



keeping children
SAFE AT HOME

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

Jane Stewart, Senior Research Fellow
NHS Nottinghamshire County PCT

J. Stewart, T Deave, T Goodenough, E Towner, D Kendrick, E Pitchforth,
P Sealey, on behalf of the Keeping Children Safe Research Programme
team. (Session 14 Friday 24th Sept 2010 Churchill Auditorium)

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 → □ Facilitators
 - What made them successful →
 - Examples of those that weren't as successful → □ Barriers
 - What contributed to their lack of success →
- to implementing health promotion and injury prevention activities

Features of successful programmes

**Focus on
children to
engage
parents**

**Practical
and
interactive**

**Crèche
facilities**

**In a place
where people
feel
comfortable**

**Led/supported
by people the
parents trust**

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)

**Joint delivery of
programmes, with
outside worker and
Centre staff**
(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)

Summary



- 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

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Any questions?

Contact: jane.stewart@nottspct.nhs.uk

Mobile phone 07919 691180