



# 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** Your employer? .....

**1.6** What professional group are you from?

Administration     Health Promotion     Nursing     Social care services     Other

Other - *Please specify*.....

**1.7** What do you consider to be the **3 main** priority areas for children's Health for your Centre?

I.....

II.....

III.....

**1.8** *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:

- |                                    | Yes                      | No                       | Don't know               |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| • Local Area Agreement             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Children and Young People's Plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**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      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Your PCT or Local Authority | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**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:*

<b>Activities:</b> <i>(Please tick 1 box per row)</i>	Yes	No	Don't know
The Children's Centre is involved in accident prevention			
Posters on child safety have been displayed in the Centre			
The Centre takes part in Child Safety Week			
The Centre has had media coverage about accident prevention			
First aid kits are given to parents			
Staff lobby or campaign on local safety issue(s)			
The Centre has collected data on children's accidents			
Outside speakers are invited in to talk to parents on accident prevention			

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

.....  
.....

**4. Home safety equipment scheme**

**4.1** Is there a home safety equipment scheme in your area?  
 Yes  No  Don't Know

If **No** go to section 5 below.

**4.2** If yes, please name the Lead Agency for the scheme.....

**4.3** If yes, approximately how many years has it been in operation.....

**4.4** If yes, is the scheme run from your Children's Centre.....

**4.5** Please describe the scheme in your area by ticking 1 box per line

\*Equipment is: Free  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

**4.6** What items of equipment are covered by the scheme?  
 Please list all

1..... 5.....  
 2..... 6.....  
 3..... 7.....  
 4..... 8.....

**4.7** Is your Local Scheme part of the "Safe at Home – The National Home Safety Equipment Scheme". (run by RoSPA)?  
 Yes  No  Don't Know

**5. Fire and scalds**

**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					
Handling hot drinks					
Using cigarettes, lighters and matches					
Bonfire and firework safety					
Barbecue safety					
Cooking safety					
Using candles safely					
Electrical safety					
Handling hot irons safely					
How to make a fire escape plan					
Smoking cessation					

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

<i>(Please tick 1 box per row)</i>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
Fire home safety risk assessments			
Provide smoke alarms			
Fit smoke alarms			
Exchange chip pans for deep fat fryers			
Provide fire guards			
Provide cooker guards			
Provide fire extinguishers/fire blankets			
Provide electric blanket checking/exchange service			

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

<i>(Please tick 1 box per row)</i>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
To <b>Fire and Rescue Service (FRS)</b> for fire home safety risk assessments			
To <b>FRS</b> for smoke alarms			
To <b>FRS</b> for exchange of chip pans for deep fat fryers			
To <b>FRS</b> for fire extinguishers/fire blankets			
To <b>FRS</b> for electric blanket checking/exchange service			
To <b>Safety Equipment Scheme</b> for smoke alarms			
To <b>Safety Equipment Scheme</b> for fire guards			
To <b>Safety Equipment Scheme</b> for cooker guards			
To <b>Safety Equipment Scheme</b> for fire blankets/ extinguishers			
To <b>an agency</b> for devices to control water temperature			
To <b>NHS smoking cessation services</b>			
<b>"Other"</b>			

Please specify "Other" .....

**6. Joint working**

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

**6.2** If YES, please list the name of this group/alliance and any others that specifically deal with accident prevention.

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 .....

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

- Accident & Emergency Dept.
- Community Nursing Services e.g. Health Visitors, School Nurses
- Fire and Rescue Service
- Local Authorities
- Road Safety
- Voluntary organisations
- Others

Please specify "Others".....  
 .....

**7. Your views**

**7.1** How effective do you think the following are in preventing injuries to children (aged under 5)?

Activity <i>(Please tick 1 box per row)</i>	Very effective	Effective	Not very effective	Ineffective	Not sure
One to one home safety advice from Centre staff					
Group home safety advice from Centre staff					
Providing leaflets (without additional advice)					
Media campaigns on home safety					
Providing home safety equipment					

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

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

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

<b>Statement</b> <i>(Please tick at least 1 box per row)</i>	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Not sure</b>
Accident prevention is predominantly the responsibility of the <u>parent/carer</u>					
Most child accidents are preventable					
Children's Centres can be effective in preventing accidents					
Other agencies have a greater responsibility for Accident prevention than Children's Centres					
National and regional agencies are better placed than local ones to educate the public about preventing accidents					
Children's Centres should be involved in lobbying or campaigning on local safety issues					
It is important for our Centre to collect data on accidents					

**7.5** 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**



**8. Materials, resources and staffing**

**8.1** Have you or your colleagues in your Centre produced material about accident prevention that would be of use to others?

(e.g. resources/evaluations/reports/articles...) Yes  No  Don't know

**8.2** If YES, please tell us about them –titles, topics, for whom, etc.

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**8.3** What are your views on the level of resources for accident prevention in your area? (e.g. Financial / human / material)

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**9. Support**

In the future we are planning to support Children’s Centres with their Child Accident Prevention work. Which of the following would be helpful to your Centre:  
(please tick one box per row)

	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examples of Good Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning accident prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provision of educational materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify "Others" .....

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