

## Appendix 2: 2012 questionnaire



The University of  
Nottingham

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Dear Children's Centre Manager,

### **National Accident Prevention Survey**

We are carrying out research into accident prevention for children under 5, and as part of this work we are contacting Children's Centres in England. This research will:

1. investigate how Children's Centres across the country are involved in accident prevention,
2. find out what help Children's Centres need for their accident prevention work, and
3. help us to produce a range of support materials for Children's Centres.

We would be very grateful if you would help with our research by completing the attached short questionnaire. The questionnaire **only takes a short time to complete** and the replies of individual Children's Centres will be treated confidentially. Your answers are very important to us and will help us to produce relevant support materials.

If we do not hear from you in the next few weeks we may send you another reminder. If you do not wish to take part in this study please simply draw a line on the front cover of the questionnaire (to indicate that you do not want to take part) and return the questionnaire in the free post envelope supplied.

Yours sincerely,

*Michael Watson*

Dr Michael Watson (University of Nottingham)

*Mike Hayes*

Dr Mike Hayes (CAPT)

Enclosures: FREEPOST reply envelope.



# NATIONAL CHILDREN'S CENTRE SURVEY

## 1. Your children's centre

Please would you tell us the following:

1.1 Name of children's centre.....

1.2 Lead agency for children's centre.....

1.3 When was your centre established? *Please tick 1 box*  
2004-06 (Phase 1)   
2006-08 (Phase 2)   
2008-10 (Phase 3)

1.4 Your job title? .....

1.5 What professional group are you from?

Administration  Education  Health promotion   
Social care services  Nursing/health visiting  Other

Other - Please specify.....

1.6 What do you consider to be the 3 main priority areas for children's health for your centre?

I. ....  
II. ....  
III. ....

1.7 If accident prevention is not included in your top three, please add a comment about how important accident prevention is in relation to your priorities:

.....  
.....  
.....

## 2. Activities

Please answer the following by ticking one box in each row:

Activities:	Yes	No	Don't know
The children's centre is involved in accident prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posters on child safety have been displayed in the centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The centre takes part in Child Safety Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The centre has had media coverage about accident prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The centre does home safety checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centre staff lobby or campaign on local safety issue(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The centre has collected data on children's accidents in the local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside speakers are invited in to talk to parents on accident prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The centre teaches parents first aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 3. Preventing falls

Does your children's centre provide advice and/or leaflets on any of the following topics?

<i>(Please tick at least 1 box in each row)</i>	No advice	One to one advice	Advice in groups	Leaflets	Don't know
General falls prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby walker safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High chair and push chair safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-slip bath mats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not leaving children on high surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stair safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tripping hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What to do if a child has a head injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 4. Scalds

Does your children's centre provide advice and/or leaflets on any of the following topics?

<i>(Please tick at least 1 box in each row)</i>	<b>No advice</b>	<b>One to one advice</b>	<b>Advice in groups</b>	<b>Leaflets</b>	<b>Don't know</b>
General scald prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom scald prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking safety (cookers/microwaves)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling hot drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kettle safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermostatic mixing valves (TMVs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 5. Preventing poisoning

Does your children's centre provide advice and/or leaflets on any of the following topics?

<i>(Please tick at least 1 box in each row)</i>	<b>No advice</b>	<b>One to one advice</b>	<b>Advice in groups</b>	<b>Leaflets</b>	<b>Don't know</b>
General poisoning prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child-resistant containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposal of unwanted medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poisonous plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe storage of hazardous substances (e.g medicines household chemicals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 6. Home safety equipment

6.1 Is there a home safety equipment scheme in your area operated by your children's centre or other agencies?

Yes  No  Don't know

*If No or Don't know go to section 7 below.*

6.2 Please name the lead agency for the scheme.....

6.3 Approximately how many years the scheme been in operation? .....

6.4 Please describe the scheme in your area by ticking 1 box per row

- Equipment is: Free  At low cost  On loan  Don't know
- Equipment is delivered to homes? Yes  No  Don't know
- Equipment is fitted in homes? Yes  No  Don't know

6.5 Is the scheme organised from your children's centre? Yes  No

*If No, go to section 7 below.*

6.6 Does your centre provide any of the following:

<i>(Please tick 1 box in each row)</i>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
Corner covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devices to measure bath water temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid kits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fridge locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockable medicine cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety catches for cupboards and drawers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermostatic mixing valves (TMVs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 7. Joint working

7.1 Is there an organised group/alliance for child accident prevention in your area?

Yes  No  Don't know

7.2 If YES, please state the name of this group/alliance

.....

7.3 Does your children's centre refer families to other agencies?

<i>(Please tick 1 box in each row)</i>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
To <b>safety equipment scheme</b> (e.g. for safety catches, safety gates)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To <b>pharmacists</b> for the safe disposal of unwanted medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To an <b>organisation</b> for thermostatic mixing valves (TMVs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To an <b>organisation</b> for home safety checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.4 If you have answered YES for TMVs or home safety checks, please state **which organisations**:

TMVs .....

Home safety checks .....

## 8. Strategy

Do the following have a written **child accident prevention strategy?**  
(or a broader strategy of which child accident prevention is a part?)

	Yes	No	Don't know
• Your children's centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Your PCT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Local authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 9 Your views

**9.1** Which single type of home accident, do you think, causes the most **deaths** in children under 5? .....

**9.2** Which single type of home accident, do you think, causes the most **injuries** in children under 5? .....

**9.3** Please indicate your personal views on each statement: -

Statement <i>(Please tick 1 box in each row)</i>	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
Accident prevention is predominantly the responsibility of the parent/carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most child accidents are preventable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's centres can be effective in preventing accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other agencies have a greater responsibility for accident prevention than children's centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9.4** What do you see as the main barriers/enabling factors **to accident prevention work** for your centre?

*(Please give a brief description.)*

**Barriers**

**Enabling factors**

\_\_\_\_\_

**10. Materials, resources and staffing**

What are your views on the level of resources for accident prevention in your area?

(e.g. Financial/human/material)

.....  
.....  
.....  
.....

**Additional comments**

If you have any additional comments about accident prevention that you would like to make, please use the space below:

**\*\*\*Thank you for completing this questionnaire\*\*\***

If you would like me to send you a summary of the results of this survey, please tick.....

Your name ..... Your email.....  
*(please print)*

Please return this completed questionnaire in the **FREEPOST** envelope to:

Clare Bryan, Research Secretary,  
Keeping Children Safe At Home,  
Nottinghamshire Healthcare NHS Trust,  
Institute of Mental Health,  
2nd Floor, Duncan Macmillan House,  
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