



CHILDREN'S CENTRE SURVEY

1. Your Children's Centre

Please give us the following information:

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.....

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?)

- Your Children's Centre Yes No Don't know
• Your local community NHS health services Yes No Don't know
• Local Authority Yes No Don't know

2.3 In the last 12 months 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:

In the last 12 months: (Please tick 1 box per row)	Yes	No	Don't know
The Children's Centre has been 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 took 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 have been given to parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff have lobbied or campaigned 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 have been invited in to talk to parents on accident prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If outside speakers have talked about accident prevention what topics did they cover?

.....
.....

4. Preventing Fires

4.1 Has your Children's Centre provided advice and/or leaflets on any of the following topics in the last 12 months?

(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/tealights 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"/>
Handling hair straighteners 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"/>

4.2 Have your Children's Centre staff carried out any of these activities in the last 12 months?

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

4.3 Has your Children's Centre run any sessions specifically about fire prevention for parents in the last 12 months?

Yes No Don't know

If YES how many sessions did you run?.....

If YES, did the Fire and Rescue Service (FRS) attend the Children's Centre to help provide any of these fire prevention sessions?

Yes No Don't know

Please give details of how many Children's Centre and FRS staff provided the session, how long they lasted and any extra costs incurred in running the session (e.g. providing a room, cost of supporting materials etc):

	Number of Children's Centre staff providing each session	Number of FRS staff providing each session	Length of session (number of hours)	Extra costs incurred in £'s	
				Amount	Details
Session 1					
Session 2					
Session 3					
Session 4					
Session 5					

4.4 Has your Children's Centre had any other help from the FRS in providing fire prevention activities or advice for parents in the last 12 months? (e.g. visits to discuss how the Children's Centre might promote fire safety, provision of training or resources etc).

Yes No Don't know

If YES, did this involve any visits by the FRS to the Children's Centre (in addition to those sessions listed above)?

Yes No Don't know

If YES, how many times did the FRS visit your Children's Centre in the last 12 months?

Please give details of how many FRS staff attended each visit, how long the visit lasted, and any extra costs incurred during the visit (e.g. costs for training, resources etc).

	Number of FRS staff who attended visit	Length of visit (number of hours)	Extra costs incurred in £'s	
			Amount	Details
Visit 1				
Visit 2				
Visit 3				
Visit 4				
Visit 5				

4.5 Have your Children's Centre staff attended any training sessions on fire safety since joining this study?

Yes No Don't know

If YES, please list the training sessions attended, how many staff members attended, length of session and any extra costs incurred (e.g. session fee, travel etc).

	Description of session attended	Number of year staff who attended session	Who provided the session	Length of session (number of hours)	Extra costs incurred in £'s	
					Amount	Details of resources used
Session 1						
Session 2						
Session 3						
Session 4						
Session 5						

4.6 Have your Children's Centre staff referred families to other agencies in the last 12 months?

(Please tick 1 box per row)	Yes	No	Don't Know
To Fire and Rescue Service (FRS) for home fire safety risk assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

5. Joint working

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

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

5.3 Has your Children's Centre worked with any of the following organisations on child accident prevention in the last 12 months?

	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"/>

If YES please specify which voluntary organisations.....
.....

Others

Please specify "Others".....



6. Your views

6.1 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. The results of this study will be available in 2014 and we will send a summary of our findings to your Children's Centre.

Please return this completed questionnaire in the FREEPOST envelope to:

[INSERT ADDRESS HERE]