

Reducing Injuries in the Early Years: home safety training

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Project title

Reducing injuries in the early years: home safety training

Objective:

To provide a new home safety resource, an Injury Prevention Briefing

Introduction

*Injury Prevention Briefing. Preventing unintentional injuries to the under fives: a guide for practitioners*¹(IPB) was developed as part of a five year programme of research, Keeping Children Safe at Home, funded by the National Institute for Health Research. The programme, which was completed in 2014, comprised 16 interconnected studies which fed into the development of the IPB.

The IPB is a comprehensive, interactive guidance document for staff working with families and young children. It was designed to combine up-to-date evidence with practical service delivery for the prevention of falls, burns/scalds and poisoning injuries in young children. It includes key messages, research findings, links to child development, checklists, quizzes, and sources of further information and was devised to be easily accessed by a range of practitioners to support families with young children in a variety of contexts. To facilitate this it is freely available as an interactive pdf. (<http://tiny.cc/kcspage>).

The IPB has been endorsed by NICE (resource E0079) (April 2016). This briefing supports some of the recommendations around strategies, activities, education and training for practitioners in the NICE guideline on [preventing unintentional injuries](#) and around prioritisation and home assessments in the NICE guideline on [preventing unintentional injuries in the home](#).

Dissemination of the IPB was an integral part of the KCS programme; following a dissemination workshop in Bristol, Bristol City Council (BCC) awarded us 'Public Health New Investment' funding for further dissemination workshops across Bristol and to academic and community practitioners further afield, including UWE students (children's nursing and SCPHN). Most of these workshops were co-facilitated by ourselves (Drs Toity Deave and Trudy Goodenough, University of the West of England, Bristol (UWE)) and Dr Mike Hayes, consultant for the Child Accident Prevention Trust (CAPT). In addition, they were organised in conjunction with Andy Townsend, Manager of Lifeskills, to ensure that we were complementing the work that we were undertaking.

¹ Hayes M, Kendrick D, **Deave T**. *Injury Prevention Briefing. preventing unintentional injuries to the under fives: a guide for practitioners*. Child Accident Prevention Trust, 2014. <http://tiny.cc/kcspage>

An initial workshop exit evaluation form was given out at the end of each workshop. With additional competitive funding from the University of the West of England, a six month post-workshop on-line survey was undertaken which aimed to assess the impact of the IPB. This included questions about its use, what aspects were used, who with and with how many families/parents.

KCS IPB workshops: impact

Scope of the KCS IPB workshops

From June 2015-March 2106, we provided fourteen training sessions, six of which were offered to health and community staff working with families with young children across Bristol. The community professionals approached included health visitors, children's centre staff, Home Start volunteers, staff from the Fire & Rescue Service and staff from other early years settings, including other local charities/voluntary agencies (e.g., Red Cross). We offered community-based open sessions and also bespoke workshops, where requested.

In addition, we ran four further university-based sessions specifically for health visitor/school nurse/occupational health students (UWE Specialist Community Public Health Nurses (SCPHN) students); one session for UWE children's nursing students and two sessions for Practice Teachers and Mentors (for the UWE SCPHN students).

Each session consisted of an interactive workshop to introduce delegates to the IPB and how the IPB was designed to be used with parents and families. It included information which drew on the most up-to-date evidence on unintentional injuries to demonstrate the need for continued work in injury prevention. The format of the workshops was designed to be informal with a mixture of information-giving and participatory group work where all those attending were encouraged to take part. Each delegate was given a hard copy of the IPB at the end of the workshop.

The workshops were delivered by Dr Mike Hayes (CAPT) and Dr Toity Deave (UWE) who are expert at delivering the training and maximising the potential of the intervention. In addition, they were both able to answer questions that relate to child injury prevention and the intervention itself with its potential uses. The sessions were supported by Dr Trudy Goodenough (UWE research fellow on KCS research programme).

All participants attending workshops funded by BCC were asked to complete an initial exit survey regarding the usefulness of the workshop and intended use of the IPB. At each workshop delegates were alerted to the online follow-up survey that would be sent out to them between 3-6 months after the workshop to assess their use of the IPB in every day practice, ie., the impact of the IPB.

Outcomes of KCS IPB Workshops

KCS IPB injury Prevention workshops have been delivered to 332 delegates. The delegates attending covered a wide range of professionals and students: including early years' practitioners and teaching staff, health visitors, children's centre staff, community nurses and children's nursing and Specialist Community Public Health Nurse students at UWE.

Two IPBs were sent out to each health visiting team (22 teams) in Bristol and 200 UWE children's nursing students (across all three years of their degree) were given a copy of the IPB in September 2016 as part of their academic and training resources.

The table below (table 1) summarises the attendance figures and data collected from each of the workshops.

Post workshop survey (prior to exit of workshop).

The paper-based survey given out immediately following the workshops asked for a wide range of feedback about the workshop and the IPB. However, the main assessment of IPB impact focused on how useful the information provided in the IPB was anticipated to be for each delegate's future contacts with parents and families with young children and how likely they were to use the IPB in the future. In the free text section we also asked for further details about what they might do as a result of attending the workshop.

Delegates reported that the workshops had been useful or very useful in: increasing their knowledge of unintentional injury in children; increasing their confidence in presenting child accident prevention issues to parents and carers and that, as a result of the workshop, they would be more likely to promote child injury prevention to parents and carers.

To gain more detailed information about the impact of the IPB workshop, in the free text sections we asked delegates to say, firstly, what they proposed to do as a result of the training session and, secondly, to add further comments about their views on the workshop.

Delegates at the community-based workshops highlighted that the workshops had increased their confidence to share the evidence-based information provided in the IPB with parents in both one-one sessions and group work, and with colleagues across early years' settings. SCPHN students, at the university-based workshops, indicated that the workshop would enable them to be more proactive with families and use opportunities at postnatal visits, groups and child development checks to share injury prevention information provided in the IPB with parents. Children's nursing students also reported that the workshop had increased their confidence in discussing injury prevention with parents.

Table 1 Workshop delegate numbers and feedback collected

Workshop Location	Workshop date	Delegates profession/s	No. attended (n)	Post-workshop survey completed (n)	6 month follow-up Survey completed n (% of post workshop responses)
SCPHN students (UWE Plymouth)	2 Jun 2015	Specialist Community and Public Health Nursing students	35	30	4
SCPHN students (UWE Glenside)	4 Jun 2015	Specialist Community and Public Health Nursing students	50	36	3
Greenway Centre (North Locality)	16 Jun 2015	Nursery nurses, children's nursing students, health visitors	15	15	4
The Vassall Centre (East Central Locality)	25 Jun 2015	Health visitors, SCPHN students, early years professionals	7	6	1
Homestart (Bespoke Training)	30 Sept 2015	Homestart volunteers	8	8	2
Oxford Brookes University	30 Sept 2015	Health and social care staff and students	26	26	n/a
SCPHN students (UWE Plymouth)	20 Oct 2015	Specialist Community and Public Health Nursing students	23	Not available	4
SCPHN students (UWE Glenside)	29 Oct 2015	Specialist Community and Public Health Nursing students	12**	7	3
Broomhill and St Anne's Park children's centre (In-service training day)	4 Jan 2016	Children's centre staff	13	13	1
Brentry and Henbury children's centre (In service training day)	4 Jan 2016	Children's centre staff	30	26	1
The Vassall Centre (East Central Locality)	14th Jan 2016	Nursery nurses, children's nursing students, health visitors; health visitor assistants, support workers	20	18	5
Children's Nursing students (UWE)	14th Jan 2016	Children's nursing students	48	43	6
Practice teachers and mentors for SCPHN students (UWE Plymouth)	16 March 2016	Health visitors and school nurses	22	20	4
Practice teachers and mentors for SCPHN students (UWE Glenside)	17 March 2016	Health visitors and school nurses	23	20	3
Totals			332	268 (81)	41 (15)

**12 attended the IPB workshop, all 42 students received IPB and presentation

The practice teachers and mentors who support SCPHN students in the community reported that their use of the IPB would focus on teaching their students and sharing the information with colleagues across the south west.

Feedback about the workshops themselves related to timing and structure of the workshop. Many students requested that information about child injury prevention should be included earlier on in their courses. The community staff reported how much they enjoyed the interactive nature of the training.

Six month follow up online survey

The online follow-up survey was sent out to all delegates who agreed that we could re-contact them three-six months post-workshop. Due to re-organisation of local community NHS services and changes in children's centre staff, some emails were returned undelivered. These were followed up by the research team wherever possible. Only one delegate contacted us to say that she could not complete the online survey as her organisation would not allow access to it. Initial invitations to complete the survey were followed up with a reminder 2 weeks after the initial survey.

The online survey used Qualtrics software and asked for information about each delegate's use of the IPB with parents and families as well as more detailed feedback about what had gone well or not so well when using the IPB. We also asked that, if delegates had not yet used the IPB, they could provide us with an assessment of how useful they thought it would be in their future practice.

The above table (table 1) reports on the response rate for both the immediate, paper-based, and follow up online survey. Of the 41 delegates who registered with the online evaluation, 17 responded to say that they had used the IPB with families or parents. The table below (table 2) summarises this information and indicates how useful they found each of the 11 activities from the IPB when they had been working with families.

More detailed responses from delegates within the free text sections indicated how using the IPB had enabled discussions with parents about keeping their children safe. For example comments included:

'nice easily adaptable activities and guidance which get parents to think about dangers through the eyes of a child'

'encouraging parents to be aware of child development and to stay one step ahead, it helps by celebrating children's achievements and promoting parental observation and encouraging them to be one step ahead'

'it has filled me with confidence in advising parents and families on how to prevent injury/accidents'

Table 2: Summary of IPB use in 6 months since IPB workshop (n=17)

Activity	Has the activity been used with families?		Number of families who received each activity Mean (range)	How useful did you find this activity?			
	Yes n (%)	No n (%)		Very useful (n)	Useful (n)	Not useful (n)	Not useful at all (n)
1: 'Exploring Child Development'	12 (71)	5 (29)	13.42 (Range 1 -40)	4	8	0	0
2: 'What is appealing to children but may harm them?'	13 (76)	4 (24)	11.23 (Range 2 -30)	6	7	0	0
3: 'Checking home safety'	15 (88)	2 (12)	12.53 (Range 1 -40)	7	8	0	0
4: 'Where are your harmful products?'	11 (65)	6 (35)	9.45 (Range 2 -25)	3	8	0	0
5: 'Designing an unsafe kitchen'	6 (35)	11 (65)	10.83 (Range 3 - 25)	1	5	0	0
6: 'Home safety equipment - what do families need?'	12 (71)	5 (29)	13.58 (Range 1 - 40)	2	10	0	0
7: 'Preventing falls - more than just using safety gates!'	10 (59)	7 (41)	12.20 (Range 2 -35)	1	8	1	0
8: 'Scalds - how far does a hot drink spread?'	13 (76)	4 (24)	11.23 (Range 1 - 26)	6	6	1	0
9: 'Scalds - how long does a drink stay hot?'	13 (76)	4 (24)	12.62 (Range 1 - 30)	6	7	0	0
10: 'Fire safety - the importance of smoke alarms'	12 (71)	5 (29)	10.92 (Range 1 - 29)	3	9	0	0
11: 'Fire safety - a family fire escape plan'	5 (29)	12 (71)	13.80 (Range 4 - 30)	2	3	0	0

We also asked delegates who had not used the IPB how useful they thought it would be in the future (table 3). In response to the question asking why they had not used the IPB, delegates' responses mostly referred to changes in job role, undertaking further training or other work commitments and time pressures.

Table 3 Expected usefulness of the activities in the IPB, as reported by delegates who had not used the IPB with families. (n=20)

If you have not yet used the IPB yet how useful do you think it will be?					
Activity	Very useful n (%)	Useful n (%)	Not useful n (%)	Not at all useful n (%)	N/A n (%)
1: 'Exploring Child Development'	10 (50)	8 (40)	1 (5)	0	1 (5)
2: 'What is appealing to children but may harm them?'	10 (50)	9 (45)	0	0	1 (5)
3: 'Checking home safety' with some families?'	10 (50)	9 (45)	0	0	1 (5)
4: 'Where are your harmful products?'	11 (55)	8 (40)	0	0	1 (5)
5: 'Designing an unsafe kitchen'	5 (25)	13 (65)	1 (5)	0	1 (5)
6: 'Home safety equipment - what do families need?'	9 (45)	10 (50)	0	0	1 (5)
7: 'Preventing falls - more than just using safety gates!'	7 (35)	12(60)	0	0	1 (5)
8: 'Scalds - how far does a hot drink spread?'	11 (55)	7 (35)	1 (5)	0	1 (5)
9: 'Scalds - how long does a drink stay hot?'	11 (55)	7 (35)	1 (5)	0	1 (5)
10: 'Fire safety - the importance of smoke alarms'	9 (45)	10 (50)	0	0	1 (5)
11: 'Fire safety - a family fire escape plan'	8 (40)	11 (55)	0	0	1 (5)

Discussion

The immediate feedback following the workshop and evaluation of the IPB at the six months follow-up both indicate that the IPB has been, and is expected to be, of benefit to practitioners within a wide variety of settings in their support of parents and families for how they can keep their children safe at home.

The IPB has been used in face-to-face and one-to-one discussions with parents at home, as well as in group sessions at children's centres. Teachers and mentors are continuing to use it with families and to educate health visitors and community professionals, students, and colleagues, thus its impact will continue.

The development of the IPB has been presented locally and at two national conferences and two international conferences, at one of which TD was part of a panel presentation. The

information about and link to the IPB has also been included as a resource on the Institute of Health Visiting's website: <http://ihv.org.uk/for-health-visitors/resources/resource-library-a-z/accident-prevention/>

- **Knowledge exchange more broadly**

At a knowledge exchange level the activity has helped us to build good relationships with local children's centres and other early years' services. We hope that the sessions with students will encourage the student delegates (and through them their peers) to have an early positive experience of research and its application to service delivery. TD was also invited to run a workshop/seminar at Oxford Brookes for Health and Social Care staff and students and to teach MSc Paediatrics and Child Health students on the Safeguarding and Children in Society Module, University College London (funded by each of these universities). These invitations have been repeated. An Oxford Brookes' SCPHN student sent an email to TD:

just wanted to write to you to tell you how much I enjoyed the injury prevention briefing seminar that you presented ..., I found it so informative and inspiring that I have decided to write about an element of it as my first piece of work.

The immediate and follow-up feedback indicates that the IPB has been, and is expected to be, of benefit to practitioners within a wide variety of settings. As knowledge is shared and cascaded within a community setting and parents' knowledge and understanding of how to prevent unintentional injuries to young children improves it is anticipated that medical attendances at GP practices, Minor Injury Units and Emergency Departments will decrease.

The IPB has been used in face-to-face and one-to-one discussions with parents at home, as well as in group sessions at children's centres. Teachers and mentors are continuing to use it with families and to educate health visitors and community professionals, students, and colleagues, thus its impact will continue.

Anecdotally, we have been told that some healthcare and injury prevention professionals are using it in their day-day work: As examples, Lifeskills (Bristol) use it in their sessions with children, the Injury Prevention Lead in Wiltshire uses it in her daily work, the Training and Education manager for the Child Accident Prevention Trust uses it in his training. Verifying statements could be sought from these individuals.