



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 Your job title?

1.4 Your employer?

1.5 What professional group are you from?

Administration Health Promotion Nursing Social care services
Education 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. Key documents

2.1 Has child accident prevention been included in local plans and strategies for children and young people's health and well being?

Yes No Don't know

2.2 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
- Your PCT
- Local Authority

2.3 Since your Children's Centre was established do you recall receiving any policy documents/guidance/training relating to accident prevention? Yes No

If YES, please list the documents/training below:

.....

3. Activities

Please answer the following questions by ticking the relevant box:

Activities: (Please tick 1 box per row)	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"/>
First aid kits are given to parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<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"/>

If outside speakers talk about accident prevention what topics do they cover?

.....

4. Preventing Falls

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

(Please tick at least 1 box per row)	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"/>
High chair and push chair safety	<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"/>
Stair safety	<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"/>

4.2 Do your Children's Centre staff carry out any of these activities?

(Please tick 1 box per row)	Yes	No	Don't Know
Home safety checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide safety gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide corner covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide window locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach first aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.3 Do your Children's Centre staff refer families to other agencies?

(Please tick 1 box per row)	Yes	No	Don't Know
To Safety Equipment Scheme home safety checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To Safety Equipment Scheme for safety gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To Safety Equipment Scheme for corner covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To Safety Equipment Scheme for window locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To Safety Equipment Scheme for other safety equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify the type of other safety equipment.....

5. Preventing Fires

5.1 Does your Children's Centre provide advice and/or leaflets on any of the following topics?

(Please tick at least 1 box per row)	No Advice	One to one advice	Advice in groups	Leaflets	Don't Know
General fire prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe use and storage of cigarettes, lighters and matches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using candles/bealights safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling hot irons safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to make a fire escape plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed time routines to prevent fires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.2 Do your Children's Centre staff carry out any of these activities?

(Please tick 1 box per row)	Yes	No	Don't Know
Conduct home fire safety risk assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide smoke alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fit smoke alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide smoke alarm batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exchange chip pans for deep fat fryers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide electric blanket checking/exchange service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach families how to test smoke alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help families to make an escape plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach families a bedtime routine to prevent fires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach families about the safe storage of matches/lighters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach families about the dangers of cooking when under the influence of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.3 Does your Children's Centre staff refer families to other agencies?

(Please tick 1 box per row)	Yes	No	Don't Know
To Fire and Rescue Service (FRS) for home fire safety risk assessments			
To FRS for smoke alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To FRS for exchange of chip pans for deep fat fryers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To FRS for fire extinguishers/fire blankets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To FRS for electric blanket checking/exchange service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To FRS for advice on making an escape plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To FRS for advice on fire setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To child mental health services for advice on fire setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To NHS smoking cessation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To Safety Equipment Scheme for smoke alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Preventing Poisoning

6.1 Does your Children's Centre provide advice and/or leaflets on any of the following topics?

(Please tick at least 1 box per row)	No Advice	One to one advice	Advice in groups	Leaflets	Don't Know
General poisoning prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping hazardous substances out of reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of child resistant containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe disposal of unwanted medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of poisonous plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What to do if a child swallows something potentially harmful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.2 Do your Children's Centre staff carry out any of these activities?

(Please tick 1 box per row)	Yes	No	Don't Know
Conduct home safety checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide safety catches for cupboards and drawers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide fridge locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach families about the safe storage of hazardous substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach families about plants that are poisonous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.3 Does your Children's Centre staff refer families to other agencies?

(Please tick 1 box per row)	Yes	No	Don't Know
To Safety Equipment Scheme for safety catches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To Safety Equipment Scheme for fridge locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To Pharmacists for the safe disposal of unwanted medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Joint working

7.1 Is there an organised group/alliance specifically for child accident prevention in your area? Yes No Don't know

7.2 If YES, give the name of this group/alliance and any others that specifically deal with accident prevention.

.....

7.3 Is your Children's Centre working with any of the following organisations on child accident prevention?

	Yes	No	Don't know
Accident & Emergency Dept.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Nursing Services e.g. Health Visitors, School Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire and Rescue Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary organisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify "Others"

8. Your views

8.1 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



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,
MHS Nottinghamshire County,
Birch House, Southwell Road West,
Mansfield, NG21 0HJ.

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