

CHILD ACCIDENT PREVENTION ACTIVITIES IN BRADFORD

**A report on a project commissioned by
Bradford Safeguarding Children Board**

Gail Errington and Michael Hayes

Child Accident Prevention Trust

February 2008

ACKNOWLEDGMENT

We are indebted to the cooperation and enthusiasm of the many people we contacted in carrying out this project. It is obvious to us that there is considerable support for child accident prevention across the city of Bradford and a willingness to work in partnership.

While it would be inappropriate to single out some of the people who helped us with this project but not others, we would be negligent if we did not mention and acknowledge the assistance and support that Davina Hartley provided.

Gail Errington
Michael Hayes

Child Accident Prevention Trust
22-26 Farringdon Lane
London EC1R 3AJ

CHILD ACCIDENT PREVENTION ACTIVITIES IN BRADFORD

EXECUTIVE SUMMARY

Based on the survey work conducted with key stakeholders in child accident prevention across the Bradford district, information collected at the stakeholder event in November 2007 and interviews with a sample of individuals fulfilling the role of accident prevention co-ordinator elsewhere, the following recommendations are made.

- The findings of this work be used to inform the development of the child accident prevention strategy for Bradford. The strategy seeks to develop a programme of work for the next three years, accompanied by costings for the post of accident prevention co-ordinator and infrastructure to support delivery of the action plan.
- Potential sources of funding for the above be identified and applications made as appropriate.
- Key stakeholders “sign up” to providing commitment to the strategy at senior management level.
- A high profile, collaborative event be held (perhaps to coincide with the launch of the strategy) at which partners can re-affirm their commitment to child accident prevention and provide a focus for community awareness.
- The Bradford Safeguarding Children Board (BSCB) should maintain a database of current projects/activities so as to facilitate and co-ordinate partnership working.
- The strategy supports the work of the practitioner group as a key mechanism for delivery of the action plan.
- A working group should be established to identify existing sources of local data and to make recommendation as to how efforts to enhance these should be focused. In the absence of such data, it is vital that continued efforts be made to encourage partnership working and maintain momentum in this area.
- An audit of current health promotion resources should be conducted with a view to establishing best practice and consistency in messages delivered across the district.
- Consideration should be given to provision of training aimed at raising general awareness in injury prevention, and also to cross-discipline training, sharing the expertise of local agencies.
- Consideration should be given to the ways in which information on sources of funding might be shared and the process of bidding for funds could be made less onerous for individuals/organisations.
- There would be benefits in establishing links with accident prevention co-ordinators outside the district as a source of peer support for the post-holder.

1. BACKGROUND

Unintentional injuries to children

- are a leading cause of death after the first birthday
- are a major cause of hospital attendance and admission resulting in heavy consumption of NHS resources – every year, one child in four or five attends hospital following an accident
- can impact on children’s education and psychological well-being
- lead to a financial burden on the family as a result of having to adapt the home if a child is disabled, travel to hospital while the child is an in-patient, loss of employment while caring for the child
- and can result in family breakdown in the most serious cases

The burden of injury is not evenly spread. Research has shown that children from the poorest families are significantly more likely to be killed in accidents than their more affluent counterparts, and to suffer more serious non-fatal injuries. Children from black and minority ethnic families suffer higher rates of road accidents than those from the majority culture; while deprivation may be one of the causes of this, it is by no means the only one with family structures, language, local environments and other causes playing a part.

In 2004, Child Accident Prevention Trust undertook a study commissioned by the then Bradford City Teaching Primary Care Trust. The study¹ recommended that the public sector should

1. commit to the joint partnership efforts required to develop an effective strategy, embracing a wide range of services, including transport, health, education and social services
2. develop a child safety strategy with clear achievable outcomes, embracing a wide range of risks in and outside the home
3. appoint a multi-agency child safety co-ordinator to support the development of the strategy, and to develop and maintain operational linkages between projects and stakeholders in child safety. This is in addition to the requirement for co-ordination within health, road safety and other services
4. select a small number of existing projects on which Bradford should focus its initial energies.
5. develop regular and reliable statistical reporting of attendances at Accident and Emergency, and new Minor Treatment units.

This 2007/8 project, of which this is the report, builds on the 2004 study, in particular by contributing towards fulfilling recommendation 2 by providing information for the local partners, working with the children’s accident prevention coordinator, to use to

¹ Johnson R, Hayes M (2004). Coming of age: Winning recognition and shared strategic commitment to reduce children’s accidents in Bradford. London: Child Accident Prevention Trust. (unpublished)

develop an integrated, sustainable local strategy. The outputs of this project are a map of what child accident prevention activities are currently happening or have recently been completed in Bradford. The map includes a listing of local programmes and an analysis of any training needed to enhance local activity.

The project also examined the effects of having a dedicated accident prevention coordinator post by reviewing the impact of such posts elsewhere in the UK through telephone interviews.

2. METHODS

There were three elements to the project, plus the preparation of this project report.

a) Interviews with local accident prevention project leads

Telephone interviews using a standardised protocol were carried out with 22 key informants. As can be seen from the results section below, the interviews covered a range of projects of different types (e.g. focussing on home safety, road safety, leisure safety), using different approaches (e.g. raising public or professional awareness, providing safety equipment, etc), targeting different groups (parents and carers, children of different ages, etc), run by different lead organisations (statutory, voluntary, childcare orgns, etc), and covering large and small projects. The interviews with the project leads covered a range of topics including:

- Aim of the project
- Target audiences
- Scale of project (e.g. in cost terms, size of target audience, coverage in geographic terms)
- Who decided on the project – senior manager, field-worker, community group, etc
- Justification for project – data driven, policy driven, interests of the individual, etc
- Occupation of project lead, any specialist accident prevention or other training they may have received or would like to enhance their skills in this subject area
- Any policy links, local and/or national
- Details of project (delivery mechanism, etc)
- Any outputs
- Evaluation and any impact
- Barriers faced
- Sources of advice and support
- Contact details of other people working on projects in same area, topic field, professional area, etc. This enabled snowballing to take place to expand the list of projects surveyed.

The survey did not cover everything that is taking place in Bradford as this was beyond the financial feasibility of this project. Instead we sought to illustrate the range of activities by covering all relevant sectors and types of interventions (education, provision of equipment, different settings, different target audiences, etc),

what can be achieved and what could probably be enhanced by appropriate leadership and strategic framework.

b) Stakeholder meeting

The project team, Gail Errington and Mike Hayes, attended the stakeholder meeting staged by the Local Safeguarding Children Board on 21 November 2007. Mike Hayes gave a presentation at the event and with Gail Errington ran a workshop looking at issues associated with the collection, use, availability and importance of data. The event was used as an opportunity to highlight the mapping project and identify and make contact with key informants so that interviews could be undertaken subsequently.

c) Cases studies on projects outside Bradford

To illustrate the impact of having a local accident prevention coordinator, a short series of structured telephone interviews were undertaken with such people from other parts of England. Using CAPT's contacts, four such coordinators were identified and interviewed. The results of these interviews are set out below. The interviews covered the role of the coordinators, the ways in which their role is or is not essential to the success of local projects, the problems they face in their posts, and the advice they would give to others on the sustainability and remit of such posts. They were also asked to provide information on local projects in which their existence has been key to their success.

3. INTERVIEWS WITH LOCAL ACCIDENT PREVENTION LEADS

Short telephone interviews based around a standardised protocol (see Appendix A) were carried out with 25 key informants. The sample illustrated the range of activities covering all relevant sectors and types of intervention. The respondent profile is summarised below.

Agencies/programmes represented:

- Bradford Community and Voluntary Services
- Bradford Safeguarding Children Board (BSCB)
- Children and Young People's Partnership – Bradford Vision
- Children's Centre
- Education Bradford
- Home Safety Equipment Scheme – Family Welfare Association
- IMPS (Injury Minimisation Programme for Schools)
- Keighley Worksafe Project – Safety workshops and workplace safety
- NRSI (Neighbourhood Road Safety Initiative)
- NHS Trust
- Primary Care Trusts
- SAFE project (Safe Areas for Everyone)
- Traffic Engineers/Road Safety – Bradford Metropolitan District Council

West Yorkshire Fire and Rescue Service
West Yorkshire Police
Yorkshire Ambulance Service

Respondents represented both the strategic and practitioner perspectives, with the majority being practitioners. This resulted largely from the snowball sampling process used. The approaches to accident prevention employed by the respondent group covered awareness raising, education and skills training, environmental change and enforcement activities. The sample represented accident prevention work within the following settings: road; home; leisure; school/workplace.

Comments from each respondent have been grouped so as to represent the agency/programme concerned. A profile of each is available at Appendix B.

4. DISCUSSION OF FINDINGS FROM INTERVIEWS WITH LOCAL ACCIDENT PREVENTION LEADS

a) Who do the current interventions/services target?

The services/programmes represented by the survey cover the age group 0-18 years, however, within this, services are not evenly distributed. There is a lack of interventions targeted at injuries within the leisure and school/workplace settings. In respect of specific target age groups, those children receiving most attention fall within the 10-14 year age group. This may reflect the increase in independent activity at this age, with the resultant rise in play/leisure and road casualties. Since the demise of the home safety equipment scheme and the NRSI, level of activity for the under 5's has reduced.

b) How are the services distributed geographically?

Of the 16 organisations/programmes represented, 13 reported that they operated Bradford-wide (78.6%). However, amongst this group, 3 organisations have identified/are in the process of identifying priority areas based on higher levels of social deprivation. Two of the programmes operated within limited geographical boundaries defined by higher indices of social deprivation (NRSI and the Home Safety Equipment Scheme). One of the schemes (the SAFE project) has focused primarily on the needs of Asian communities and is currently operating in Manningham and Heaton.

The particular geography and cultural mix within Bradford district can present challenges. Travelling time from the centre to the more outlying rural areas can be considerable and may identify a need for outreach services. The population comprises both lingual and cultural diversities. Active attempts are being made to address some of the harder-to-engage groups, for example the Fire and Rescue Service have recently employed community fire safety officers from local ethnic communities to overcome the language barriers.

c) What is the history behind the current services?

Five of the organisations (35.7%) reported a statutory responsibility for children's safety (Road safety/Traffic engineers, PCT, Fire, Police, Safeguarding Children Board - BSCB). Two projects arose from successful bids for external funding and are based on national initiatives – IMPS and NRSI. Two schemes were developed in response to a locally identified need – SAFE project and Home Safety Equipment Scheme.

d) What is the level of partnership working?

The interviews demonstrated a high level of partnership working across the district. This varies between organisations, but everyone who participated could easily identify several key partner agencies. Those most widely cited as participating in partnership work were schools, PCT, police, fire, road safety, Education Bradford and Social Services. The agencies which appear to have the most extensive multiagency networks were the fire service (who employ a partnership officer to ensure that there is no duplication of work), road safety, NRSI, BSCB, SAFE project and Keighley Worksafe Project who co-ordinate the interactive safety workshops for schoolchildren on an annual basis.

Innovative partnership working included the Fire Service training Police Community Support Officers to conduct home fire safety checks when they do a home visit to advise on crime prevention.

e) What are the key policy links?

One of the major barriers to effectiveness identified was the lack of importance given to accident prevention at a national level. In the absence of clear Government backing and specific targets it was considered difficult to give the topic a high profile locally, particularly when there are so many competing priorities within the public health agenda. This in turn was considered to reduce commitment at the strategic level, thereby limiting opportunities to obtain funding and resources to support accident prevention activities. It was observed that whilst the National Task Force on Accident Prevention identified priorities for local action some years ago, this may not have influenced some local agendas. Respondents were asked which were the key policies used to inform their work. Aside from policies relating to their particular field, eight of the organisations identified Every Child Matters as being a key national document. Locally the picture largely reflected the policies of their key partners – examples include Children and Young People's Strategic Plan, Local Area Agreement and Safer Communities. Accidents do not always feature within these documents in their own right, however some agencies, for example road safety have found a common interest through wider approaches such as sustainable communities.

f) How are the current activities funded?

Sources of funding varied between the organisations represented. Those with a statutory responsibility for safety generally received core funding from their main funding body (e.g. fire service, PCT, road safety). Several projects (IMPS, Home Safety Scheme, SAFE, BSCB) rely on external funding sources which are short-term in nature and necessitate considerable investment of staff time in order to develop and submit bids/applications. Short-term funding also limits opportunities for mid-long term strategic planning of services and can engender the feeling that funders are not fully committed to service provision. Changes within funding bodies (for example the merger of the PCTs, loss of Surestart budgets) can lead to uncertainty regarding future funding and in one case appears to have contributed to the loss of a project (Home Safety Equipment Scheme). Where high profile work has been supported by external funds e.g. NRSI, the loss of these and subsequent effect on the project can leave a sense of unmet expectation amongst the target group and project staff. On a very practical level, a lack of funds has resulted in limited choice of educational material (PCT), restricted budgets for education, training and publicity (traffic engineers/road safety) and reduced transport capacity (loss of police minibus).

g) How are current projects staffed?

Staffing for local activities is in most cases linked directly to availability of funds. Several respondents identified a lack of staff capacity as one of the main barriers to effectiveness. In some cases this appears to result from vacancies not being filled when the previous post-holder leaves and may reflect a desire to conserve budgets within the organisations. A number of respondents are employed on a part-time basis or have child injury as one element of a much wider remit. Participation in awareness raising events by the Ambulance Service is dependent upon off-duty staff offering to attend on a voluntary basis. Changes in practice also impact on activity e.g. primary care teams no longer conduct routine home visits at the 7-9 month child development check, instead families are invited to a clinic appointment. This reduces opportunity for face-to-face safety advice and observation in the home setting. For those staff that rely on external funding sources, considerable time and effort can be expended in seeking funds to support salary costs and continue the service.

h) What approaches are taken to accident prevention?

Of those interviewed, 21/25 people (84%) were engaged in educational activities. Eight respondents (32%) adopted an approach of environmental change - illustrated on both large scale (e.g. traffic calming measures) and small scale (provision of home safety equipment). Two of the agencies (represented by three interviews) were involved in enforcement/legislative activities – namely police and fire service.

Several of the educational approaches used described “one-off” visits/experiences for the target group. The effectiveness of these may be improved if they were to become integrated into a co-ordinated programme of work.

i) How do we know if it's working?

The extent to which agencies evaluated their safety work varied enormously. In the statutory sector fairly rigorous processes are in place to ensure value-for-money. Where external funds have been secured, the requirements depend on the requests of the funding body. Process and impact measures are most commonly assessed - so, for example, schemes might consider the number of people receiving the intervention and take their initial feedback and views on the experience. Some schemes assess longer term knowledge retention, for example the IMPS programme. With regard to injury outcomes, traffic engineers/road safety have historically used casualty statistics (severity-graded as killed/serious injury/slight injury) to monitor safety measures and prevention work. The Fire Service collects data relating to fire-related deaths and injuries across the district. The BSCB plan to use hospital admissions as baseline data and as a potential monitoring tool. The main issues surrounding the collection of meaningful local injury data are outlined below.

j) What can local data give us?

The BSCB has sought to identify baseline data in order to inform the development of the child accident prevention strategy. Downloads of hospital admission data can be obtained from either the PCT or from the hospital healthcare information manager but may be of limited value in respect of providing circumstantial information. Accident and Emergency (A&E) attendance data is less complete with no specific coding for injury so that extraction of relevant cases is very time consuming. There are two main hospital sites for paediatric injury attendance/admission with a paediatric liaison nurse recently appointed to both. As the data collection systems differ between the sites, comparison of cases electronically is not feasible. Work is currently underway which will ensure that from mid-January 2008, the paediatric liaison nurse gains an oversight of all case notes for paediatric A&E attendances (this will include medically-related as well as injury cases). This may speed up the process of communication with locality-based primary care teams who have voiced frustration at delays in receiving details of attendances, making follow-up work with the family less timely. The paediatric liaison nurse is currently completing a review of practice, identifying gaps and development needs. It would be hoped that this may raise the profile of present shortcomings, though solutions are likely to be long-term and costly.

Alternative data sources exist and could be made more accessible to the BSCB in its co-ordinating role – for example, road casualty statistics, fire service (FDR1), police (Stats 19). Whilst the above do not represent comprehensive coverage for child accidents in Bradford, they may go some way to meeting the expressed need for local data. Whilst it is important to acknowledge the role of timely and accurate data for the purposes of monitoring interventions, it is equally important not to allow the absence of such data to impede progress in collaborative working. The development of more sophisticated data collection systems is beyond the present scope and timeframe of the BSCB Co-ordinator post. Should this be a priority, provision should be made to incorporate plans within the strategy.

k) How well co-ordinated are local activities?

The high level of child accident prevention activity taking place across Bradford district makes co-ordination essential in order to ensure consistency in the messages delivered, and to avoid duplication of effort on the part of the agencies involved. Several of the respondents (representing PCT, road safety/traffic engineering and fire service) indicated a desire for better communication and more “joined-up” working. There appears to be a genuine openness to partnership working which should make information sharing across disciplines a real option. The BSCB is ideally situated to co-ordinate activities and act as a source of current information for local stakeholders. To assist in providing an overview, a database of contacts developed as part of this mapping project will be made available to the children’s accident prevention co-ordinator. Continued maintenance of this could prove a valuable resource to professionals and parents. The multiagency practitioner group has recently reformed following a ten year absence, and with the support of the BSCB, it is hoped that this will facilitate communication between agencies and increase momentum in the programme of work. Several of the agencies are working in schools, but at present no one organisation has an overview of this. Models for co-ordinating school-based safety initiatives are in existence and could be adapted to the Bradford situation thereby making planning easier for schools.

l) Who/what has been helpful in developing the work?

Respondents were positive and fulsome in their praise for partner agencies, often naming specific individuals who had been particularly supportive. In addition, links with schools and communities were seen as valuable.

m) What about training?

Respondents were asked specifically about their previous experience of injury prevention training. In the main any safety training received had formed part of their general career training e.g. nursing, fire service etc. As a group, the respondents were highly motivated with a particular interest in injury prevention - a result of the sampling technique used.

Few specific training needs were identified. There may be value in offering general injury prevention training with a practical emphasis. If offered to a cross-disciplinary audience this could also provide an opportunity to “showcase” local work and encourage networking. The participating agencies have much experience in child safety which could be pooled to offer “in-house” cross-partnership training on specific issues e.g. road safety advising primary care teams of current thinking/best practice and identifying resources for use in work with families.

n) What opportunities exist to build on current activities?

The development of the child accident prevention strategy for Bradford is particularly timely, coming as it does during a period of change and development within a

number of key stakeholder organisations. The four PCTs have recently merged into one Trust, police force areas are also planned to merge by March 2008 and the fire and rescue service are developing a Fire Safety Centre. In addition, new arrangements for Bradford Vision, the local strategic partnership, come into place in March 2008.

The strategy must take into account the above and may prove a useful vehicle to raise the profile of childhood injury and improve commitment at a strategic level within each organisation. The reformation of the practitioner accident prevention group, with the support of the BSCB could offer a means to progress work at grass-roots level and a mechanism by which to implement the action plan.

5. CASE STUDIES FROM OUTSIDE BRADFORD

To illustrate the impact of having a local accident prevention coordinator, a short series of structured telephone interviews were undertaken with post-holders from other parts of England. Using CAPT's contacts, four coordinators were identified and interviewed. The interviews (summarised in Appendix C) covered the role of the coordinators, the ways in which their role is or is not essential to the success of local projects, the problems they face in their posts, and the advice they would give to others on the sustainability and remit of such posts. They were also asked to provide information on local projects in which their existence has been key to their success.

a) Location of the coordinators

All four people interviewed were located with the health sector. In professional terms, three were health promotion specialists and one a health visitor. It is likely that the fact that everyone interviewed was in this sector was for historical reasons as this is from where this subject has been led in the past. The four posts were well-established.

One reported that she had developing links with the safeguarding boards in her area (her geographical responsibilities extended across four PCTs and local authorities). The local sub-groups of the main alliance had recently started to report to the safeguarding boards.

b) Roles and remits

All of the posts had strong coordination and facilitation remits rather than any management responsibilities for local activities, except where the post-holder held a budget for local actions.

Only one of the four posts was a full-time position, the others ranging from two to four days a week. The remits of all the posts extended beyond children, with injury prevention, especially falls prevention, among older people being cited by three people. However, the respondents did note that they lacked the time to do their jobs adequately raising an argument for full-time posts if they are to cover all age groups.

The tasks and responsibilities of the four coordinators interviewed were similar. They were largely coordination roles, rather than implementation functions, with key responsibilities including local strategy development and coordinating the activities of local stakeholders, usually local authority, health sector and emergency services personnel, sometimes through the local formal accident prevention group which they serviced. The other common task was the provision of training to local practitioners.

The considerable experience of at least two of those interviewed also meant that they acted as centres of knowledge, drawing both on the evidence base in terms of what works in accident prevention and information about who does what locally, regionally and nationally.

Some of those interviewed held a budget for local activities but only in one case was this substantial – the role of this person included providing home safety equipment schemes for several Sure Start Children’s Centres on a contractual basis.

The coordinators had some roles relating to local projects, including their administration, initiation, especially of pilot work, establishing demonstration projects that would become sustainable, and evaluation.

c) Problems faced by the coordinators

Not surprisingly, two key points arose: a lack of time, and the problem of activating others who had competing agendas and for whom accident prevention may not have been a major issue. The lack of time was overcome through prioritising what could be achieved, while the competing agendas were handled through persistence.

The lack of data was mentioned, although this was not a major obstruction to their work possibly because they had either convinced their managers that local data was simply not available nor essential, or they had developed their own local data collection systems.

Although project funding was in short supply, pooling funds from different agencies was one tactic used to overcome the problem. Financial support for the coordinators’ posts was not an issue as three were in well-established posts. The arguments used to sustain the posts included a demonstrable reduction in A&E attendances and associated cost savings for the PCT as a result of the local work, and the need to address the inequalities agenda.

d) Changes to coordinators’ remits

We asked the coordinators what they would change about their jobs or what they would advise others to pursue. Apart from the need to make more time available, there was little that the post-holders felt the need to change. They did not advise on a tight focus on a single age group (e.g. children) and indeed two noted benefits from an all ages model.

e) Case studies

The interviewees were asked to highlight activities that illustrated the value of the posts. The responses fell into two groups: structural measures and prevention projects.

The structural measures mentioned were

- the establishment and on-going effective operation of local accident prevention groups. Closely linked with this is the maintenance of local partnership working.
- the development of local strategies.

The successful operation of local home safety equipment schemes were described by three respondents as illustrative of the value of their posts. In one of the locations, there had been a comprehensive evaluation of the impact of such a scheme, revealing a reduction in A&E attendances and the cost savings mentioned above.

6. RECOMMENDATIONS

Based on the survey work conducted with key stakeholders in child accident prevention across the Bradford district, information collected at the stakeholder event in November 2007 and interviews with a sample of individuals fulfilling the role of accident prevention co-ordinator elsewhere, the following recommendations are made.

- The findings of this work be used to inform the development of the child accident prevention strategy for Bradford. The strategy seeks to develop a programme of work for the next three years, accompanied by costings for the post of accident prevention co-ordinator and infrastructure to support delivery of the action plan.
- Potential sources of funding for the above be identified and applications made as appropriate.
- Key stakeholders “sign up” to providing commitment to the strategy at senior management level.
- A high profile, collaborative event be held (perhaps to coincide with the launch of the strategy) at which partners can re-affirm their commitment to child accident prevention and provide a focus for community awareness.
- The Bradford Safeguarding Children Board (BSCB) should maintain a database of current projects/activities so as to facilitate and co-ordinate partnership working.
- The strategy supports the work of the practitioner group as a key mechanism for delivery of the action plan.
- A working group should be established to identify existing sources of local data and to make recommendation as to how efforts to enhance these should be focused. In the absence of such data, it is vital that continued efforts be made to encourage partnership working and maintain momentum in this area.

- An audit of current health promotion resources should be conducted with a view to establishing best practice and consistency in messages delivered across the district.
- Consideration should be given to provision of training aimed at raising general awareness in injury prevention, and also to cross-discipline training, sharing the expertise of local agencies.
- Consideration should be given to the ways in which information on sources of funding might be shared and the process of bidding for funds could be made less onerous for individuals/organisations.
- There would be benefits in establishing links with accident prevention co-ordinators outside the district as a source of peer support for the post-holder.

APPENDIX A – TELEPHONE INTERVIEW SCHEDULE

Interview number _____

Bradford Safeguarding Children Board
Mapping Child Accident Prevention Activities

Telephone interview schedule

Interviewee name

Organisation

Professional capacity/position

Interview date Duration

I/viewer comments

Introduction *Personal introduction to interviewer.*

Rationale *Gathering information about accident prevention activities across Bradford to find out what is happening and aid future planning.*

Consent *Request consent to be interviewed – can withdraw at any time. Final report will not attribute responses to specific individuals, but will refer to project types, settings etc.*

Request consent for audio recording of interview.

We appreciate you giving your time, should take no more than 20 minutes.

SECTION A PROJECT INFORMATION

A1. Title and Aim of project/brief description of work.

Title

Aim

A2. How long have you been involved with the project?

Can you tell me how the project is staffed?

A3. Who (which organisation/individual) takes the project lead?

A4. Is there anyone else involved in delivery/development or as a partner agency?

A5. Who are the target group?

Age

Setting

Injury type

A6. Can you give me some idea of the scale of the project – geographical area covered (any restrictions?)/cost/size of target group?

A7. How did the project come about?
(need identified/ individual interest/ data-led/ policy driven)

A8. Is this part of a wider programme of work or is it a stand-alone project?

A9. How did you become involved?

A10. How is the project funded?

Funding body

Costs

Duration of funding

Fixed term/renewable?

A11. Does the project have links to current policy?

If so, local/national? (specify)

Can you tell me about the project in a little more detail?

A12. Planning and development stages - who was involved?
target group involvement?

A13. Content of project/work

- A14. How is it implemented/delivered? How do you reach target group?
- A15. Current position re: project timescale
- A16. What sort of feedback have you had so far?
- A17. Are you monitoring progress? If so, how?
- A18. Any evaluation – If so, who is this made available to?
May we have a copy?
- A19. Have there been any specific project outputs?
(e.g. resources, reports, guidelines, tools) - if so, may we have copy?

SECTION B EXPERIENCE OF PROJECT

- B20. Are there any barriers/particular challenges which you've encountered whilst working on the project?
(if yes) how did you deal with these?
- B21. Have you found any sources of advice/support whilst you've been involved with the work? (organisations/individuals)
What in particular was helpful?
- B22. Is there anything that would have been of help to you or would help now?
- B23. In terms of the project – where do you go from here? What are the future plans?
(next 12 – 18 months)

SECTION C TRAINING/SKILLS DEVELOPMENT

- C24. Have you taken part in any training specific to your role within this project?
If yes – details - when, run by, content.
- C25. Had you any training in accident prevention prior to taking on this role?
If yes – details - when, run by, content.

C26. Do you feel that your current skills/knowledge equip you to fulfil your role?

If no – what would help? Where do you see additional needs?

C27. Is there anything else you'd like to say about any aspect of the work?

Finally...

SECTION D FURTHER CONTACTS

D28. We're trying to reach a representative cross-section of people involved in child accident prevention activities in Bradford.

Is there anyone else that you think we should talk to...anyone engaged in similar activity to yourself?

Name

Position

Organisation

Project overview

Contact details

Name

Position

Organisation

Project overview

Contact details

Thank you for your time. A report on the work we're doing will be available in February 2008. If anything else occurs to you – please get back in touch.

APPENDIX B – AGENCY RESPONSES

BRADFORD COMMUNITY AND VOLUNTARY SERVICES

One non-standard interview took place with one member of staff representing the practitioner perspective.

Background:

The service maintains a database of groups which work with children and young people in the district (Bradford-wide). They currently hold contact details for 350 groups. An electronic newsletter is sent to all groups registered every 2 weeks. A request was included for information from any group involved in child accident prevention activities and sent out in the November newsletter.

No responses were received.

BRADFORD SAFEGUARDING CHILDREN BOARD (BSCB)

Interviews took place with two members of staff representing both the strategic and practitioner perspectives.

Aim:

The overall aim is to reduce childhood accidents.

Target group and setting:

Children/young people 0-18 years of age. All settings and all injury types. Currently attempting to focus in on where action could have the maximum impact.

Scale:

Bradford-wide, although priority areas are identified within this.

Justification for work:

Every Child Matters – falls within the Staying Safe outcome. With a mandate to consider this, Bradford has been keen to do so and has established a co-ordinator post to progress this.

Funding:

Limited funding has been secured from health and neighbourhood renewal fund.

Key partners:

Health, social care, road safety, education, links are also developing with the fire service. Historically, activity in this area was led by health and now the Board are looking at how to build on this and develop other networks.

Policy links:

Every Child Matters, Children and Young People's Strategic Plan and links with the national health plan.

Details of activity:

Work in some areas e.g. road safety is well-established and has been very successful. A significant amount of work is going on involving different agencies – the role of the Board is to add value without duplicating this. Priority is to establish strategy and action plan so that the Board is well-placed to bid for additional funds. Co-ordinator recently appointed and looking to develop the strategy by the end of March 2008. Also involved in co-ordinating activities across the district and responding to specific requests from individuals/agencies. Local conference took place in November 2007 which provided opportunities to showcase activities and for agency representatives to network. Co-ordinator also has responsibility for identifying training needs and delivering appropriate programmes to meet these.

Staffing:

Co-ordinator appointed part-time (4 days/week) August 2007 – October 2008.

Evaluation:

Have some general information on childhood accidents but obtaining meaningful data has proven problematic. Outcome data will be captured via hospital admissions,

although the limitations of this are noted. Evaluation of this initial phase of work will be made available to the Children's Fund.

Barriers to effective working:

- Gathering data to assist in the development of the strategy – both baseline data and for monitoring purposes. Difficulties have been encountered in accessing this and the demand on co-ordinator time to do so exceeds that currently available.
- Injury prevention is not identified as a priority within key local strategic planning documents e.g. Local Authority Agreements and Children and Young People's Strategic Plan.
- Difficulties in obtaining commitment at strategic level from some key agencies
- Lack of funding for activities and infrastructure.
- Partnership working – difficulties in establishing links with some key agencies may limit opportunities for joint working.

Sources of advice/support:

- Some of the previous work done in Bradford has been helpful in moving things forward.
- Support from road safety – both operational and strategic – and fire service.

Opportunities:

- Goodwill and support shown by partner agencies. This has led to a high level of expectation that the Board will progress local activity.
- Mapping exercise undertaken by CAPT will help with the identification and prioritisation of tasks.
- Strategy and action plan to be delivered end of March 2008 – this will provide impetus for local work.

“Need to complete tasks we've set ourselves...have to capitalise on these – get on with it”

Training:

Any training received had been as part of previous roles. Specific needs identified were for skills in cascade training in order to “train the trainers”.

Contextual information/issues raised:

- Short term nature of current funding to support co-ordinator and activities.
- Opportunities exist to build links and network outside Bradford district which could lead to exchange of good practice.

CHILDREN AND YOUNG PEOPLE'S PARTNERSHIP – BRADFORD VISION

One interview took place with a member of staff representing the strategic perspective.

Aim:

The Children and Young People's Partnership is a working arm of Bradford Vision, the local strategic partnership. Children and Young People's Strategic Plan 2006-2009 identifies following priorities:

- To reduce accidents and road traffic collisions
- To reduce incidents of bullying

Scale:

Bradford-wide

Justification for work:

Within the remit of Every Child Matters and the Staying Safe outcome, the partnership actively engages in activities designed to reduce the risk and incidence of injury in childhood.

Funding:

Funded by Bradford Vision.

Key partners:

Extensive partnership working with e.g. NHS, Bradford MDC.

Policy links:

Every Child Matters, Road Safety Plan, Safer Communities, neighbourhood renewal, sustainable communities.

Details of activity:

Support and provision of funding for partnership working and initiatives.

Evaluation:

The problems associated with collecting data in order to establish baselines and monitor interventions is acknowledged. Current work alongside the Safeguarding Children Board is underway in an attempt to address this.

Barriers to effective working:

- Lack of meaningful, accessible injury data.

Opportunities:

- Children and Young People's Partnership keen to actively engage with injury prevention activities.
- Strategy in place until 2009 with annual review – will support forthcoming strategy developed by Safeguarding Children Board.

Contextual information/issues raised:

- New arrangements for the local strategic partnership will come into place at the end of March 2008. The impact of these on delivery of the strategy should be taken into account.

CHILDREN'S CENTRES

One member of staff was interviewed representing the practitioner perspective.

Aim:

Children's Centres are places where children under 5 years old and their families can receive seamless integrated services and information and access help from multi-disciplinary teams of professionals.

Target group and setting:

Under 5's, home and play settings.

Scale:

Available Bradford-wide, commissioned locally.

Justification for work:

Response to identified needs.

Funding:

Short-term funding from commissioners.

Key partners:

Partnership working – partners vary, community links.

Policy links:

Every Child Matters, National Standards for Health, Childcare Act 2006.

Details of activity:

Act as focus for children's services and provide sign-posting to other agencies. Provision of childcare and nursery services. Respond to locally identified needs. Can provide outreach for hard-to-reach groups.

Staffing:

Local centres staffed according to funding allocation.

Evaluation:

Work is evaluated by individuals and subject to regular review.

Barriers to effective working:

- Lack of continuous funding.
- Had involvement in provision of safety equipment but this caused problems with staffing and storage.

Sources of advice/support:

- Inter-agency links and links with community.

Opportunities:

- Would welcome opportunity to have access to database of child safety schemes for use by professionals and parents.

Training:

Covered by professional background. No specific needs identified.

Contextual information/issues raised:

- Service commissioned locally, therefore not universal.

EDUCATION BRADFORD – NATIONAL HEALTHY SCHOOLS TEAM

One member of staff was interviewed representing the practitioner perspective.

Aim:

In 2001 Bradford Council contracted Serco, under the name Education Bradford, to work in strategic partnership with schools and the council in the provision of school-focused educational services.

Target group and setting:

Bradford schools.

Scale:

Bradford-wide. With the Healthy Schools Audit, schools opt to participate.

Justification for work:

The National Healthy Schools Programme is a government initiative which aims to:

- Support children and young people in developing healthy behaviour
- To help raise pupil achievement
- To help reduce help inequalities
- To help promote social inclusion

Funding:

Bradford Council commissions the work of Education Bradford.

Key partners:

Schools, council.

Policy links:

The Healthy Schools Audit is a national initiative in which schools work toward the award by implementation of an action plan covering a number of key points.

Details of activity:

The award identifies four categories – PSHCE (which includes the School Travel Plan), Healthy Eating, Wellbeing and Physical Activity (including cycling proficiency training). The team assist and support schools in completion of the audit, offering resources as appropriate. No direct training on injury prevention is given. Schools liaise direct with outside agencies on initiatives such as the walking bus, IMPS and visits from the fire service and police. Participation by schools is voluntary with the uptake being better in primary schools than secondary, although the latter is improving. Approaches used include peer education – used with Year 12 pupils in drugs awareness.

Staffing:

The Healthy Schools Team comprises four consultants.

Opportunities:

- Schools currently make their own individual arrangements to work with external agencies. A more effective model may be to co-ordinate all such providers and offer these as a package of elements from which schools could select. This would afford the opportunity to monitor input and to develop links between both the participating schools and the providers.

Contextual information/issues raised:

- Education Bradford presents an interesting opportunity to work with a large contracted service provider in contrast with the more usual situation where educational services are a function of the local authority.

HOME SAFETY EQUIPMENT SCHEME – FAMILY WELFARE ASSOCIATION

Interviews took place with two members of staff representing both the strategic and practitioner perspectives.

Aim:

Provision and fitting of low-cost home safety equipment and supporting advice in areas of higher deprivation.

Target group and setting:

Under 5's, home injuries.

Scale:

Scheme operates within areas identified as having a priority need based on deprivation indices.

Justification for work:

Scheme has run in different guises over the last 14 years to meet identified need.

Funding:

Funding has been received from a variety of sources including some from Surestart (no longer provided since inception of Children's Centres) and the PCT. The service has accrued a deficit for the current year and it has been decided that PCT funding will cease as of March 2008. The scheme effectively ended when the one remaining project worker was made redundant at the end of December 2007.

Key partners:

Surestart, PCT, social workers and family support workers.

Details of activity:

Within identified areas the scheme accepts family referrals from Health Visitors and Social Services for provision and fitting of home safety equipment. The scheme worker conducts a home risk assessment and at a subsequent appointment will provide and fit safety equipment and offer supporting advice. Referrals to other agencies can be made as appropriate. Initially a voluntary contribution was requested in respect of the equipment, but this was replaced by a minimum cost of £10 for provision of up to £130 of equipment (3 safety gates, fireguard(s), cupboard and window locks.)

Staffing:

Scheme manager, co-ordinator (made redundant mid-2007), 3 project workers (final post ceased December 2007), 1 administrator.

Evaluation:

At the time of interview (December 2007) the scheme had a waiting list of over 300 families. Feedback from professionals who refer into the scheme and from service users has been positive. Owing to reduced staffing levels, report deadlines have not been met for the most recent year, although some statistics for the previous year are available.

Barriers to effective working:

- Lack of continuous funding. Loss of two key sources – Surestart (lost when became Children's Centres) and PCT.
- Staffing problems – staff illness and no replacement for posts left vacant.

Opportunities:

- With current funding at an end, the scheme folded in December 2007. The need for the service remains and with appropriate staffing and management it could be resurrected in a revised form.
- Potential for extension of the scheme Bradford-wide to address inequalities.

Contextual information/issues raised:

- Short-term funding makes planning difficult from a strategic perspective.
- Reorganisation of major funders – Surestart and PCT – has contributed to decline of service.

“Shame that it [the scheme] goes – only one that offers the whole package – education and equipment along with fitting service”

INJURY MINIMISATION PROGRAMME FOR SCHOOLS (IMPS)

Interviews took place with 2 members of staff representing the practitioner perspective.

Aims:

To educate Year 6 pupils (primarily) in accident prevention skills and injury minimisation and to increase the awareness of dangers.

Target group and setting:

Year 6 schoolchildren (10/11 years of age). Addresses injuries in all settings, first aid elements cover treatment of cuts and bleeding, falls and fractures, burns and scalds, choking and electrocution.

Scale:

Bradford-wide. Capacity to provide for all Year 6 pupils. Schools are invited to participate, currently there are 150 doing so.

Justification for work:

The idea of bringing IMPS to Bradford was raised by a PCT employee with responsibility for accident prevention. The programme is modelled on that developed in Oxford in 1995 and commenced in Bradford in 2001. Initial funding was provided for 18 months by the Department of Health.

Funding:

Subsequent funding has been provided by each of the PCTs. These have recently merged and funding for the forthcoming year has just been confirmed. In 2006/7, matched funding was obtained from the Children and Young People's Partnership at Bradford Council. This has been extended to June 2008. To date funding has been obtained annually on a fixed term basis.

Key Partners:

Schools, Education Bradford, Children and Young People's Partnership.

Policy links:

Link with priorities of above.

Details of programme:

Children travel by bus (paid for by school) to attend a two and a half hour morning session at the Accident and Emergency Unit at Bradford Royal Infirmary. Four members of school staff accompany each party. The session comprises 3 components:

- 1) A tour of the Accident and Emergency Department taking in the X-ray unit, high dependency unit, suture theatre and reception area. This is intended to familiarise children with the layout of the Department and to explain the process of treatment following injury.
- 2) Children watch a 30-minute DVD showing first aid treatment within different injury scenarios. This is accompanied by discussion on prevention and appropriate treatment.
- 3) Children participate in a practical demonstration of resuscitation skills and basic life support using mannequins.

Teachers are provided with a supporting resource pack which can link to curricular work within PSHCE and listen time once back in school.

Staffing:

The programme is led by a part-time co-ordinator and managed by the A&E matron. Groups of children are accompanied by one of fourteen paid trainers who deliver the sessions.

Evaluation:

The programme has targeted 22,000 children to date. Evaluation forms are given to teachers and pupils after each visit, feedback has been very positive. Staff are encouraged to discuss the content of the visit with pupils afterward at school, making appropriate curricular links. To assess knowledge retention, schools are provided with a quiz within the follow-up lesson resource pack; this is returned to IMPS once completed.

Project reports are completed for the IMPS Head Office in Oxford. Evaluation reports have also been completed for local funders – PCTs and Bradford Council.

Barriers to effective working:

- Time implications in seeking continued funding.
- No specific funds have been made available to promote the programme.

“22,000 children have been targeted to date and still people don’t know who we are”

Sources of advice/support:

- Accident Prevention Co-ordinator - “Davina has been brilliant”
- National support network with other IMPS centres across the country.

Opportunities:

- If funding were available programme could offer outreach work for communities. Would also like to extend the target audience to parents of those children who have participated.
- A new project will be piloted in January 2008 which will engage secondary school pupils and address healthy lifestyles. This gives an opportunity to reinforce and build upon previous learning.

Training:

Accident prevention training is provided as part of the IMPS training. Additional training to provide an overview of injury and local activities may be useful. Training for junior A&E staff may also be of value, though opportunities for educating families on prevention may be limited within this setting.

KEIGHLEY WORKSAFE PROJECT – SAFETY WORKSHOPS AND WORKPLACE SAFETY

One interview took place with a member of staff representing the practitioner perspective.

Aim:

To provide training on health and safety.

Target group and setting:

Safety workshops – Year 6 school children (aged 10/11 years)

Workplace safety – secondary school pupils

Scale:

Bradford-wide

Funding:

Safety workshops – application submitted to Strategic Health Partnership which has supported event in previous years – outcome awaited.

Workplace safety – Amicus (Trade Union) offsets some of the associated costs.

Key partners:

Schools, West Yorkshire Police, Northern Gas Networks, School Nurses, Home Safety Unit, Bradford Road Safety, Bradford College, Health and Safety, Bus Companies.

Policy links:

Every Child Matters has raised profile of safety issues for schools.

Details of activity:

1. Interactive safety workshops – “Crucial Crew”-type event held annually in October at Manningham Barracks. Extensive partnership working. Aimed at Year 6 pupils (10/11 years of age). Have capacity to take 30+ schools over a two-week period. 60-70 children attend each session, 10 sessions run over the course of a week. Teaching staff who accompany the children also attend the sessions. Information packs are provided for both pupils and school staff at the end of the event. Funding has been obtained from the Strategic Health Partnership and a bid has been submitted for the coming year.
2. Workplace safety training – Targets pupils in secondary schools who will be undertaking a work placement. Currently around 1500 pupils/year receive a talk with accompanying DVD and leaflets. The visit aims to raise pupil awareness of risks within the workplace, considers how to identify these and encourages students to take responsibility for their own safety as well as being aware of employer responsibility. Current RIDDOR statistics are used to illustrate examples. Safety within temporary employment/agency work is also considered as these may be less well-regulated than work placements. Though Amicus supports the session, the Trade Union perspective is not emphasised with students.

Staffing:

Demand for places at the interactive safety workshops currently exceeds capacity. Attempts are made to ensure all schools are given fair opportunity to attend by asking agencies to nominate schools.

Evaluation:

Immediate feedback is taken from teachers after the event. In 2007 student feedback was also taken. A report summarising the findings is available.

Barriers to effective working:

- Time constraints – the safety workshops constitute a big time commitment for participating agencies.

Sources of advice/support:

- Health and Safety Executive – information forms the basis for the pupil pack provided at the end of the workshops.
- Support from partner agencies and schools.

Opportunities:

- Potential to involve children more in the safety workshop setting – keen to address this.
- Opportunity to build workshops into co-ordinated programme of safety activities for schools which could be supported pre- and post visit through curricular work.

Training:

Training provided through current post. No specific needs identified – keep up-to-date on-line, especially on secondary school issues.

Contextual information/issues raised:

- Annual workshop funding has been obtained from Strategic Health Partnership – will PCT mergers affect this?

BRADFORD METROPOLITAN DISTRICT COUNCIL – NEIGHBOURHOOD ROAD SAFETY INITIATIVE

One interview took place with a member of staff representing the practitioner perspective.

Aim:

The Neighbourhood Road Safety Initiative (NRSI) was established by central government to reduce road casualties. Acknowledging the link between deprivation and child accidents, the programme aims to:

- i) identify the root causes of injury within identified communities
- ii) address these using sustainable methods.

Target audience:

The programme addresses all ages (children are defined as 0-16 years as per definition in national casualty statistics) and covers injuries in the road setting.

Scale:

Activities focus on four localities all of which have higher than average road casualty statistics and lie within the top 5% when ranked for social deprivation. (Namely: Bradford Moor, Keighley, Manningham and Little Horton).

Justification for work:

Bradford was successful in bidding for national government funds to establish the NRSI. The ethos and approaches used support a wider programme of road safety work.

Funding

£1.6 million from central funds and an additional £500,000 secured from successful partnership bids in the local area. Initial 2 year contract was extended to 3 years (the scheme has recently ended). The casualty reduction budget and area committee funding (as decided by ward councillors) can also be used for traffic measures.

Key partners:

Extensive community partnership working includes police, healthcare, traffic engineers/road safety team, IMPS, local community networks.

Policy links:

Government directives, local area agreement.

Details of activity:

A range of projects and activities have been run under NRSI (around 100 in total). Examples include:

- Environmental traffic calming measures e.g. road crossings
- Collaboration with existing road safety programme to support the extension of road safety education into the school curriculum from Key Stage 1 (age 4-7 years).
- Support for local IMPS

The initiative has benefited from a high profile and considerable local support. Community-based approaches have been key throughout, with the Co-ordinator

actively involved in neighbourhood forums and the development of partnership working.

“...exploring the personal issues behind the statistics”

Staffing:

NRSI funding covered costs for the post of Co-ordinator only. Other staff have been hired in to support the programme, both internally and from external bodies, for example, the health authority.

Evaluation:

The programme is audited at national level. Local feedback has been very positive. Attempts to evaluate individual projects have been made, looking at process measures and pre-and post measures of effectiveness.

Barriers to effective working:

- Bidding for funds – other agencies may have different targets/outputs so there is a need to seek a common goal in partnership bids without compromising own aims.

Advice/support:

- Specific individuals were mentioned – Davina Hartley provided excellent links to the NHS and Steve Thornton has been particularly supportive in championing casualty reduction in Bradford.

Opportunities:

- The NRSI programme funding has ended but the ethos continues with the ex-co-ordinator supporting activity where possible despite having moved to another post.

Training:

No further training needs relating to injury prevention were identified.

Contextual information/issues raised:

- NRSI funding has ended – challenge now is how best to sustain and support the networks built with neighbourhood forums and to continue to ensure a high profile for road safety within communities.

BRADFORD NHS TRUST – INJURY DATA

Interviews took place with 2 members of staff representing the practitioner perspective.

Aim:

Healthcare information service collects and collates hospital data on patient attendance and admissions. This information is provided to HES (national collation of hospital episode statistics).

Target group and setting:

All hospital attendances and admissions.

Scale:

The Airedale and Bradford Royal Infirmary sites will capture most cases within the district.

Key partners:

PCT

Details of activity:

Data collected for medical records – inpatient data includes patient identifiers, date of birth, clinical coding of injury, circumstantial information. Information on attendances at Accident and Emergency is less detailed. No cause code is allocated so identification of injuries is not straight forward. Coding of injury is limited and not always accurate.

Procedures for reporting childhood injuries to community health practitioners vary between Airedale and Bradford Royal Infirmary (BRI).

Airedale is the more rural area with approximately 14,000 paediatric attendances/year. Notification of attendance based on the details given at initial presentation is sent to General Practice (School nurses and health visitors) on a weekly basis, or more frequently. The lack of a cause code and limited circumstantial information make it difficult to identify unintentional injuries. Any concerns re: safeguarding issues are dealt with at the time, the paediatric liaison nurse also receives an overview of these cases.

BRI has approximately 33,000 paediatric attendances/year. Very little information, if any at all is provided to community health professionals. Where reports are made, these can take up to 8 weeks to arrive, the delay being caused by the need to code up activity. Records have defined children as being up to 13 years of age, but this is currently being revised to include those up to 16 years. Following the appointment of the paediatric liaison nurse in September 2007, priority has been given to the under 5's and from 14/01/08, medical record cards will be photocopied by A&E reception staff and reviewed by the paediatric liaison nurse. Follow-up by community health practitioners varies from team to team, with some areas being far more active than others.

Downloads of hospital admission data is provided to PCT.

Staffing:

Paediatric liaison nurse appointed September 2007. Shared post between Bradford and Airedale hospitals.

Evaluation/outputs:

Paediatric liaison nurse is currently compiling a report on findings from initial 3 months. This will identify needs and gaps in provision. The healthcare information service does not usually receive requests for injury data though they have produced baseline statistics for 2006/7 at the request of the Safeguarding Board. It may be possible to provide such information for A&E attendances on a regular basis e.g. a quarterly report, although an increase in frequency of requests would impact on staff time.

Barriers to effective working:

- Limited staff resources – only one liaison nurse to cover both hospitals, big geographical area with large volume of cases.
- Accident prevention takes lower priority than safeguarding/child abuse and training issues.
- Staff turnover in hospitals makes communication difficult.
- Very little feedback from community health staff – may engage more at a later stage.
- Once community staff notified of injury, this creates additional work for them as they may feel an obligation to act.

Sources of advice/support:

- Westbourne Green community health team are very supportive and enthusiastic about injury prevention.

Opportunities:

- Downloads of admission data can be accessed via PCT who also have mapping software available.
- Downloads of A&E data can be requested from the healthcare information manager.

N.B. The above sources of data are subject to the limitations described previously.

Training:

Personal professional backgrounds address training needs adequately.

Contextual information/issues raised:

- Lack of consistency between data collection systems at different hospital sites makes comparisons difficult. Bringing these systems into line would have significant cost and staff training implications.

PRIMARY CARE TRUSTS (PCT) ACROSS BRADFORD

Interviews took place with 4 members of staff representing both strategic and practitioner level.

Aim:

Accident prevention forms part of the responsibility of health professionals working with children and their families. These include health visitors, school nurses and family support workers.

Target group and setting:

All settings and all injury types. Health visitors are concerned mainly with children under the age of 5, with a focus on home injuries. School nurses address all types of injury for children between the ages of 3 - 18 years. Working alongside are family support workers and staff nurses. The PCT funds a part-time Child Accident Prevention Co-ordinator whose remit comprises children aged 0-18 years.

Scale:

PCT commissions services Bradford-wide. Service is managed on a locality basis and activities vary between teams.

Justification for work:

PCT aims to reduce health inequalities and is currently identifying and targeting priority areas for injury prevention.

Funding

PCT commission services.

Key partners:

Key partners are many and varied depending upon the nature of the work and include road safety, education, schools, Children's Centres, IMPS and the voluntary sector.

Policy links:

Every Child Matters (and National Standards leading from this), Safer Communities, Road Safety.

Examples of activity: (varies across the district)

- PCT provides substantial funding toward the IMPS initiative.
- Staff participate in and support a range of national and local initiatives relating to child safety. These include attendance at in-car safety sessions (in conjunction with road safety), family fun day (with IMPS), annual "Stay Safe" week held at interactive safety centre. Displays of educational material supporting, for example, firework safety, are also mounted in schools and clinics.
- Health visitors may make home visits to a child following report of an attendance at Accident and Emergency as a result of injury.
- Health professionals refer families in to the home safety equipment scheme as appropriate.
- Plans are underway to develop a programme of ante-natal classes which gives an opportunity to include safety information for families before the birth of their baby.

- The accident prevention co-ordinator provides support to PCT staff in the delivery of programmes. In conjunction with health visitors, there has been some analysis of hospital-based statistics in order to identify local needs.
- Opportunity to discuss safety issues with families during child development checks at 7-9 months and 2 years.

Evaluation:

Evaluation is a requirement of the commissioning PCT. This uses mainly process (how the programme was developed and delivered) and impact (numbers participating, changes in behaviour) measures as opposed to injury outcomes.

Barriers to effective working:

- Injury as a topic is given low priority nationally in comparison to other public health issues.
- Lack of resources (supporting materials and staffing levels) inhibits effective working.
- Accessing vulnerable families may present difficulties. In particular the 7-9 month child development check within some teams now takes place at the clinic owing to constraints on staff time – this limits opportunity for a home visit.
- The delay in receiving notification of Accident and Emergency attendances (usually received around 6 weeks after the event) limits opportunity to do follow-up prevention work with the family. The information received (which is extracted from the hospital notes) is very brief, sometimes inaccurate and often lacking in circumstantial data.
- Work is happening but is not “joined up” – there is a need to refocus on the multi-agency network.

“People are hard-pressed and focus on doing the core stuff”

Opportunities:

- Newly formed practitioners accident prevention group, with the support of the accident prevention co-ordinator, provides an opportunity to move things forward.

Training:

No specific accident prevention training had been undertaken, although some elements of this were addressed within the general training of those with a nursing background.

Training needs were considered to focus around practical information for new members of staff. This could include familiarisation with the approaches used, for example an introduction to the IMPS programme and the Safety Workshops. Target groups would be nursery nurses, schools nurses and family support workers.

Contextual information/issues raised:

- Recent merger of 4 PCTs has presented challenges. Priority areas are not as yet identified and level of resources to be allocated is uncertain.
- Nationally, accidents don't appear to have the same priority as other key areas of public health (e.g. obesity). Government targets and directives from the Department of Health provide little direction. Ten years ago the National Accident Task Force identified priorities for local action but this doesn't appear to

have influenced the agenda for local PCTs. In Bradford, despite the lack of national impetus, the PCT has committed to fund a part-time post of accident prevention co-ordinator and continues to see childhood injury as a relevant public health issue.

SAFE PROJECT – SAFE AREAS FOR EVERYONE (PERSONAL AND COMMUNITY SAFETY)

One interview took place with a volunteer representing the practitioner perspective.

Aim:

The project is a registered charity. Work is community based and addresses issues of concern to the individuals involved.

Target group and setting:

Community-based, mainly works with Asian women and girls providing information to impact on families.

Scale:

Works with local communities in Bradford e.g. Manningham, Heaton. Needs are identified by the community and the project operates where funding allows.

Justification for work:

The SAFE project was developed by a volunteer following the riots in Bradford in 2001. Neighbourhood forums were engaged to discuss concerns about the causes of unrest. These identified that many (mainly Asian) women had worries about their own children's safety, and in addition encountered problems in accessing services. The work has focused on community empowerment.

Funding:

Initially obtained £50,000 for one year – this was able to be extended into 4 years work. Project funding is now obtained from a variety of sources e.g. Bradford Environmental Funding which is supporting "In Bloom", an intergenerational environmental project, Calderdale Local Network Fund which provided funding for the Citizenship Awards and Fire Safety Work (one year for each).

Key partners:

Extensive partnership working with schools, community groups, police, fire service and Education Bradford.

Policy links:

Needs are identified by the communities.

Details of activity:

All work is identified by local community and attempts are made to engage local people in resolving the issues.

Examples of work around injury prevention include:

- Annual firework safety competition in conjunction with the fire service. Bradford was identified as having a high rate of injuries on Bonfire Night. Information is sent out to schools by Education Bradford.
- New courses developed to assist new arrivals from Eastern Europe. Content includes how to avoid violence, signposting participants to local authority services, street safety.
- Ongoing work in the Heaton area of Bradford. Heavy traffic has been re-routed through the centre of this area owing to traffic calming measures elsewhere in

the locality. The resultant pedestrian safety issues are being brought to the attention of funders and planners.

- Art-based work with school pupils includes production of collages and use of art/drama sessions to promote messages.

Staffing:

Only one voluntary project worker at present – occasional payment received for tutoring sessions.

Evaluation:

Feedback from participants very positive.

Barriers to effective working:

- Seeking funding. Work can only continue if sources of funding are obtained.
- Geographical areas identified as “priority” by funding agencies do not always address actual needs within communities.
- Hard-to-engage groups – e.g. getting information across to non-English speaking parents.

Sources of advice/support:

- The Fire Service has been very open and positive to work with.

Opportunities:

- The SAFE project has well-established links with local community groups and a number of key local agencies.
- Securing longer-term funding for the post-holder and for a support structure would assist in integrating the work into mainstream services.

Training:

Training to date has been ad-hoc. A specific need for tutoring skills was identified.

Contextual information/issues raised:

- Obtaining funds is time-consuming – employing an individual to do this (possibly on behalf of several agencies) might improve efficiency.

TRAFFIC ENGINEERS/ROAD SAFETY – BRADFORD METROPOLITAN DISTRICT COUNCIL

Interviews took place with two members of staff representing both strategic and practitioner level.

Aim:

Road safety is a statutory responsibility of Bradford MDC. The Road Safety Plan 2007-2009 specifically identifies injury reduction targets as follows:

To reduce road casualties killed/seriously injured by 40% by 2010

To reduce child road casualties killed/seriously injured by 50% by 2010.

To reduce pedestrian casualties killed/seriously injured by 50% by 2010.

Target group and setting:

All road users. Children defined as 0-15 years.

Scale:

Bradford-wide. Also contribute to county-wide and regional initiatives.

Justification for work:

Statutory responsibility for road safety as council function. Reflects issues which central government want to progress but has flexibility to respond to local situation.

Funding:

Annual investment by Bradford MDC of £4 million. £1.25 million/year allocated to support strategic infrastructure improvements to deliver Safer Roads including the promotion of sustainable transport and dealing with community needs for mobility and safety. Within Bradford district, funding is allocated to the Area Committees on a per capita basis and programmes are delivered through the local transport plan. In addition, £750,000/year is allocated to casualty reduction schemes in areas of greatest need (based on casualty statistics) and as a part of a strategic approach to reduce road speeds and raise awareness as part of the Safer Roads initiative.

Key partners:

Multi agency partnership led by Bradford District Council. Partners are many and varied and include Bradford Safeguarding Children Board, Bradford Vision, West Yorkshire Police, Yorkshire Ambulance Service, NHS, West Yorkshire Casualty Reduction Partnership, NRSI, West Yorkshire Fire and Rescue.

Policy links:

“Safer Together” Road Safety Plan 2007 – 2009, Safer Community Partnership and a range of other strategies e.g. sustainable communities, local area agreement Bradford Safeguarding Children Board.

Details of activity:

Range of approaches used depending on intervention. Extensive community consultation via neighbourhood forums and community support service. Concerns may be raised formally through meetings or ad-hoc by direct contact with traffic/road safety engineering or through the road safety education, training and publicity team.

Example projects:

Environment and facilities:	Traffic calming, pedestrian/cycling facilities, improved road signing.
Responsibility/awareness:	Campaigns and initiatives, public meetings, neighbourhood forums.
Behaviour:	Speed concerns, local policing, Speedwatch.
Skills:	Pedestrian skills training, walking buses, cycle training, NRSI (IMPS), eyesight/reaction testing, in-car safety (children's car seats), school-based education – focused mainly in primary setting.

Staffing:

Traffic/road safety engineering activities managed within six separate localities across metropolitan district based on the parliamentary constituencies and Bradford city centre. Road Safety Team operates Bradford-wide and currently has 3 substantive posts filled (vacancy for a Principal Road Safety Officer) and 3 temporary posts.

Evaluation:

Extensive analysis of road casualty statistics in relation to trends in road injuries and the location of injuries to particular groups – children for example, as pedestrians, cyclists or car passengers. Accident Statistics Unit at Leeds is able to provide basic statistics – and special reports as required.

Evaluation of school educational programmes undertaken by road safety team. Pedestrian safety training fully evaluated in conjunction with neighbouring authority. Publicity evaluated by council marketing department. Reports produced internally for committees and executive. Also produce reports for partner agencies.

Barriers to effective working:

- Lack of meaningful targets for roads policing from central government.
- Staffing limitations – workload requires additional qualified Road Safety Officers. Current level restricts potential for community engagement.
- Lack of funding for education, training and publicity.
- Lack of communication and information-sharing between agencies can lead to duplication of effort and inconsistent/outdated messages being delivered.
- The geographical and managerial separation of traffic engineering/road safety engineering and road safety ETP causes difficulties in communication, direction and consistency.

Sources of advice/support:

- Strategic partnership (Bradford Vision) – neighbourhood action managers have been tremendously supportive.
- Other working partnerships – Surestart, health authority, play partnership, roads and operational policing.

Opportunities:

- The support and ownership of the Road Safety Plan at senior levels within the authority gives real opportunities to promote road safety/safer roads, to bring together existing and new partners and to strengthen community links.
- Identified role of safe transport systems within the sustainability agenda provides opportunity for stronger government backing and may lead to increased support for partnership working.
- Potential role of Safeguarding Children Board in co-ordinating agencies and activities and in facilitating information-sharing.
- Resurgence of practitioner's accident prevention group.
- Cross-partnership training, for example with health professionals to advise of current information and best practice within road safety field.

“We’re getting more and more support. The work of the Safeguarding Board pulling everybody together has made a big difference”

Training:

Ongoing training is offered and accessible. No specific training needs identified.

Contextual issues/issues raised:

- Vacant posts and insufficient staffing limit opportunities to extend the core activities.
- Funding is weighted heavily toward the engineering approaches as opposed to education.

WEST YORKSHIRE FIRE AND RESCUE SERVICE

Interview took place with two members of staff representing both the practitioner and strategic perspectives.

Aim:

Injury prevention forms part of the statutory responsibility of each fire service. Within the service, approaches to prevention fall into two categories:

- i) community fire safety – home and partnership working
- ii) legislative measures – prosecution and building control

Target group and setting:

All ages, fire-related injuries, road traffic injuries.

Scale:

Bradford-wide.

Justification for work:

Statutory responsibility, forms part of wider work.

Funding:

Provided by service. Funding for community fire officers comes from REGEN budget.

Key partners:

Extensive networking (service employs a partnership officer to avoid duplication). Alliance with road safety and police. Work alongside statutory partners and informal networks. Partners include Youth Offending Team, Children and Young People's Services, Health Visitors, Social Services, Schools, Education Bradford, neighbourhood policing, Bradford Council, services for older people.

Policy links:

Nationally – Fire Services Act includes a strategy to address children and young people (currently 2 years into this 4-year strategy). Also need to be familiar with other policies influencing work, for example, Every Child Matters. Take advice from Education Bradford with regard to curricular links in schools.

Details of activity:

A range of programmes have been developed – illustrative examples of these are given below.

- School-based education – every Year 5 (9-10 year old children) class across the district receives a safety talk. 87,000 children given a bookmark on fire safety. Appropriate links are made between safety work and the National Curriculum. Plans for 2008 include working alongside road safety to deliver school-based sessions.
- Young Firefighters Scheme – provides educational training for children aged 13+ who have proven to be disruptive in the traditional school setting. Content of programme considers anti-social behaviour within the social context. On completion of the training, students are eligible for the award of 4 GCSEs.

- Firesetting programme (targets intentional firesetting – arson) – officers trained in behavioural aspects. Offer one-to-one visits and school visits to children (aged 3+) who are referred in to the scheme.
- Home fire safety visits – provide advice and fitting of smoke detectors, hazard assessment and planning of escape route. Community fire safety officers also able to refer into other agencies as appropriate.
- Complementary services – testing/exchanging electric blankets, provision of vibrating smoke alarms for those hard of hearing, referral into Telecare (provision of sensor mats for those with mobility problems – able to detect falls).
- Have trained Police Community Support Officers to conduct fire safety checks which can be offered during a house call initially made to discuss crime, theft etc.

Staffing:

Prevention is a responsibility of all firefighters – approximately 1800 personnel across Bradford. Five community fire safety officers have been employed from within local communities to address specific needs, such as cultural or language issues. The service is actively trying to engage the diversities within communities and has appointed a female officer and an older person to meet some of these needs.

Evaluation:

Feedback from schools has been very positive. The service has received an award from Education Bradford for support given to schools. Activities are monitored at national level on behalf of the Department of Communities and Local Government, the Fire Authority and the Home Office. Service provision is linked into the best value performance indicators of the local authority.

Barriers to effective working:

- Convincing other people of what the service can offer. Currently working hard to gain awareness/understanding of agenda and approaches used by other agencies.
- “Hard-to-engage” groups within communities. Barriers include language/cultural issues, and the personal priorities of individuals within communities.
- Insufficient community fire safety staff – as engage with more people, the demand increases.

“Joined up working – it’s so easy, but it’s either non-pc or too pc”

Sources of advice/support:

- Good links with external agencies e.g. Safer Greener staff. Working together were able to remove the build up of rubbish which was leading to intentional firesetting. This in turn benefits the service as appliances are free to attend to real emergencies.

Opportunities:

- Well established links with other agencies – enthusiasm and willingness to learn new approaches.
- Plans for development of Fire Safety Centre may offer opportunities for partnership working and co-ordination of activities across agencies.

Training:

In-service training provided, no additional needs identified.

Contextual information/issues raised:

- Diverse demands of community currently exceed capacity of community fire safety staff.

WEST YORKSHIRE POLICE

One interview took place with a member of staff representing both strategic and practitioner perspective.

Aim:

Accident prevention falls within the remit of police responsibility for reducing crime and anti-social behaviour.

Target group and setting:

All injuries within community setting, targeting mainly 12-14 year old children, recently extended to 16-18 year olds. Work within schools prioritises secondary age group (11-18 years) as these form the key target group for work on anti-social behaviour and crime prevention.

Scale:

Force area covers all of West Yorkshire. Sub-divided into command areas. A proposed merger will take place in March 2008 – details are as yet uncertain.

Justification for work:

Area command sergeant has responsibility for work with youth and schools across own section.

Funding:

Majority of funding obtained from external sources e.g. Children's Fund, Bradford Youth Offending Team. Police pay salaries for schools liaison officer and youth services officers.

Key partners:

Schools, Fire Service, Social Services.

Policy links:

Nationally, police forces aim to reduce crime and anti-social behaviour. Linking into Every Child Matters, for example by increasing attendance in school. Work alongside other agencies e.g. fire service on specific programmes and link into other relevant policies as appropriate.

Details of activity:

Safety work falls into two categories:

Schools: 74 schools in command area of interviewee. Need to prioritise "hotspots" owing to lack of capacity. Major issues occur in secondary schools, schools liaison officer works with schools by invitation, not all schools will take up the offer.

Work covered includes:

KS1 & 2 - Road safety, stranger danger, people who help us.
(age 4 – 11 years)

Year 6 & 7 Bullying, personal safety.
(age 10-12 years)

Key stage 3, Year 9 Violent crime, weapons etc.
(age 13/14)

All years Drugs and alcohol misuse.
Community: Partnership working with e.g. Education Bradford and Social Services drug/alcohol team. Majority of work conducted with 12-14 year old children, anti-social behaviour groups have recently started with 16-18 year olds. Individuals are referred into schemes via schools or Police Community Support Officers. First Aid training – CPR level 1 – can be offered, leading to award of certificate. Participants are offered incentives e.g. sporting activities on completion of the educational elements.

Staffing:

Command area represented currently has 1 schools liaison officer (one retired officer – post remains vacant) and 2 youth services officers.

Barriers to effective working:

- Staff shortages resulting in lack in capacity. Funding is not the issue – funds are available but there is not the staff capacity to deliver.
- Transport – one of minibuses is old and unreliable resulting in increased insurance costs. Application has been made for external funds to purchase a new vehicle.

“[need] more staff – the work is there but the people aren’t”

Sources of advice/support:

- Schools can be very supportive.
- Social Services Drugs and Alcohol Team – very good but funding ceases in March 2008.

Opportunities:

- Increased partnership working with other agencies may increase capacity to address safety, for example in primary or pre-school setting.

Training:

No specific needs identified.

Contextual information/issues raised:

- Planned merger of force areas in March 2008 – awaiting decision on funding allocation.

YORKSHIRE AMBULANCE SERVICE

One interview took place with a member of staff representing the practitioner perspective.

Aim:

Provision of ambulance service across Yorkshire region.

Target group and setting:

All injury types, all ages. Children classified as 0-18 years.

Scale:

Covers all of Yorkshire region. Sub-divided into operational areas.

Justification for work:

Historically ambulance service has participated in preventive work, attending community events and awareness raising. A change in policy has resulted in ad hoc requests for such work being handled through the PR department.

Funding:

Centrally funded by Yorkshire Ambulance Service.

Key partners:

Partnership working occurs mainly on an ad hoc basis. Partners include police, fire service and social services.

Policy links:

Children's Act, Every Child Matters.

Details of activity:

Prevention – work may be undertaken in response to requests e.g. for a vehicle to attend a school or community event. Participation is dependent upon off-duty staff giving their time voluntarily. Service participates in "Prison me-no way" initiative run in conjunction with the police.

Data collection – the service operates a well-regulated system for reporting child protection issues with data being centrally collated by a dedicated officer. For unintentional injuries, sudden child deaths are specifically recorded, other injuries are recorded along with all other data making them difficult to extract from the system. Records are currently held on paper.

Barriers to effective working:

- Service has moved away from preventive activities – participation on a voluntary staffing basis
- Re-organisation of service

Training:

No specific training needs were identified.

Contextual information/issues raised:

- Whilst information collected and collated in relation to intentional injury cases is well organised, that relating to accidental injury is not easily accessible or available.

APPENDIX C – KEY POINTS FROM COORDINATOR INTERVIEWS

	Coordinator A	Coordinator B	Coordinator C	Coordinator D
Where is the post located? Details of the post.	Care trust (health and social service provider) 4 days a week as accident prevention coordinator, paediatric liaison health visitor one day a week.	PCT Full time post.	Works through service level agreements with four local PCTs. Located in one of the PCTs. Only part of time dedicated to injury prevention work.	PCT. 2 days a week.
Function	Leading implementation of falls strategy. Training on falls prevention. Organising one-off events. Local strategy development. Staff training.	Reduce A&E attendances due to accidents.	Co-ordinate the implementation of the Avonsafe Injury Prevention Alliance Strategy 2001-2006	Pull together existing local work. Develop local strategy. Set up steering and operational groups.
Remit	All ages, mostly older people.	Now an all ages post; used to be just children.	All ages.	All ages
How is your role essential?	Centre of knowledge. Coordinating function. Actually doing the work (small function). Finding funds, internally and externally. Holding a small budget. Provision of local data (through HV role)	Centre of knowledge/evidence . Coordinating network for events. Actually doing the work. Administering projects. Finding funds. Holding a central budget. Supporting others, e.g. multi-agency training (of anyone who visits people at home).	Centre of knowledge/evidence . Coordinating function. Actually doing the work. Administering projects. Finding funds. Holding a central budget. Evaluation of projects. Commissioning Lifeskills to deliver to schools in the area. Training (now less so). Initiating projects. Strategy development – interface between national and local practice. Running demonstration projects that become sustainable.	Coordination of local activities. Piloting projects.

	Coordinator A	Coordinator B	Coordinator C	Coordinator D
Problems you face	Activating others, making them see injury prevention as part of their role.	Used to be funding but this has diminished as the funding has become recurrent through the local delivery plan.	Serves too large an area - overcome by developing local structures and devolve responsibilities. Funding – funds are pooled to overcome this. Short-termism of projects – although things now sustainable (and post is substantive).	Competing agendas for partner agencies. Data collection to support steering agencies – work in progress to overcome this. Lack of time (2 days/week) limits what can be done – have to prioritise to overcome this.
Argument for sustaining post	Not an issue as it is a permanent post.	Measurable reduction in A&E attendances. Accident costs report that showed money savings. Demand from customers (mainly Sure Starts)	Well-established post so this is not an issue.	Injury inequalities.
Changes to your remit	Role is too large. Need to prioritise functions.	Should ideally be a children only post although the model works for all ages.	All ages role is ideal; strengthens justification for the post (if it is located in health sector)	Already an all ages role.
Examples of projects for which the post was key to their success	Formation of a group that is an extension of the safeguarding board. Safety scheme with children's centres. Training of staff.	Home safety equipment scheme (quoted as an example in the <i>Better Safe Than Sorry</i> report). Supporting health visitors in targeted wards. Developing, nurturing and maintaining partnership working.	Lifeskills experiential learning centre. Safety equipment scheme. Avonsafe Alliance itself and its strategy.	Development of a local strategy. Establishment of a steering group. Healthy schools road show. Drafting poisoning prevention guidelines.
Other examples of projects		Talks to reception and Year 1 children. Falls prevention training. Safety town (crucial crew project for year 6)		Facilitation of the work associated with the visit of the team writing the <i>Better safe Than Sorry</i> report.