



Child Safety Stakeholder Event

21 November 2007

The event

The child safety stakeholder event took place on the 21st November 2007 at Manningham Mills Community Centre. The day was organised by Bradford Safeguarding Children Board (BSCB) to highlight the current issues and challenges facing Bradford with regard to childhood accidental injuries. The event included accident prevention seminars followed by interactive workshop sessions in the afternoon. The aim of the day was to inform the strategy which is currently being developed by BSCB.

The speakers

Welcome and Introduction – Kath Tunstall (Director of services to children and young people and chair of BSCB)

The views of children from Venus Class Allerton Primary School (our experiences of accidental injury)

Accidental injury to children the national picture _ Kairen Sanderson (Royal Society for the Prevention of Accidents, RoSPA)

Child safety and deprivation – Dr Mike Hayes (project director Child Accident Prevention trust , CAPT)

Fires involving children the local picture – Mohammed Ali (district community fire officer West Yorkshire fire and Rescue Service, WYFRS)

Injury minimisation programme for schools (IMPS) – Eve Kennedy (project coordinator)

Road safety interventions – Steve Thornton (principal highway engineer)

Accidental injury to children the local picture- Maryanne Hardy (Bradford University)

All the presentations are available to view on the BSCB website along with photos of the day.

The workshops

Home safety – a workshop about the home safety equipment loan schemes and the different ways of running these – Representatives from FWA, The PCT and Canterbury Sure Start.

Road safety – a workshop about the interventions, challenges and solutions for Bradford – Simon DVali Principal highway engineer and former Neighbourhood road safety Initiative, NRSI coordinator

Healthy schools – how accident prevention can be taught in schools the TIPS (teaching injury prevention skills) project from Manchester – Sally Morton from IMPS Manchester

Data Collection – challenges and solutions- Dr mike Hayes and Gail Errington CAPT

A demonstration of the IMPS programme

The audience

80 places were booked prior to the event and a few people cancelled before the day. In total 65 people attended. These were a mixture of practitioners and strategic personnel from both voluntary and community sector and the public sector. Representatives from the following organisations attended the event: Social services, Bradford Safeguarding Children Board, Child Accident Prevention Trust, IMPS, Bradford Hospitals Trust, Children's Centres, early years and childcare, West Yorkshire Fire Service, Bradford Road Safety Team, Bradford council, Children and Young Peoples Strategic Partnership, Bradford and Airedale Primary Care Trust, Work Safe and various other organisations.

Quotes from people attending the event

'The children were inspirational'

'The day was really informative and has given me ideas for things I can use when I'm working with my parent groups'

'It was a really enjoyable and useful day'

'It is important to tell people what to do and what not to do to keep safe...' (Child Venus class aged 9 years)

Feedback from the workshops

Home safety

What are the challenges/barriers?

- Different funding providers, it's hard to find out who/where to access.
- Post code lottery needs to be district wide.
- Lack of information/ literature
- Language
- Cost
- Lack of awareness of home safety equipment
- Family arrogance
- Parents expect free equipment

Solutions

- Strategy to give clear outline as to how and where home safety equipment can be accessed.
- Education about home safety and accident prevention
- Population based info/education
- Work with schools and parents
- Deliver advice in social/religious gathering places
- Continuation of funding for existing schemes
- Provide parents with vouchers for home safety equipment. Also, advice and give guidelines on how/ where to use the vouchers. Follow up.
- A & E to supply information about home safety schemes

Road safety

Role of interventions

- Less risk of injury to children
- Prevention of injury
- Educating families
- Financial support
- Creating awareness
- Parental responsibilities

Challenges/ Barriers

- Priority for council
- Doesn't have as much of a priority within NHS/ healthcare services- this may improve in the future
- Isn't much of a priority within the police

Overcoming the challenges/ opportunities

- Linked to fire service
- Overcrowded cars
- Emergency services could educate
- BRAKE training
- Parenting training for young adults
- Parents to set the correct example
- Provide education through faith centre i.e. mosque, church and places where young people socialise
- Driving instructors could educate
- National publicity

Healthy schools

TIPS (teaching injury prevention in schools)

TIPS is a database of injury prevention lessons/ interventions which can be taken into schools by a variety of partners. The database works by giving schools the opportunity to opt into the ones of their choice and provides a central contact point for the schools so that they avoid having many agencies contacting them and bombarding them.

Barriers would include the administration of the database and update of it – how would this be funded?

The intervention provides a streamlined approach to inter agency working and interventions (more cost effective)

Concerns emerged re pupils vandalising/ setting fire to schools – need some more intervention on this

People valued police liaison officers being linked to schools

This scheme would be a priority for Bradford

Miss Dorothy. Com focuses on key stage 2 and could also address this need if work in partnership.

What need does TIPS address?

- More impact regarding getting the information into school
- Saves time for everyone – schools and agencies
- Data collected – identifies those who do not participate
- Priority for Bradford
- The range of interventions across age groups is identified

Data collection

Wish list

- Improvements to A&E data collection systems – data coding at presentation to make data extraction easier.
- Up-to-date mapping of data sources nationally and locally.
- Closer liaison and linkage between data sources.

- Resources for data collection and analysis – staff as well as money. Need accurate, meaningful, consistent data.
- Beware that collection of data doesn't take over what you're trying to achieve – data collection can become more important than the programme itself.

- Improvements to data collection systems – clearer coding, accuracy and staff resources for collation and analysis.
- Closer liaison and linkage between data sources – up-to-date mapping of data sources locally and nationally

Feedback from qwizdom quiz

Qwizdom was used to ascertain the views of the stakeholders present on the day. The following are a selection of the statistics from this:

37% of the people present felt that they do not have enough knowledge about the risks of accidental injuries to children to advise parents/carers.

90% felt that they would benefit from access to training on accident prevention

When asked about the most effective way to prevent accidents:

15% felt the use of safety equipment was the most effective

5% felt safety campaigns

3% legislation

3% engineering and

71% all of the above

With 3% suggesting none of the above

Issues for some people were the venue being cold and noisy and uncomfortable, however, the stakeholder day met or exceeded 84% of attendee's expectations and was a successful day.

Notes for workshops for Child Safety Stakeholder Event 21st November Manningham Mills community centre

The Workshops were:

- Workshop One: Home Safety (home safety equipment and fitting scheme) – Hazel Ha and Lynne (Home safety project)
- Workshop Two: Healthy Schools – TIPS (teaching injury prevention skills for teachers) – Sally Morton and Claire Dennis
- Workshop three: Road safety (in car safety voucher scheme) – Simon Dvali
- Workshop Four: Data collection – Mike Hayes and Gail Errington
- Workshop Five: IMPS – Eve Kennedy and IMPS trainer

The workshops one to four will consist of a 10-15 minute outline of an existing, effective intervention with a discussion lasting around 30 minutes featuring the following questions:

- What needs does this intervention address? Is this a priority in Bradford?
- Are there any other evidence based interventions which could address this need?
- Is it working? If not why not?
- What challenges/barriers are currently affecting this intervention?
- How can the intervention be adapted / optimised in Bradford to benefit:
1) The most deprived and 2) the district as a whole

If you, as the workshop facilitators feel any additional questions need to be asked in your discussion groups please feel free to add to these, the aim of the sessions are to raise awareness regarding the interventions and to discuss barriers and challenges to these interventions in Bradford. This will go towards informing the child accident prevention strategy.

Workshop five will consist of a demonstration of IMPS and a question and answer session.

You will be told which room you will be in on the day as this is dependant on the numbers wishing to attend each workshop. Flipcharts and pens will be available in the rooms and comments will be written up and posted onto the BSCB website after the event.

The workshops will run twice in the afternoon 2 – 2.45 and 3 – 3.45.

Home Safety Workshop

What are the challenges/barriers?

- Different funding providers, it's hard to find out who/where to access.
- Post code lottery needs to be district wide.
- Lack of information/ literature
- Language
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- Lack of awareness of home safety equipment
- Family arrogance
- Parents expect free equipment

Solutions

- Strategy to give clear outline as to how and where home safety equipment can be accessed.
- Education about home safety and accident prevention
- Population based info/education
- Work with schools and parents
- Deliver advice in social/religious gathering places
- Continuation of funding for existing schemes
- Provide parents with vouchers for home safety equipment. Also, advice and give guidelines on how/ where to use the vouchers. Follow up.
- A & E to supply information about home safety schemes

Workshop – TIPS (teaching injury prevention skills in schools)

TIPS is a database of injury prevention lessons/ interventions which can be taken into schools by a variety of partners. The database works by giving schools the opportunity to opt into the ones of their choice and provides a central contact point for the schools so that they avoid having many agencies contacting them and bombarding them. The person coordinating the database sends out a pack of information to all schools and then notifies the various agencies which schools have opted for their intervention.

Group one

What need does this address?

- More impact regarding getting the information into school
- Saves time for everyone – schools and agencies
- Data collected – identifies those who do not participate
- Priority for Bradford
- The range of interventions across age groups is identified

Could the model be used for other topics? i.e. sexual health?

Are you aware of anything similar in Bradford? No

Have heard of PHSE teacher training days but not how to access them!

Concerns emerged re pupils vandalising/ setting fire to schools – need some more intervention on this

People valued police liaison officers being linked to schools

This scheme would be a priority for Bradford

Miss Dorothy. Com focuses on key stage 2 and could also address this need if work in partnership.

TIPS has worked in Manchester – there was a gradual implementation build up over a period of time over 3 years.

Barriers would include the administration of the database and update of it – how would this be funded?

Group Two

The intervention provides a streamlined approach to inter agency working and interventions (more cost effective)

Across all age ranges

Sharing data to inform development of interventions

Can it help identify gaps in provision?

Helps identify where interventions are not being used.

Discussions from Data Collection Workshops

Session 1

Participants: Karen Bentley Paediatric Liaison Nurse
Dee Kyle Consultant Paediatrician
Sue Snoddy Road Safety Officer

Considering availability and limitations of current data sources:

Road Casualty Statistics

Police Stats 19 form completed at scene of accident involving motor vehicle where reported to police. Centrally collated and analysed in Leeds. Would not include incidents where casualty attends direct to A&E and no police involvement. ? Data quality – Killed/seriously injured have to be reported. Definition of “serious” – severity rating not sensitive so covers range of injuries within this. Potential missing data group – unlicensed, untaxed vehicles where no police reporting. Casualty data not of direct value in monitoring educational interventions, though useful for those which are engineering based.

Accident and Emergency data

Classification of injury is based on information given to clerk at initial presentation – coding issues regarding the accuracy of this. A&E records focus on diagnosis, treatment and patient throughput so contain little circumstantial data of relevance to prevention e.g. location, activity etc. Whilst there is potential for improvement, this needs to be balanced against the priorities within a busy A&E department. Demands from a variety of projects can restrict time available to enhance accident data collection. Computer systems may be out-dated and their design may restrict access to injury data. Bradford Royal Infirmary participated in HASS/LASS (Home and Leisure Accident Surveillance System – initiated by DTI, ceased data collection 2002) and at that time staff were reluctant to make further contribution to collection of injury data.

Are local data essential?

Can make a better case for better work.

Allow work programmes to be more focused.

Alternative sources of data – what could be used instead of injury outcomes?

Needs identification by members of community.

Improved health outcomes in other areas e.g. increased physical activity – could be monitored via school travel plans?

Data sources are out there but need to be identified and linked up.

Wish list:

- Improvements to A&E data collection systems – data coding at presentation to make data extraction easier.
- Up-to-date mapping of data sources nationally and locally.
- Closer liaison and linkage between data sources.

Session 2

Participants:	Mark Gladwin	Play team/early years
	Steve Thornton	Principal Traffic Engineer
	Dave Towers	Work Safe
	Christine Webb	Health Visitor
	Terry Wood	A&E Matron, Bradford Royal Infirmary
	Alison Wright	Health Visiting Team
	+ lady from	?Albion Community Resource Centre

Considering availability and limitations of current data sources

Accident and Emergency data

Includes demographic data, clinical coding is limited, includes codes for investigations/treatments and disposal. Data is collated primarily for clinical management and funding. Data runs can be produced on request.

Health visiting

Accident statistics based on those collated in A&E are provided annually by caseload (GP specific). Used internally. HV had experience of contacting A&E direct for RTA injuries within her caseload.

Community Centre

Referrals made by HVs or school nurses. Workers can go out into families to collect additional qualitative data – this is not currently collated.

Workplace safety

Obtain data from national statistics - HSE, RIDDOR etc. via internet. Need to evaluate own practice to justify funding. Data sources tend to focus on more severe end of injury scale – fatalities and serious injury.

Play/early years

Internal data kept – small numbers of recordable accidents. Interested in obtaining geographically-based data re: play injuries. Also have data regarding parental perceptions about play needs.

Road Casualties

Police Stats 19 and other data. Bradford District Road Casualties 2006 – report. Methods of data collection differ for road casualties and health – makes comparison difficult. Road casualty data can be produced on request, may be some cases of under-reporting. The broad definition of “severe” injury is an identified weakness in the system.

Alternative sources of data – what could be used instead of injury outcomes?

Process/impact measures not adequate to convince management to commission services.

Similarly in evaluation of programmes, the focus remains on injury outcomes.

Wish list:

- Resources for data collection and analysis – staff as well as money. Need accurate, meaningful, consistent data.
- Beware that collection of data doesn't take over what you're trying to achieve – data collection can become more important than the programme itself.

The 2 points fed back at the plenary session were:

1. Improvements to data collection systems – clearer coding, accuracy and staff resources for collation and analysis.
2. Closer liaison and linkage between data sources – up-to-date mapping of data sources locally and nationally.

Road Safety

1. What need does this address?

- Less risk of injury to children
- Prevention of injury
- Educating families
- Financial support
- Creating awareness
- Parental responsibilities

2. What are the barriers?

- Priority for council
- Doesn't have as much of a priority within NHS/ healthcare services- this may improve in the future
- Isn't much of a priority within the police

3. How could it be achieved?

- Linked to fire service
- Overcrowded cars
- Emergency services could educate
- BRAKE training
- Parenting training for young adults
- Parents to set the correct example
- Provide education through faith centre i.e. mosque, church and places where young people socialise
- Driving instructors could educate
- National publicity

Reader 1 Aaron

Sometimes accidents happen when we are having a good time.....

I was going down a steep road on my bike and I pressed on the front brakes by accident because I wanted to slow down a bit. I flew over the handlebars and hit my face on the ground. I was on the pavement. I left my bike and walked home. My uncle went back and found my teeth. So then I went to BRI. I was 8. I'm not allowed to go so far on my bike any more.

Reader 2 Kayleigh

Once my brother and me, my mum and my dad went to the park. I met my friend there with her mum and dad. She gave me a really high push on the swing. When I was at the top, really high, I fell off and grazed my leg. And my leg was all bleeding. I had to go to the hospital to get stitches.

Reader 3 Saffah

Some times accidents happen as part of our everyday life.....

When I was one and a half my mum went up the stairs to put my blanket away. I followed her up and closed the glass door behind me. Then my foot got stuck in my dress so I slipped back and got a massive crack on my head. I then went to the A and E department and they put me asleep and stitched my head with 17 stitches.

My mum put the straighteners on and it was really hot. I didn't know and put my hand down on the straighteners and then my finger was really hot and it was hurting. My mum put toothpaste on my finger so it calmed down.

Reader 4 Kyle

I was on the field at the back of my house, I was running because my mum rung me for my tea, but on the way a nail came into my foot. My house was near. When I got home my mum bathed it, but it started going yellow, so my mum took me to the hospital and I got crutches.

Reader 5 Ashleigh

Accidents can happen at home.....

Once my baby brother was sitting on the unit next to the kettle and he burned his leg, so my mum took off his trousers and put toothpaste on 4 times that evening.

When I was small, about 2 years old, my cousin bashed the door and my finger was in the way and my finger broke off. I had to go to the hospital. They did stitches.

My baby brother fell off the sofa and bashed his head on the floor and it cracked open. He had to go to the hospital.

Reader 6 Bradley

Sometimes accidents happen away from home.....

One day I was at my mum's work and we were playing Bull Dogs Charge and Jake and Joe shouted 'Elle' so I ran over to them and they pushed me over to the other side and I ran again and banged my head on the concrete. I had to stay in hospital from Thursday until Easter Sunday. I think this was an accident and nobody could have stopped this.

Leader

We asked Year 5 at Allerton Primary School to tell us about any accidents they might have had. We couldn't stop them talking because they had had so many!

We asked the 22 children in the class what had happened to them and made this graph of the results.

15 of the children had been to A&E
3 children needed stitches
10 had sprains
3 had fractures
3 were poisoned by medicines/household sprays
0 had been knocked down by a car BUT
10 had had accidents as a passenger in a car
12 had suffered burns
2 had overnight stays in hospital as a result of their injuries
19 had taken home a minimum of one Bumped Head letter during their 6 years at the school!

The children of Venus class at Allerton illustrated some of these accidents and made some posters to remind everyone about how to keep safe.

We also worked with Year 8 children from Beckfoot asking for their ideas about how to prevent accidents. All the children were given just an hour to get their ideas on to paper so this may not be the most polished work you have seen but accidents and potential accidents are obviously big concerns for the majority of young people and this work came straight from their hearts.

The work is displayed around the room for you to look at later.

Thankyou very much to the Allerton Primary and Beckfoot Secondary students who helped out with this.