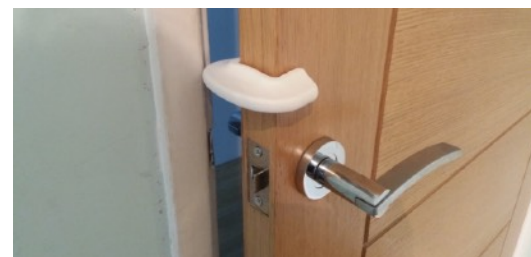




# Research into how parents respond to and use safety information and equipment to keep their child safe at home



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## EXECUTIVE SUMMARY

### Aim

To carry out research with parents to explore how they respond to and use safety information and equipment.

### Approach

The Royal Society for the Prevention of Accidents (RoSPA) in Scotland worked with Health Visitor teams in Edinburgh and the Family Nurse Partnership in Lothian to distribute 800 Keeping Kids Safe packs to parents in deprived areas and to young first-time mums with children under 12 months old (June-September 2019). Powellite CIC conducted research and semi-structured interviews with parents and healthcare professionals to study:

- Whether and how the information and equipment was used
- How information and equipment impacts on parents' ability to make informed decisions with regard to home safety and injury prevention
- How injury prevention at home can be taken forward through a person centred approach
- The suitability and appropriateness of different delivery routes

### Conclusions

The Keeping Kids Safe project combined practical safety items and a dedicated safety discussion by a trusted professional. The nurses of the Family Nurse Partnership and the Health Visitors felt strongly that the packs offered an educational opportunity to increase parents' knowledge about injury prevention. This approach was highly effective: two to four weeks after the visit 55% of parents reported an increased knowledge about home safety and 25% of parents reported making safety changes to their home based on the information they received during the visit. 80% of parents responded that the pack was very helpful or helpful and 65% of parents had started using the safety items. The two delivery routes of the packs, through the Family Nurse Partnership and the Health Visitor teams, resulted in different engagement levels of the parents in the research. The close partnership between young parents and nurses from the FNP developed through continuity and shared decision making resulted in these parents being most open to discuss safety concerns and taking part in this research project. However both delivery routes showed the same positive impact on parents' knowledge about home safety, use of safety items and enabled parents



to make safety changes to their home to prevent injury. The person-centred approach used by the healthcare professionals in this project empowers parents to make informed decisions about their child's safety at home.



## BACKGROUND

### Keeping Kids Safe Packs

The 'Keeping Kids Safe in the Home Project' is designed to provide parents and carers of children under the age of five with simple advice and information to help them keep their children safe from accidental injury. The first Keeping Kids Safe packs were developed by the Royal Society for the Prevention of Accidents (RoSPA) Head office in Birmingham. With the funding raised in the centenary fundraising campaign Brighter Beginnings, RoSPA Scotland distributed 400 packs to families in Dundee in April 2018. The feedback from focus groups in Dundee showed that the original cupboard lock was too complicated to fit, the height chart too basic and that parents would be keen to receive an item which would reduce the risk of fingers getting caught between doors. The pack was adapted to better meet the needs of families in Scotland. The Scottish Keeping Kids Safe packs used for this study include a door stopper, an easy-to-fit cupboard catch, the NHS Scotland RoSPA Height chart, as well as a coaster, a thermometer, a bath cloth and a feeding spoon (Figure 1).



Figure 1. Contents of the Scottish Keeping Kids Safe packs used in this research study

The safety video 'How do I prevent accidents and keep my child safe at home' was created by RoSPA Scotland and Powellite CIC in May 2019. This video was developed to inform

parents and as a training tool for healthcare professionals involved in this project. The video showed the key safety information to be explained to families with the pack. A leaflet with the link to the safety video was provided to parents with the pack.



Figure 2. Leaflet with link to RoSPA safety video



During a number of meetings between the RoSPA Scotland team, the Building Safer Communities team of The Scottish Government, Health Visitors teams in South East Edinburgh and the Family Nurse Partnership in Lothian it was agreed that 800 packs would be handed out within an eight week period (17 June 2019-12 August 2019). Health Visitors confirmed they would be able to hand out 700 packs in 4-6 weeks and the Family Nurse Partnership expected to need 6-8 weeks to hand out 100 packs.

Two different delivery routes were used and analysed for suitability and effectiveness.

First delivery route - 100 packs were provided to the Family Nurse Partnership who gave the packs to first-time parents aged 19 and under in Lothian during one of their regular visits.

The nurse explained what was in the pack, how the items could be used, they highlighted the five key safety messages as prioritised by RoSPA (see in Box 1 below) and they provided the parents with a leaflet with the link to the RoSPA Scotland safety video.

Second delivery route - 700 packs were provided to the Health Visitors who gave the packs to parents with a baby under 12 months old, living in deprived areas in South East Edinburgh during a planned visit. The Health Visitor explained what was in the pack, how the items could be used, they highlighted the five key safety messages as prioritised by RoSPA (see in Box 1 below) and they provided the parents with a leaflet with the link to the RoSPA Scotland safety video.

### **Five key safety messages given to parents during the handing out of the packs**

1. Prevent falls: Use highchair and buggy straps and don't put car seat on the worktop
2. Prevent scalds: Keep hot drinks and pots away from babies and check bath temperature
3. Prevent drowning: Keep child within arm's reach in bath
4. Prevent poisoning: Keep cleaning materials and medicines out of reach
5. Prevent suffocation: Keep nappy bags and plastic bags away and tie up blind cords/cables

*Box 1. Five key safety messages prioritised by RoSPA for informing parents during the visit in which they receive the Keeping Kids Safe pack.*



## RESEARCH METHOD

### Distribution of the Keeping Kids Safe Packs in Edinburgh and the Lothians

The data for this research project was collected during a nine-week period between 17th of June 2019 and the 16th of August 2019.

During this period nearly all of the 100 Keeping Kids Safe packs were handed out by 30 nurses who are part of the Family Nurse Partnership (FNP). The FNP reported that they only had a few left at the end of the project. During the visit nurses provided safety information and explained how the contents of the packs could be used. At the end of the visit the nurse asked the parent if they would be willing to complete a survey together with them about the packs and safety information. 38 parents visited by the FNP completed the survey (approximately 38% completion rate).

The Health Visitors in South East Edinburgh received 700 packs from RoSPA and reported back at the end of August 2019 that staff absence and work pressures had not allowed them to hand out all 700 packs in the agreed time period. The involvement of different teams and use of different locations meant that they were unable to report on 29 August 2019 how many packs had been delivered. It was



estimated that more than half of the 700 packs had been handed out by Health Visitors to parents of babies under 12 months old in South East Edinburgh. The Health Visitors explained the safety information to the parents and discussed how the contents of the packs could be used. At the end of the visit the Health Visitor asked if parents would be willing to complete a survey with them.

56 completed forms were returned to Powellite CIC by the Health Visitors (approximately 16% completion rate). Health Visitors reported that parents were not interested in completing the survey; that there was limited time available for the visit; and that the questions should not have been asked at the end of the visit at which the parents received the pack but parents should have been allowed more time to reflect on the pack before answering any questions.



## Demographics of the families involved in research study

The responses from the parents were grouped according to the child's age at the time they received the kids safety pack. The responses per age group are shown in the table below.

Age of child	Forms completed with Health Visitors	Forms completed with Family Nurse Partnership Nurses	Total number of completed survey forms
Less 1 month old	2	7	9
1-2 months old	5	10	15
3-5 months old	21	16	37
6-8 months old	17	5	22
9-12 months old	11	0	11
<b>Total</b>	<b>56</b>	<b>38</b>	<b>94</b>

This project was aimed at parents living in areas of high deprivation and first-time young mums supported by the Family Nurse Partnership. 75 respondents were first-time parents and 19 respondents had older children.

The 2016 Scottish Index of Multiple Deprivation (SIMD) map was used to determine the deprivation levels of the areas recorded by the respondents. 36% of the respondents lived in areas in Edinburgh with SIMD 1 or 2 (high deprivation), these included Craigmillar, Niddrie, Magdalene, Lochend, Gilmerton, Restalrig and Muirhouse. 64% of the respondents replied to live in areas which included streets with both high and low levels of deprivation so it was not possible to record their deprivation level, these included Leith, Portobello, Mountcastle, Moredun, Liberton and areas outside Edinburgh (Musselburgh, Tranent, Haddington and Broxburn). No significant differences were observed between the answers of the parents in the two groups.

## Semi-structured interviews with parents and healthcare professionals

The parents were asked on the survey form to indicate if they would be available for a phone call to discuss the pack after they had time to look at the safety information and safety items in the pack. Parents were asked for the most suitable time to be contacted. 34% of the parents (19 out of 56) visited by the Health Visitor indicated they would be available for interview. 55% of the parents (21 out of 38) visited by the Family Nurse Partnership indicated they would be available for interview.



31 parents were contacted two to four weeks after receiving the pack to discuss whether and how the information and equipment had been used. Parents were first contacted by text to explain why they would receive a phone call and then with a phone call at up to three different times.

11 parents did not answer their phone or had provided an incorrect phone number.

20 parents took part in semi-structured interviews, 10 of these parents had received a visit from the Health Visitor and 10 of these parents a visit from the Family Nurse Partnership. A small number of parents found it difficult to answer the questions as they had limited knowledge of the English language.

The RoSPA project manager, eight people from the health visitors teams and a nurse from the Family Nurse Partnership were interviewed for this project.





## RESULTS

### Initial response to the pack

Parents received the pack and safety information from the Health Visitor or Family Nurse Partnership and were then asked in a survey at the end of the same visit if they found the pack helpful. The initial reaction of the parents after receiving the pack showed that 84% of the parents found the pack helpful or very helpful (77 out of 92 people, 2 people did not complete this question) (Figure 3).

Do you think this Keeping Kids safe Pack is helpful?

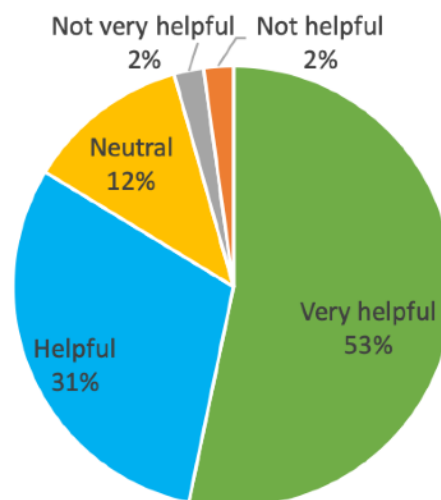


Figure 3. Helpfulness of pack rated by parents

A slightly higher percentage of parents visited by the Family Nurse Partnership compared to parents visited by the Health Visitor indicated that the pack was ‘very helpful’ as seen in the table below.

Percentage of people receiving pack from:	Not helpful (%)	Not very helpful (%)	Neutral (%)	Helpful (%)	Very helpful (%)
Health Visitor (HV)	4	0	13	35	48
Family Nurse Partnership (FNP)	0	4	11	24	61
Either	2	2	12	31	53

The parents who responded ‘neutral’, ‘not very helpful’ or ‘not helpful’ were not part of a specific child-age group and included both first-time parents and parents with older children.



### Initial response to the safety items in the pack

In the survey completed immediately after receiving the pack, 92 parents provided an initial response to the safety items. Most parents replied they were planning to use the cupboard catch (90%), the door stopper (85%) and the feeding spoon (81%) (Figure 4).

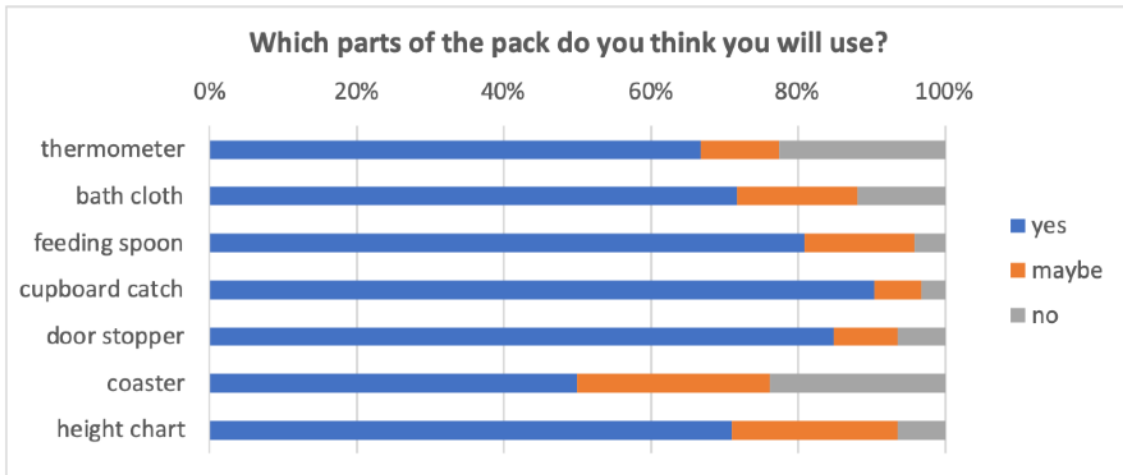


Figure 4. Parents initial response about which items in the pack they were planning to use

### Use of safety equipment two to four weeks after receiving the pack

During semi-structured interviews 20 parents were asked two to four weeks after receiving the pack, which items they had used. Parents replied ‘yes’ to items they used ‘not yet’ to items they were planning to use and ‘no’ to items they did not find helpful (Figure 5).

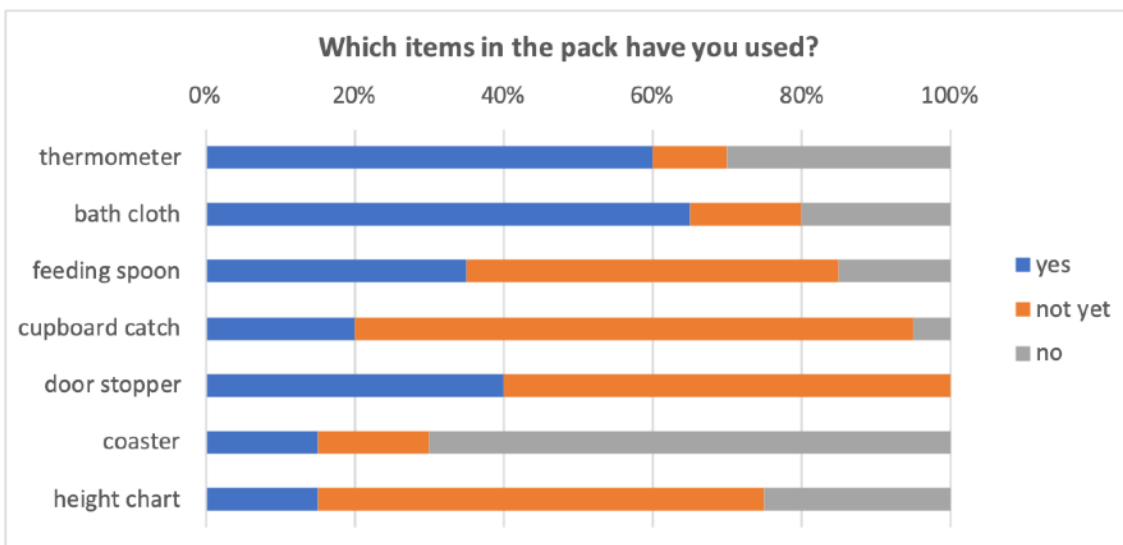


Figure 5. Parents reporting on the use of safety items 2-4 weeks after receiving the pack



**Thermometer and bath cloth** - Out of the 20 parents interviewed 60% had used the thermometer and 65% the bath cloth. A small number of parents noted that they already had a thermometer from the Baby Box, but still found it helpful to have another one. Most parents found the information on the bath cloth useful but felt it would be more helpful to receive this information just before their baby was born.



*'I gave the thermometer to my mum as I already had one. Really helpful pack, absolutely loved everything in it.'* - Parent of 8-month-old baby

**Feeding spoon** - Out of 20 parents, seven had used the spoon and 10 were planning to use the spoon when their child was old enough. Only three parents said they were not planning on using it as they already had a feeding spoon.

**Cupboard catch and door stopper** - Out of the 20 parents, four parents had installed the cupboard catch, these were parents of children aged five, six, eight and 11 months old. These parents said the instructions were clear and the cupboard catch was easy to install. 11 of the parents who had not installed the cupboard catch had children aged between 1-4 months and said they would install it when their child was older. Five parents who had not yet installed the cupboard catch had children aged 5-8 months old. When asked why they had not installed the catch they replied they had not had time.

Eight out of 20 parents with a child between 3-11 months had started using the door stopper. Eight parents who said they were planning to use the door stopper when their child was older had a child between 1-4 months. Four parents who had not started using the door stopper had a child between 5-8 months old. When asked why they had not used the door stopper they replied they had not had time to look at the door stopper.

*'The door stopper is the best thing in the pack. The nurse was really helpful, the next time she will help me to decide where to install the cupboard catch.'*

- Parent of 5-month-old baby





## Parents’ awareness of risks for young children at home

Parents were asked in a survey, at the end of the visit in which they received the safety pack, if they knew about safety risks before the visit. In the survey 65 parents (69%) said they already knew about all the risks and 29 parents (31%) said they did not know about one or more of the risks. The percentages of parents unaware of each risk are shown in the table below. The number of parents unaware of risks are shown in Figure 6.

Percentage of parents unaware of following risks:	Health Visitor	Family Nurse Partnership
Falling from a raised surface	0	3
Burns and scalds from hot drinks, hot pots, hair straighteners	5	3
Danger of looped cords on blinds	13	29
Suffocation by clutter in cots	4	0
Suffocation from nappy sacks and plastic bags	7	13
Downing in baths, ponds and paddling pools	0	0
Poisoning from button cell batteries, medicines, cleaning chemicals and laundry liquid capsules	9	0

Both first-time parents and parents with older children reported similar levels of awareness about the risks of looped cords, clutter and poisoning. Parents with older children replied they were more aware of the risks of nappy sacks and scalding than first-time parents.

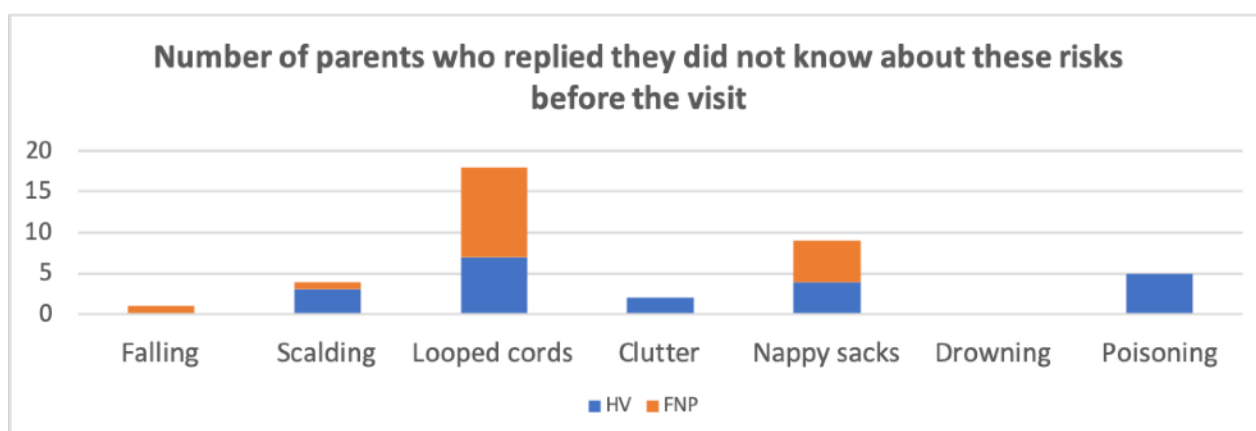


Figure 6. Number of parents reporting they did not know about these risks before the visit



During the semi-structured interviews two to four weeks after the visit it appeared that the actual number of people who did not know about risks at home was higher. Some of the parents who reported 'yes- they were aware of all the of the risks' when completing the survey with their Health

Visitor or FNP, replied differently during the interviews. Parents said during the interview they did not know about the need to cut food in quarters, fill the bath with cold water first and the risks of suffocation from nappy sacks, risks of burns from hair straighteners and poisoning by laundry liquid capsules before the visit. This might have been because they did not want to say 'no' in the survey when completing the survey with their healthcare professional or because each question in the survey covered a combination of risks.



### **Impact of information and equipment on parents' knowledge in relation to home safety and injury prevention**

During the 20 semi-structured interviews, 18 parents said the information provided by the Health Visitors and FNP was very clear, one parent said she understood most things and one parent said she couldn't remember what she was told, but she would look it up when her baby was older. 55% (11 out of 20 parents) replied they had learned something new about safety at home and how to respond to accidents because of the pack and visit.

Eight parents replied they already knew everything before the visit and one parent said they did not know if the visit had made a difference. Most parents said they were able to use the safety items after the explanation by their healthcare professional. After the visit, 13 out of the 20 parents had started using the safety items provided in the pack.

The safety information provided by the healthcare professional resulted in five parents making informed decisions with regards to home safety and injury prevention: two parents started using blind cord safety hooks, one parent started cutting food into quarters, one parent moved the nappy bags out of reach of their baby and one parent said they were moving the cleaning materials out of reach of their baby.

***'The explanation about safety was very clear and the demonstration by the Health Visitor of what to do about choking was really helpful. I had no idea what to do before she showed me.'*** - Parent of 11-month-old baby



*'This pack and the information was so helpful. We will move our cleaning products and medicines from the ground level shelves.'* - Parent of a one-month-old baby

### Age to give out the Keeping Kids Safe Pack

The semi-structured interviews showed that half of the parents of a baby under one month old found it too early to get the pack. All 12 parents with a child between two and seven months responded this was the right time to get the box. Three of the four parents of a child between eight and 11 months would like to have received the pack earlier.

Three parents and the Health Visitors asked if the bath cloth could be provided as part of the Baby Box to receive the bath information earlier. The FNP thought 2-4 months is the best age to hand out the packs and the Health Visitors suggested 4-6 months as the best time to support parents when their child starts moving about more and they need to child-proof their home. The Health Visitors suggested a number of additional safety items which would be very helpful for families such as corner guards, blind cord hooks, brackets to fix furniture (such as a chest of drawers) to the wall and a voucher for parents to buy safety (stair) gates. Suggestions for future changes to the pack are summarised in Appendix A.

*'It's good to know you should start thinking about safety in the house before your child is crawling or walking. I thought we didn't have to think about this.'*

- Parent of 4-month-old baby

### RoSPA Video 'How do I prevent accidents and keep my child safe at home'

The video 'How do I prevent accidents and keep my child safe at home' was created to show the key safety messages related to the Keeping Kids Safe packs.

The nurses from the FNP and Health Visiting team reported that they did not watch the video during the preparation meeting for the project, instead their team leader shared the key messages with them. The Health Visitors received the link to the video and a number of them watched the video. Most staff found this the right level of information, others would have preferred to receive more information.





The nurses and Health Visitors gave the video leaflet with the pack to parents at the safety visit. 12 out of 20 parents said during the interviews that they did not remember seeing a leaflet about a video, but that they might have missed it. Six parents said they received the leaflet but they had not looked at the video so far and two parents said they watched the video and found it very helpful. All parents said they preferred receiving face-to-face information from their healthcare professional and visual information in the form of videos to written leaflets.

### **Near-misses and accidents**

The 20 parents were asked in the semi-structured interviews if they had experienced any accidents or near-misses with their child. It was explained that this question was included to learn from the experiences of parents and to identify possible case studies. A number of parents responded defensively that they never left their child unattended. All 20 parents said they had never experienced any accidents or near misses with their child. One parent said they had a friend who had lost a baby due to strangulation with a blind cord. She said this had made her very aware of the dangers of blind cords but she did not know what to do about her blinds before she watched the safety video.

*'The video was really helpful, now I know there are special hooks to keep the blind cords up. It would be great to get those hooks as part of the pack.'*

- Parent of a one-month-old baby

### **Suitability and appropriateness of delivery routes**

The FNP nurses reported that they found the packs an excellent opportunity to focus that specific visit on home safety and accident prevention. The conversations taking place during the handing out of the pack made a real impact on the parents' awareness about home safety and injury prevention. The Health Visitors said that they already provided information about home safety at different stages of the child's development. Both the Health Visitors and FNP felt the safety items were extremely valuable for parents on a low-income who would otherwise see the safety items as another expense they need to deal with. Both the Health Visitors and the FNP thought it would be helpful to keep the rest of the safety items together as one pack, as it provided a very focussed educational opportunity to





talk about safety. The Health Visitors found the current box too big and suggested the items could be provided in a small paper bag in the future.

The survey form used with parents was short and clear, the FNP team thought that worked well. A number of Health Visitors reported that it had been difficult to get parents to complete the survey form.

The FNP thought the video leaflet had not resulted in many video views as it was given together with many other leaflets. The FNP and Health Visitors suggested informing parents about the video by text message or by giving parents a link to the video in their list of agreed actions. They would be keen to continue handing out video leaflets after the packs are finished to inform parents about the safety video.

***‘The conversations we had on the back of the packs were so valuable and I could see the safety items made a real difference to the families we support. I hope we can continue handing out packs to young mums.’ - Nurse FNP***



The Health Visitors and FNP said it would also be very valuable to watch shorter safety videos (of less than two minutes) with parents during a visit or send a message to parents' phones with the link to short safety videos. Some staff said they would be able to show parents a video clip on their phone, others suggested a tablet with the safety videos would be most helpful for their team.



## DISCUSSION

The Home Safe Home report (2017) published by Home Safety Scotland details the analysis of Unintentional Injuries in Scotland for 2017. The report supports the work by the Scottish Government's Building Safer Communities programme and highlights home accidents are the principle unintentional injury problem in Scotland, they result in more deaths and injuries than any other cause. The most at risk of unintentional injury from accidents in the home are over 65s and under fives.

58% of all emergency admissions to hospital to under fives (1,761 in 2015/2016), as a result of an unintentional injury come from accidents within the home. Main causes in the home: Falls (39%), Poisoning (22%), Scalds (10%), Crushing (9%), Stuck against/by (9%).

Children and young people (particularly the under-fives) living in more deprived areas are over-represented in unintentional harm data (NHS Information Services Division Unintentional Injuries publication 2017).

The Keeping Kids Safe at home project was aimed at families living in deprived areas in Edinburgh and the Lothians. It was delivered as a partnership between the Royal Society for the Prevention of Accidents (RoSPA) Scotland, the Family Nurse Partnership Lothian and the South East Edinburgh Health Visitor team. It used a person-centred approach and provided individual support to parents to help them develop the knowledge, skills and confidence they need to more effectively make informed decisions about home safety and injury prevention. The majority of parents in this project reported they learned something new about safety at home and how to respond to accidents because of the pack and visit. The key safety messages provided in this project were co-ordinated by RoSPA and consistently used in a personalised approach by the healthcare professional to ensure the parent understood the information given and how the safety items needed to be used.

This research study shows that many parents found it difficult to tell their nurse or Health Visitor they were previously unaware of potential risks to their child at home. Furthermore, many parents responded defensively to questions from the researcher about any accidents or near-misses with their child. This highlights the importance of a trust relationship between the parent and healthcare professional before home safety is discussed. Partnership between parents and healthcare professionals based on respect, compassion, shared decision-making and clear communication enables positive discussions about injury prevention.



Looking at the two delivery routes, there was clear evidence that the FNP nurse had developed a trust relationship with the parent through continuity and repeated visits both during the prenatal to postnatal period. More parents (38%) were willing to complete the survey with the nurse compared to only 16% with the Health Visitor. More parents (55%) visited by the nurse agreed to be contacted by the researcher to discuss the pack and safety information compared to only 34% of parents visited by the Health Visitor.

The RoSPA Keeping Kids Safe work is guided by the same principles as detailed in the Scottish Government Getting it right for every child (GIRFEC) approach as it aims to ensure safety needs are identified as early as possible to avoid bigger concerns or problems developing. The work by RoSPA focusses on the SHANARRI wellbeing indicator 'safe' and supports children and young people so that they can grow up feeling loved, safe and respected and can realise their full potential.

People living in deprived areas can experience a number of barriers in accessing information including: literacy issues, language, accessibility and stigma. Home safety information to prevent injuries in under fives provided in a written format in leaflets and on websites is not accessible to all parents. 27% of people in Scotland have challenges due to their limited literacy skills (Scottish Survey of Adult Literacies, 2009). Parents with limited literacy skills and parents from different cultural backgrounds and a limited knowledge of the English language would benefit from the availability of visual information about home safety in the form of video clips on Social Media and the RoSPA website. Visual information which is freely accessible would also address barriers related to the stigma around low health literacy levels and parents having to admit to be unaware of information to keep their child safe.

RoSPA Scotland used a place-based approach to the Keeping Kids Safe work. They previously evaluated the impact of the packs on families in Dundee (2018) and used this research study to look at the impact of the safety information and packs in Edinburgh and the Lothians, ensuring local flexibility is applied to the type of safety items and information provided to different communities. The research supported a participative approach from parents and healthcare professionals to improve the impact of combined energy, resources and investment on reducing unintentional injury at home in under fives in Scotland.



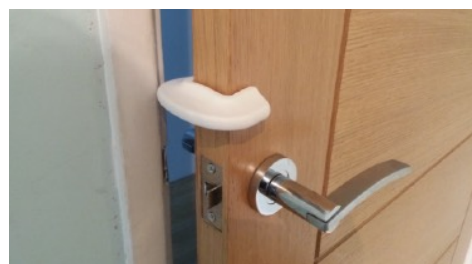
## CONCLUSIONS

The Keeping Kids Safe at home project combined practical safety items and a dedicated safety discussion by a trusted professional. This approach was very effective at increasing parents knowledge about home safety and enabling parents to make informed decisions about safety changes to their home. 55% of parents reported they had learned something new about safety at home and how to respond to accidents because of the pack and visit. The nurses of the Family Nurse Partnership and the Health Visitors felt strongly that the packs offered an educational opportunity to increase parents' knowledge about home safety. 25% of parents reported making safety changes to their home based on the information they received during the visit. In their initial response after receiving the pack 84% parents said the pack was helpful or very helpful.

Two to four weeks later 80% of parents responded that the pack was very helpful or helpful and 65% of parents had started using the safety items. The feeding spoon, cupboard catch and door stopper were identified as key safety items in the Keeping Kids Safe packs which help parents to reduce the risk of

accidents with their baby. The best age to hand out the packs is around four months. The most pressing risks to be addressed with education are the risks of strangulation by blind cords, the risks of suffocation by nappy sacks, the risk of burns and scalding by hot drinks and hair straighteners and the risk of poisoning by liquid laundry capsules, as a high number of parents were unaware of these.

Both delivery routes, either through the Family Nurse Partnership or the Health Visitor teams, offered an individual person-centred approach which was effective in increasing parents' knowledge about home safety and both routes resulted in parents starting to use safety items to prevent injury. The close partnership between young parents and nurses from the FNP developed through continuity and shared decision making resulted in these parents being most open to discuss safety concerns and taking part in this research project. Working with Health Visitors in deprived areas and the Family Nurse Partnership to reach young mums is an excellent approach to support and educate parents on low-incomes who have limited knowledge about the risks of strangulation, suffocation and poisoning in the home.





## APPENDIX A - SUGGESTED CHANGES TO SAFETY PACK APPROACH

The feeding spoon, cupboard catch and door stopper are key safety items which should be part of future packs to be handed out to parents with a baby around four months old. Other items to be considered for adding to the pack are blind cord hooks, corner guards, brackets, a voucher towards a safety gate and a plastic card with emergency information.

It would be helpful to review the format in which the safety and emergency information on the coaster and height chart is presented to young parents and parents from deprived areas. It might be more effective to present the information in a visual format in the form of short video clips or plastic information cards with symbols.

Short (90 seconds) video clips created by RoSPA Scotland for use by Health Visitors and FNP would add visual information to improve equity of access to the safety information. The topics, key messages and age of sharing should be decided by RoSPA, Health Visitors and FNP, but could include the following information:

Video topic	Information in video	Age to be shared
Bath safety	Filling bath, bath temperature and risk of drowning	1 week
Bed safety	No clutter or bumpers in cot, distance between bars on cot	1 months
Changing safely	Keep nappy bags away, always hold hand on baby	2 months
Room safety	Blind cords, electrical cables, hair straighteners, safety gates	3 months
Food safety	Cut food into quarters, secure baby in high chair and buggy	4 months
Kitchen safety	Keep hot pots and hot drinks away and lock cleaning materials and laundry capsules away	5 months
Emergency care	Burns, scalds, falls, choking, suffocation, poisoning	6 months

The combination of face-to-face explanations by the Health Visitors and the FNP, video clips to educate parents about risks, and the provision of key safety items to young parents and parents in deprived areas will help towards the reduction of accidental injury in children under five living in Scotland.