



# 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?

<b>Yes</b>	<b>No</b>	<b>Don’t know</b>
<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?)

	<b>Yes</b>	<b>No</b>	<b>Don’t know</b>
• Your Children’s Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Your local community NHS health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Local Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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:*

<b>In the last 12 months:</b> <i>(Please tick 1 box per row)</i>	<b>Yes</b>	<b>No</b>	<b>Don’t know</b>
The Children’s Centre has been involved in accident prevention			
Posters on child safety have been displayed in the Centre			
The Centre took part in Child Safety Week			
The Centre has had media coverage about accident prevention			
First aid kits have been given to parents			
Staff have lobbied or campaigned on local safety issue(s)			
The Centre has collected data on children’s accidents			
Outside speakers have been invited in to talk to parents on accident prevention			

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?

<i>(Please tick at least 1 box per 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 fire prevention					
Smoke alarms					
Safe use and storage of cigarettes, lighters and matches					
Cooking safety					
Using candles/tealights safely					
Electrical safety					
Handling hot irons safely					
Handling hair straighteners safely					
How to make a fire escape plan					
Bed time routines to prevent fires					
Smoking cessation					

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

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

**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 sessions, how long they lasted and any extra costs incurred in running the session (e.g. providing a crèche, 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
<b>Session 1</b>					
<b>Session 2</b>					
<b>Session 3</b>					
<b>Session 4</b>					
<b>Session 5</b>					

**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 your 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?

<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 home fire 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>FRS</b> for advice on making an escape plan			
To <b>FRS</b> for advice on fire setting			
To child mental health services for advice on fire setting			
To <b>NHS smoking cessation services</b>			
To <b>Safety Equipment Scheme</b> for smoke alarms			

**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?

	<b>Yes</b>	<b>No</b>	<b>Don’t know</b>
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"/>
<i>If YES please specify which voluntary organisations.....</i> .....			

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]