Making the Link topic briefings

Our topic briefings cover important issues in child accident prevention for practitioners and policymakers. They provide an overview of key data, the policy arena, prevention programmes, partnership working and the support that Making the Link can offer, as well as links to other resources.

The briefings will be helpful to anyone involved in commissioning and delivering services for children or contributing to the safety, health and wellbeing of children and young people in their community, including:

- children’s services and public health teams that commission services for maternity, children and families
- statutory, voluntary and community sector organisations that deliver services and programmes for children and families
- practitioners and policymakers developing business cases for child accident prevention work.

Key issues

Practitioners wanting to prevent childhood accidents have to find effective ways to engage parents and other carers of young children in safety issues. For parents, keeping their children safe is a very high priority, so engagement might seem like an easy task – but the reality is much more complex.

Practitioners need to understand and navigate a range of barriers that can hold people back from fully engaging with child safety. These barriers include conflicting views about accident prevention and a perception that improving safety takes both time and money. Other factors include low awareness of some causes of serious childhood injuries and the ‘surprise factor’ when young children make sudden breakthroughs in their physical development.
**Barriers to engagement**

1. **Parental views about accident prevention**

   We know that parents are highly motivated to keep their children safe. A survey conducted by CAPT for Child Safety Week in 2012 showed that 78% of parents with children aged 0-16 say that their child’s safety is of paramount importance.\(^1\)

   However, we also know that many parents hold conflicting views about accident prevention which can get in the way of taking action on safety. In another survey conducted by CAPT in 2010:

   - 71% of parents of 0-5 year olds were worried about their child having a bad accident
   - 60% felt that people worry too much about accidents and that it’s ‘health and safety gone mad’
   - 44% believed that there’s nothing you can do to stop accidents happening.\(^2\)

2. **Time pressures**

   The perception that taking action on child safety is time-consuming is a significant barrier for many parents:

   - 41% of parents of 0-16 year olds say they don’t have time to even think about preventing their children from having serious accidents\(^1\)
   - 19% of parents of 0-5 year olds feel that stopping accidents from happening takes too much time and energy.\(^2\)

3. **Not understanding the real risks**

   There’s a widespread perception that some very serious accidents are ‘freak’ occurrences. One example of this is falls from windows, which can result in severe injuries and even death. Many people would describe a fall from a window as a ‘freak accident’, but one child under the age of five is admitted to hospital every day after falling from a building.\(^3\)

   There is also wide variation in awareness of different safety risks, especially those around the home. CAPT’s survey of parents with children aged 0-5 found that:

   - 57% put medicines out of reach, but only 30% do the same for cleaning products
   - 46% use safety gates, but only 8% fit safety catches to windows
   - fewer than 10% put hair straighteners out of reach, tie blind cords onto a hook or put cold water in the bath first before topping up with hot water.\(^1\)

   In some cases, parents might be aware of a particular hazard, but not realise just how serious the consequences could be for their child and the wider family. For example, a [scald from a hot drink](#) can lead to lifelong scarring, while a fall from a highchair can cause brain damage.
4. **Understanding the stages of child development**

Just over half (52%) of parents of 0-5 year olds say they don’t worry about accidents because they know what their child is capable of. However, it’s very common to hear parents say that they’ve been surprised when their child suddenly reaches a milestone in their physical development, such as being able to grab things or pull themselves up for the first time. This ‘surprise factor’ can mean that things that parents hadn’t considered hazardous for their child – such as a cup of tea close to the edge of a table – suddenly become a safety concern.

In a survey of parents of 0-16s conducted by CAPT in 2011, 23% said they were taken by surprise all the time by their child’s ability to do something they didn’t realise they were capable of, and 55% said they were sometimes taken by surprise.

**Overcoming the barriers**

Working the following messages into your work with parents and carers can help to address each of the barriers outlined above:

1. You can take small and simple steps to help protect your children from preventable accidents. All you need to know is what the most common and serious risks are, and the small things you can do to avoid them.

2. Many of these steps cost little or no money and can easily fit into busy lives – they include things like choosing a safe place to put down your cup of tea or coffee, and always strapping your child into their car seat or high chair.

3. Building small steps to safety into your everyday routine means that these habits will become second nature and not forgotten.

4. Babies and toddlers often make sudden breakthroughs in their physical development, which can open up new safety hazards around the home. CAPT’s One Step Ahead wallchart matches the stages of development for 0-2 year olds with different hazards in the home. CAPT’s forthcoming picture-based booklet and support resource on accidents and child development also helps parents make this link.

**Effective engagement**

The right messages can help practitioners to address the barriers that hold parents back from fully engaging with child safety issues. But it’s also important to consider how those messages are delivered. Things like tone of voice, how involved parents are in their learning and the setting where messages are delivered can make a big difference in terms of how likely people are to remember the information and take action as a result.

**Tone of voice**
In 2009 the Department of Children, Schools and Families (DCSF) conducted research into what works when communicating with parents from the C2DE social and economic group (where the main income earner is involved in skilled, semi-skilled or unskilled manual work) about child safety issues. Insights from the research include the importance of positioning safety messages as a ‘reminder’, to avoid patronising parents or making them feel like they are being judged or criticised. Overly authoritative or judgmental communications are likely to alienate parents.

Although the report focuses on C2DE parents, the tone of voice recommendations it presents are valuable for planning communications with parents across all social and economic groups. We have summarised these recommendations in the table below.

Table 1: Tone of voice pointers for engaging with parents

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<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
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<tr>
<td>Treat parents as equal partners and present information as a reminder</td>
<td>Be overly authoritative, which can seem critical and judgmental</td>
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<tr>
<td>Be warm and factual – new and surprising facts and practical tips are well-received</td>
<td>Patronise or ‘talk down’ to parents</td>
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<tr>
<td>Use everyday, direct language, including colloquial phrases where appropriate</td>
<td>Use sophisticated language and metaphors</td>
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**Family Nurse Partnership**

The Family Nurse Partnership programme offers intensive and structured home visiting for vulnerable and young first-time mothers, from early pregnancy until the child reaches two years old. Family nurses establish supportive long-term relationships with clients, building on each parent’s motivation to do the best for their child and developing the strengths within a family to promote change. How to prevent childhood accidents is one of the topics covered in the programme. Research from the USA, where the programme was developed, has shown that it successfully reduces childhood injuries.

The close relationship formed between family nurse and client plays an important role in sustaining engagement in the programme. If a client shows signs of disengaging, for example by not being in when the family nurse arrives for an appointment, then the family nurse can use their shared history and good relationship to try to get things back on track.

An evaluation of the first three years of the UK programme showed that other factors which promote client retention include their enjoyment of the activities, observation of their child’s development, and ‘the feeling of being special’. Asked about the programme’s impact on childhood accidents, one family nurse said:

“One of the biggest things is…this anticipation awareness…that is a lot to do with going in all the time and getting them to think what they are doing, tell you what the
child is doing, and what accidents they might have, and what might happen next…that looking forward business…to me that’s one of the biggest outcomes.”

Other forms of home visiting

Giving advice to parents of young children in their own homes can make it more likely that they will engage with safety issues. Research shows that for families with an increased risk of home accidents, home visiting can reduce the risk of accidental injuries by around 26%.  

In an evaluation of the Safe at Home safety equipment scheme, the opportunity to deliver education in the home setting was seen as particularly valuable because it meant that advice could be tailored to the specific requirements of the family concerned. 

These findings have implications for the work of health visitors, community nursery nurses, children’s centre outreach workers and Home Start volunteers among others.

Making every contact count

We know that parents expect the professionals they come into contact with to provide information and advice, and that when none is offered, this can be interpreted as a stamp of approval that all is well. It’s therefore important that professionals working in health and social care feel comfortable offering child safety information and advice in a non-judgmental way.

Informal opportunities to engage parents in child safety can be found in many different settings and contexts, from home visits to group meetings at children’s centres. For example, having a cup of tea or coffee with a parent when a young child is present can be a chance to explain why you’re putting the hot drink down in a safe place.

This ‘drip-feed’ approach helps parents to see safety advice in context and to understand that small things can help to protect their child from serious accidental injuries.

Adopting the child’s perspective

DCSF research highlights the importance of finding creative ways to alert parents to safety hazards they might not be aware of, without coming across as patronising. Presenting information from the child’s perspective is one effective technique and is particularly effective for ‘refreshing’ well-worn issues and re-engaging parents.

Using the child’s point of view can also be helpful when communicating with parents who have poor literacy. CAPT’s Picture of Safety booklets take this approach – they use simple illustrations and text, with babies and children introducing the accidents that they are most likely to be hurt in and explaining what parents need to do to keep them safe.

Testing of the Picture of Safety booklets found that parents with poor literacy respond well to the high level of illustration and feel more relaxed reading a text that is about a partnership between a parent and child, rather than being ‘told what to do’ by an unknown authority figure.

Active approaches to learning
Educational theory suggests that ‘doing’ is more likely to promote understanding than listening or learning through repetition. When applied to child accident prevention, interactive approaches to learning can include engaging parents in:

- problem-solving
- discussions where parents can contribute from their own experience
- decision-making, for example by helping to develop a policy on hot drinks for your setting.

You can see examples of the active learning approach in CAPT’s resources for parents and carers, including:

- picture-based booklets which encourage parents to choose between two scenarios and build their confidence in their ability to make safe choices for their children
- quizzes and activities for Child Safety Week, which use surprising facts and interactive session ideas to support changes in knowledge, attitudes and behaviour
- DVD resource packs which feature ideas for discussions and activities with parents, to actively engage them in learning about child safety.

**Partnership working**

All organisations that work with parents of young children can benefit from sharing good practice about what works in terms of engagement and overcoming barriers, as well as things that have been less successful. This includes organisations such as:

- children’s centres
- early years and children’s services
- health visiting teams
- Family Nurse Partnership programmes
- community and voluntary organisations
- fire and rescue services
- road safety teams.

Accident prevention practitioners can link in with professionals who work directly with parents of young children, including family nurses, health visitors and children’s centre staff, to find creative ways to introduce child safety advice into conversations in a non-judgmental away.

**How Making the Link can help you**

Making the Link is here to support people with a role to play in child accident prevention throughout England. We recognise that effective child accident prevention programmes and strategies happen through successful partnership working.

We’d like to hear about the work you’re doing in your area and any things that have worked well which we can share with other professionals on the Making the Link site.

Email us at info@makingthelink.net to:
• submit case studies about your child accident prevention work.
• suggest ideas for Making the Link resources that would help you in work.
• find out more about the project or any other information on the website.

Visit the Making the Link website at [www.makingthelink.net](http://www.makingthelink.net) to:

• read case studies
• find data and statistics on childhood accidents
• read about the costs of accidents
• download accident prevention strategies
• read the latest news on child accident prevention.

**Stay up to date with Making the Link**

• sign up to our [monthly e-bulletin](mailto:).png
• follow us on Twitter at [@CAPTcharity](https://twitter.com/CAPTcharity)

**Useful links**

**Making the Link site links**

• [Making the wider connections with parents, families and schools](http://www.makingthelink.net/)
  An introduction to partnership working with parents, families and schools. Part of our [Advocating Child Safety](http://www.makingthelink.net/) networking resource.

**CAPT links**

• [One Step Ahead wallchart](http://www.makingthelink.net/)
  Our at-a-glance wallchart matches the stages of development for 0-2 year olds with different hazards in the home.

• [Small steps to safety ideas booklet (PDF)](http://www.makingthelink.net/)
  Developed for Child Safety Week 2012, this booklet is full of surprising facts, safety reminders, quizzes and practical activities which help to encourage change in knowledge, behaviour and attitudes.

• [DVD resource packs](http://www.makingthelink.net/)
  Our DVD resource packs on falls and burns and scalds include interviews with parents and clinicians about the potentially serious consequences of these injuries.

• [The Picture of Safety approach](http://www.makingthelink.net/)
  Information about CAPT’s booklets for parents with poor literacy, plus the Safety without the small print briefing paper which explains why CAPT developed the booklets.

**External links**
• Family Nurse Partnership information leaflet

Information leaflet on the Family Nurse Partnership, published by the Department of Health.

Notes for this feature

1. CAPT survey for Child Safety Week 2012. The ‘Parents Under Pressure’ survey was of 2,000 parents with children aged 0-16 years. It was conducted by OnePoll and ran from 7-8 June 2012.

2. CAPT survey for Child Safety Week 2010. The survey was of 2,636 parents with children aged 0-5 years. The survey was conducted by Mum Poll and ran from 7-9 June 2010.

3. Hospital Episode Statistics data on emergency hospital admissions among children aged 0-4 years in England due to accidental causes, for 2008-09.

4. CAPT survey for Child Safety Week 2011. The survey was of 2,293 parents with children aged 0-16 years. It was conducted by One Poll and ran from 27 May – 3 June 2011.

5. Department of Children, Schools and Families qualitative research on child safety with C2DE adults, COI, June 2009.


8. Independent evaluation of the National Safe at Home scheme, The University of Nottingham, 2011.

9. Safety without the small print, Child Accident Prevention Trust.

Updated October 2012