IDENTIFYING BARRIERS AND FACILITATORS TO INJURY PREVENTION WORK WITH PARENTS: A QUALITATIVE INTERVIEW STUDY

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Background

- Unintentional injury major public health challenge in young children in the UK
- Introduction of Children Centres in most disadvantaged areas in England in 1999
- Remit included injury prevention
- Evidence that there is difficulty in implementing injury prevention strategies at a local level
Context of the study

- One of many studies within Keeping Children Safe multi-centre programme of research

- Focus on falls, poisoning and thermal injuries
  - in children under the age of 5 years
  - that occur within their own home or garden.

- Research Programme aims to:
  - build the evidence of what works to prevent unintentional injuries and
  - understand how to get evidence implemented into practice in Children Centres.
Objectives

- To explore Children Centre staff perceptions of:
  - Barriers and facilitators to implementing health promotion and injury prevention interventions
Methods

- Purposive sample
- Semi-structured, face to face interviews with Children Centre managers and staff
- Interviews audio-recorded and transcribed verbatim
- Qualitative data management package used (QSR Nvivo)
- Framework analysis undertaken
32 interviews

- 4 Children’s Centres in each Research area
  - 16 Children’s Centres
- 2 staff from each Children Centre
  (manager and frontline worker)

Range of Centres

- Large/Small
- More/Less deprived
- Managed by different organisations
- Delivering/not delivering home safety equipment scheme
Results

- Developing the framework
- 8/32 interviews
  - 4 Children’s Centres (1 in each research area)
  - Manager and frontline worker in each
  - Managed by different organisations
  - Delivering/not delivering home safety equipment scheme
Initial Analytic Framework

- **Topic guide (extract)**
  - Involvement in health promotion programmes
    - Examples of those that were successful
    - What made them successful
    - Examples of those that weren’t as successful
    - What contributed to their lack of success

- **Framework topics to answer the question what are the:**
  - Facilitators
  - Barriers to implementing health promotion and injury prevention activities
Features of successful programmes

Focus on children to engage parents

Crèche facilities

Led/supported by people the parents trust

Practical and interactive

In a place where people feel comfortable
Features of unsuccessful programmes

- Focus on parents before they are ready
- Traditional teaching styles
- No childcare so parents can’t engage
- Led by ‘outsiders’ without relationship with parents
Barriers to child injury prevention activity

- Working with transient populations
- Lack of awareness of accidental injury as a problem
- Lack of knowledge of policies, local initiatives
- Lack of injury data to provide evidence that it is a problem
Different styles of service delivery

Staff trained by specialist services to deliver health messages themselves. Integrate them into routine activities rather than programmes of work (LA Children and Young People’s Services)

Get the experts in – we’re not health – we don’t have the expertise (LA Education)

Multi-disciplinary team that use a particular psychodynamic theory to allow practitioners from different backgrounds have a unified approach to deliver programmes of work (Integrated Health Service Led)

Joint delivery of programmes, with outside worker and Centre staff (LA Education)
Early analysis shows:

- Clear patterning of features of successful/unsuccessful ways of working with parents
- Emerging information on the diversity of knowledge/policies/wider strategic working around injury prevention
- Emerging insights into a wide variety of ways of delivering health promotion programmes
Acknowledgments

- Interviewers
  - Paula Sealey – Nottingham
  - Toity Deave and Trudy Goodenough – Bristol
  - Adrian Hawkins – Newcastle
  - Lisa Mc Daid - Norwich

- This study was funded by the National Institute for Health Research (NIHR) under its Programme Grants for Applied Research funding scheme (RP-PG-0407-10231). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.
Any questions?

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