The University of Nottingham

keeping Children SAFE AT HOME

Helping Children's Centres to improve home safety: a new research study. Parents' questionnaire

We are carrying out a study to look at how Children's Centres can provide home safety advice to families. We would like to know about falls, poisoning and fires because these are common types of accidents. We would be grateful if you could fill in this questionnaire and return it in the envelope provided or give it to the researchers in the Children's Centre. Your answers will be used to help Children's Centres give better advice to parents.

To thank you for your time we will send you a £5 gift voucher when you send back the questionnaire.

Is your child 0 - 2 years old *Please place a tick to show your answer*

Yes ☐ No ☐

Are you over 16 years old? Yes ☐ No ☐

If you have answered NO to either of these questions, please do not continue with the questionnaire. Either return it in the envelope provided or give it to the researchers in the Children's Centre

If you answered YES to both questions please complete the rest of the questionnaire.

Home safety

1.1. **Do you have any of the following in your home to help prevent accidents?** (please tick *one* box on each row)

Items	Yes	No	Not relevant. Please explain why: *eg. live in a flat with no stairs*
a) Safety gates at the bottom and/or top of the stairs			
b) Safety gates elsewhere			
c) Corner covers for furniture			
d) Locked medicine cupboard			
e) Fridge lock			
f) Cupboard and/or drawer locks			
g) Spark guard (eg. to stop sparks from open fire)			
h) Fixed fire guard in front of open, electric or gas fire			
i) Fire blanket			
jj Fire extinguisher			
k) A torch next to the bed			
l) Other safety items (please describe)			

1.2 **Which three things do you think could be most likely to cause a fire in people's homes *generally*?**

1. .....

2. .....

3. .....

1.3. **Do you have a smoke alarm on every floor of your home?**
Please don't include cellars (please tick one box on each row).

Floor	Yes	No	Don't know	Not relevant. Please explain why
Top floor				
First floor				
Ground floor				
Basement				

If you have smoke alarms please complete the questions on this page.
If you have *no* smoke alarms please go to question 1.8 on the next page.

1.4. **If you have smoke alarms, is the alarm on each floor of your home working?**
Please don't include cellars (please tick one box on each row).

Floor	Yes	No	Don't know	Not relevant. Please explain why
Top floor				
First floor				
Ground floor				
Basement				

1.5. **If you have smoke alarms, how often do you test them?**

Floor	More than once a week	Every week	Every month	Every 6 months	Don't know	Not relevant Please explain why
Top floor						
First floor						
Ground floor						
Basement						

1.6. **How long is it since you replaced the batteries in your smoke alarms?**
Less than 6 months..... ☐
6 – 12 months..... ☐
Between 1 and 2 years..... ☐
2 years or more..... ☐
Don't know..... ☐

1.7. **If you have a smoke alarm, do you know what it sounds like?**

Yes ☐ No ☐ Don't know ☐

1.8. **These are some of the things people do before going to bed. How often do you do any of these?** *Please tick one box for each activity*

Activity	Never	Once a week or less	2-3 days/ week	4-5 days/ week	6-7 days/ week	Not relevant	Don't know
a) Close all internal doors.							
b) Check front door is locked.							
c) Make sure your front door key is kept somewhere it could easily be reached in case there is a fire.							
d) Close stair gates (if you have them).							
e) Make sure exits from the house are clear of toys/other items.							
f) Make sure window key locks are available to you (but not to your children).							
g) Put any medicines away.							
h) Turn off lights.							
i) Turn electrical appliances off at the sockets eg TV, game consoles.							
j) Turn off electric/gas fires.							
k) Make sure a fireguard/ spark guard is in place.							
l) Check that the oven and all the rings on the cooker are turned off.							
m) Make sure cigarettes are put out.							
n) Put matches/lighters out of reach of children.							
o) Blow out candles.							
p) Other (please describe).							

1.9. **Which three things do you think could be most likely to cause a fire *in YOUR own home*?**

1. .....

2. .....

3. .....

Safety actions

2.1. **What would you do if you woke up in the middle of the night, you could smell smoke and/or your smoke alarm was sounding?**

Please include everything that you can think of.

.....

.....

.....

2.2 a) **Does your family have a fire escape plan?** This is a plan of what you would do to escape from the house if a fire broke out or the smoke alarm went off.

Yes ☐ No ☐ Don't know ☐

If no, go to question 2.3 on page 8. Otherwise answer 2.2 b – f

2.2 b) **Have you discussed this with all adults and older children living in your household?**

Yes ☐ No ☐ Don't know ☐

2.2 c 1) **Have you tried the plan out by practising what you would do if there was a fire?**

Yes ☐ No ☐ Don't know ☐

c 2) **If you haven't, please tell us why:**.....

.....

2.2 d) **Please describe in as much detail as possible what your fire escape plan includes.**

.....

.....

.....

2.2 e) **Does your family have a second fire escape plan?** This is a plan of what you would do if you couldn't use your first plan.

Yes ☐ No ☐ Don't know ☐

If no, go to question 2.3 on page 8, if yes answer question 2.2f

2.2 f) **Please describe in as much detail as possible what your second fire escape plan includes.**

.....

.....

.....

2.3. **Families often get safety information from lots of people and places.**

How satisfied are you with the home safety information provided *over the last year* by each of the following people or places? (Please tick one box on each row.)

People or place	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Haven't received any information from the...
a) GP or Practice Nurse						
b) Health Visitor						
c) Children's Centre staff						
d) School or nursery						
e) Local groups, eg. Mother and Toddler						
f) Other – please te/ us wh... th... w... h... w						

2.4. a) **Have you talked to anyone from the Fire and Rescue Service about fire safety?**

Yes ☐ No ☐ Don't know ☐

b) **If yes, did they visit you at your home and do a home safety check?**

Yes ☐ No ☐ Don't know ☐

2.5 **Please could you tell us who gave you advice about the things below?**

Has anyone told you about……

a 1) ….preventing falls? Yes ☐ No ☐

a 2) Who gave you this advice?……

b 1) ….preventing poisonings? Yes ☐ No ☐

b 2) Who gave you this advice?……

c 1) ……preventing fires? Yes ☐ No ☐

c 2) Who gave you this advice?……

2.6 **If there was a fire in your home or your smoke alarm sounded at night, where do you think your child might be when you went to look for them?** (please tick one box on each row)

Items **My child is likely to be:**	**Strongly agree**	**Agree**	**Neither agree or disagree**	**Disagree**	**Strongly disagree**	**Not relevant. Please explain why: eg child can't get out of cot**
a) in bed asleep						
b) awake in bed/cot waiting for you						
c) outside their bedroom door						
d) looking for you in your bedroom						
e) hiding under their bed						
f) hiding in a cupboard or wardrobe						
g) waiting for you by the front door						
h) already outside your home waiting for you						
i) somewhere else, please describe						

Previous accidents

3.1.a) **Has your child/children ever been hurt at home in a fall that needed medical attention?** Yes ☐ No ☐

b) **If yes, can you tell us briefly what happened, please?**

(How long ago? In what way was your child hurt e.g. bruise, broken bone?)

……

……

……

……

3.2.a) **Has your child/children taken anything at home that could have been poisonous that needed medical attention?** Yes ☐ No ☐

b) **If yes, can you tell us briefly what happened, please?**

(How long ago? What did your child eat/swallow?)

……

……

……

……

3.3.a) **Have you ever been at home when a fire took place?** Yes ☐ No ☐

b) **If yes, can you tell us briefly what happened?**

(How long ago? How did the fire start? Was anyone hurt?)

……

……

……

……

3.4. **a) Have you ever found any of your children playing with matches or lighters?**

Yes ☐ No ☐

b) If yes, please tell us what happened in as much detail as possible.

……

……

3.5. **What are your top three safety tips for families with children under three years old to prevent fires, poisoning or falls?**

1……

2……

3……

We would be grateful if you could tell us something about yourself by answering the following questions.

4.1 **What is your postcode?** ……

If you don't know your postcode, please give us the first line of your address and area in which you live:……

……

4.2 **Who is in your family?** *Please put a number in each box for the number of adults and children*

Number of adults who live in your household (18 years and older) ☐

Number of children who live in your household (under 18 years) ☐

4.3 **Age group of parent(s) who live in the household:** *Please put a tick in the box for the age of each parent*

Mother	16-20 years	☐	**Father**	16-20 years ☐
	21-25 years	☐		21-25 years ☐
	26-30 years	☐		26-30 years ☐
	31-35 years	☐		31-35 years ☐
	36-40 years	☐		36-40 years ☐
	41-45 years	☐		41-45 years ☐
	46 yrs or more	☐		46 yrs or more ☐
	Not applicable	☐		Not applicable ☐

4.4 **What ages are your children?** *Please tell us the number of children for each age group who live at in the household.*

Number of children

Under 1 year old ☐
1 - 2 years…… ☐
3 - 4 years…… ☐
5 - 9 years …… ☐
10 - 14 years…… ☐
15 - 17 years…… ☐

4.5 **What type of home do you live in?** *Please tick one box*

	House	Flat
Private rented		
Rented: social housing/housing association/council housing		
Owner occupied		
Live at parents' or other relative's home		
Temporary accommodation		
Other – please describe eg. hostel		

4.6 a). If you live in a house, bungalow or flat, how many other families live with you?

Number of other families ☐

4.6 b) If you live in a flat, what floor is your flat on?

Number of floor ☐

4.6 c) If you live in any other accommodation, what floor is it on?

Number of floor ☐

4.7 a) How many people in your household smoke?

Nobody smokes ☐ 1 person ☐ 2 people ☐ 3 or more people ☐

b) How many cigarettes does each person smoke a day?

(Place the number of cigarettes smoked in the box for each person)

Person 1 ☐
Person 2 ☐
Person 3 ☐

4.8 How often do people in your household have a drink containing alcohol?

Please tick one box on each line for people aged over 14 in your household. If there are more than 3 people just do this for the oldest 3.

	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
Person 1					
Person 2					
Person 3					

4.9 How many drinks containing alcohol do people in your household have on a typical day when they have a drink?

Please tick one box on each line for people aged over 14 in your household. If there are more than 3 people just do this for the oldest 3.

	None	1 or 2	3 or 4	5 or 6	7 - 9	10 or more
Person 1						
Person 2						
Person 3						

4.10 How often do members of your household have six or more drinks on one occasion?

Please tick one box on each line for people aged over 14 in your household. If there are more than 3 people just do this for the oldest 3.

	Never	Less than monthly	Monthly	Weekly	Daily/almost daily
Person 1					
Person 2					
Person 3					

11 What is your first language?:

English ☐
Other ☐ please describe.....

5.2 **What is your ethnic group?** ***Please tick one box only.***

White:

British ☐ Irish: ☐

Other ☐ *Please describe*.....

Asian or Asian British:

Pakistan ☐ Bangladeshi ☐ Indian ☐

Other ☐ *Please describe*.....

Black or black British:

Caribbean ☐ African ☐

Other ☐ *Please describe*.....

Mixed background:

White & Black Caribbean ☐ White & Black African ☐

White & Asian ☐

Other ☐ *Please describe*.....

Chinese: ☐

Any other ethnic group? ☐ *Please describe* .....

5.3 **Did you complete this questionnaire yourself?** yes ☐ no ☐

If no who helped you, please? .....

Thank you for completing this questionnaire.

Please return this completed questionnaire in the FREEPOST envelope to:

Keeping Children Safe Research Team [Local research team address]

For Office use only: ☐☐ ☐☐ ☐☐☐☐ ☐☐