



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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Your PCT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• 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:

Activities: <i>(Please tick 1 box per row)</i>	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?

<i>(Please tick at least 1 box per row)</i>	No Advice	One to one advice	Advice in groups	Leaflets	Don't Know
General falls prevention					
High chair and push chair safety					
Baby walker safety					
Climbing hazards					
Stair safety					
What to do if a child has a head injury					

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

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

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

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

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?

<i>(Please tick at least 1 box per row)</i>	No Advice	One to one advice	Advice in groups	Leaflets	Don't Know
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					
How to make a fire escape plan					
Bed time routines to prevent fires					
Smoking cessation					

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

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

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

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

6. Preventing Poisoning

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

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

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

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

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

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

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"/>
<i>Please specify "Others".....</i>			

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