitable access to safe transport.
- Data linkage: encourage links for injury surveillance between different organisations while protecting confidentiality.
- Equity: assess who is being injured, where and under what circumstances; avoid messaging that penalises CYP without addressing unsafe environments or product availability.
- Collaboration: work with local cycle proficiency educators to ensure they're familiar with known safety recommendations, health risks and harms to children and young people. The 'risks of adding the 'e'' can and should be discussed and questions about injury prevention addressed, even if CYP cannot legally use these devices – just as the risks of smoking are pro-actively discussed.

12. National resources for CYP, families and professionals

Source	Best use	Link/note
GOV.UK – electric scooter rules	Current private vs rental legal summary	https://www.gov.uk/electric-scooter-rules

Source	Best use	Link/note
DfT – using a rental e-scooter	Current user rules, trial areas, licence, helmet, speed and safety	https://www.gov.uk/guidance/e-scooter-trials-guidance-for-users
DfT – rental e-scooter trials	England-only policy background and trial end date	https://www.gov.uk/government/publications/rental-e-scooter-trials/rental-e-scooter-trials
GOV.UK – electric bike rules	EAPC age, power/speed, road use and non-compliant devices	https://www.gov.uk/electric-bike-rules
nidirect – electric bikes	Northern Ireland EAPC rules	https://www.nidirect.gov.uk/articles/electric-bikes-electrically-assisted-pedal-cycles
OPSS – Buy Safe, Be Safe	Battery/charger purchase, charging, modifications and fire response	https://www.gov.uk/guidance/buy-safe-be-safe-avoid-e-bike-and-e-scooter-fires
OPSS – Product Recalls and Alerts	Check battery/device recalls and safety alerts	https://www.gov.uk/guidance/product-recalls-and-alerts
RCPCH State of Child Health 2026 – Injuries	National child-health framing and prevention recommendations	https://www.rcpch.ac.uk/work-we-do/state-of-child-health/injuries
RCEM – e-scooter position statement (2026)	Emergency medicine position, injury patterns and policy priorities	https://rcem.ac.uk/rcem-position-and-advisory-statements/
NICE PH29 and PH31	Child unintentional injury strategy, road safety and health advocacy	https://www.nice.org.uk/guidance/ph29 ; https://www.nice.org.uk/guidance/ph31
Child Accident Prevention Trust (CAPT)	Family-facing helmet/falls and e-bike/e-scooter fire safety	https://capt.org.uk/e-bikes-and-e-scooters/
PACTS – e-scooter safety evidence	UK evidence, casualty under-recording and policy work	https://www.pacts.org.uk/pacts-expertise-e-scooter-safety/
RoSPA	Road-safety and e-bike/e-scooter resources	https://www.rospa.com/ https://www.rospa.com/siteassets/documents/active-travel/e-bikes-revised-0523.pdf
Cycling UK	Electric bikes and e-cycles advice	https://www.cyclinguk.org/cycling-advice/type-cycling/e-bikes

13. Evidence limitations

- Police casualty data (STATS 19)under-record many non-fatal e-scooter injuries; hospital datasets also have selection and coding limitations.
- E-scooters are not yet a dedicated vehicle category in STATS19 and are identified through free text; e-bikes are currently included within the pedal-cycle category. [8,27]
- Exposure denominators (how many devices, trips or miles by age/device type) are inadequate for many injury comparisons.
- Much of the injury literature is observational and comes from settings with different laws, infrastructure and rental systems.

- Helmet evidence and other risk-factor associations should not be interpreted as proof that rider behaviour is the only or main cause of injury.
- The BACCH service evaluation used voluntary participation and included England-only mortality data; 2025 mortality data were incomplete. [18]

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Appendix A. Example of how to opportunistically assess and explore risk in conversations with vulnerable CYP – HEADSS Assessment Visual

A 30-60 second screen is usually enough

Focus on the hazards that are most relevant to the child or young person in front of you.

HEADSS is a framework that can be used in conversations with adolescents. E-bike and e-scooter use can be incorporated opportunistically into the **'Activities'** section of a HEADSS assessment.

A visual prompt, such as the example below, can help normalise discussion of risk-taking behaviours and make it easier to introduce the topic routinely.

One way to open the discussion is:

"These are things we have to talk to all young adults about. Where would you like to start?"

Using the term young adults was chosen following preferences expressed during co-production work with children and young people. Offering the young person a choice about where to begin can give them a greater sense of control over the conversation, support engagement and reduce the feeling that they are being interrogated.

When you reach **Activities**, questions might include:

"What do you do for fun?"

"Have you ever used an e-bike or e-scooter?"

If they do, follow up briefly with the risks most relevant to them, such as where and how they ride, helmet use, speed or modification, carrying passengers, night-time use, and alcohol or drug use.

Home

Education/employment

Activities

Drugs

Sexuality

Suicide/depression

Home

Education

Activities

Drugs

Relationships

Wellbeing

Appendix B. 60-Second Summary

A BACCH UK national service evaluation found that clinicians working with CYP frequently encounter e-scooter and e-bike use in routine care and after injury, but advice given is often reactive and inconsistent. The service evaluation found major gaps in clinicians' understanding of legislation and highlighted teachable moments for prevention. The table below summarises key legal, safety and injury prevention information to support professionals when advising CYP and their families about e-scooter and e-bike use.

If you remember one thing…	What to say/do
Private e-scooters	Public use is unlawful across the UK. In Great Britain, they may only be used on private land with the landowner's permission; Northern Ireland also prohibits public-road/public-space use. [1,7]
Rental e-scooters	Only official trial schemes in England. Users need a qualifying full/provisional driving licence; the effective national minimum is 16 years, and operators may set a higher age. Operator insurance applies. No pavement use. Maximum 15.5 mph, sometimes lower. [2,3]
Legal e-bikes / EAPCs	The rider must be at least 14 years old. Pedals must be usable; continuous rated motor output must be ≤250 W; the motor must not propel above 15.5 mph. No licence, tax or motor insurance is required for a compliant EAPC. Pavement riding is not permitted. [4–6]
Modified / high-powered e-bikes	If the device no longer meets EAPC rules, treat it as a motorcycle or moped, and apply motor-vehicle requirements. Do not call a derestricted/high-powered device a "legal e-bike". [4,5]
Prevent serious injury	Recommend a correctly fitted cycle helmet, one rider only, no phone use, no alcohol/drugs, no stunt riding, appropriate lights/visibility, safe carriage of goods and speeds appropriate to conditions. For private e-scooters, prevention advice should not imply that public use is lawful.
Ask about the device	Device type and ownership; EAPC compliance/modification; estimated speed; road/pavement/private land; helmet; passenger; lighting/night use; phone; alcohol/drugs; collision with a vehicle; battery/charging history.
Do not forget fire	Unsafe, damaged, counterfeit or incompatible lithium-ion batteries/chargers can cause rapidly spreading fires. Charge while awake and present, away from escape routes, with the correct charger; stop use if damaged/overheating; never modify the battery. [11,12]
Use the encounter	An injury presentation or disclosure is a teachable moment. Give brief, non-judgemental advice; document key risk factors; consider contextual safeguarding only when the wider history supports concern; signpost to trusted national sources. [13,18]

Appendix C. Safety Infographic for Signposting Children, Young People and Families

On the next page is a safety infographic that can be given to CYP as a handout if e-scooter or e-bike use is mentioned in a conversation, and/or displayed as a poster in appropriate locations.

E-SCOOTERS & E-BIKES

Rules and safety

British Association for Community Child Health

THE RULES

PERSONAL E-SCOOTERS

Not in public



Only on private land with the landlord's permission.

No public roads, pavements, cycle lanes or parks.

RENTAL E-SCOOTERS

Driving licence required



Check the trial's minimum age before hiring.

Permitted roads and cycle routes. **No pavements.**

RENTAL/PERSONAL E-BIKES

14+



Working pedals. Motor rated at **250W or less.** Assistance stops at **15.5mph.**

Roads and cycle routes. **No pavements.**

Illegal e-scooter use can lead to fines, penalty points or a ban.

REDUCE THE RISK



One rider
One person per scooter or bike.



Helmet
Correct fit. Straps fastened.



Visibility
Use lights and bright clothing.



Attention
Keep your phone away.



Speed
Allow time to stop. Give people space.

BATTERY SAFETY

Use the correct charger. Unplug when fully charged.

Charge while awake and at home. Keep exits clear.

Stop using batteries that are damaged, swollen or overheating.



Smoke or fire: get out, stay out, call 999.