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A whole systems approach to childhood accident prevention; a feature of a progressive intervention within the healthy child programme

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Outline of presentation

- Background and Aim
- Methods
- Key findings
- Issues for discussion
- In summary

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Background

- First stage of a Knowledge Transfer Partnership
  - Learn from existing accident prevention service
  - Transfer accident prevention to another population
- Action on Child Accident Prevention (ACAP)
  - Over 10 year period, ACAP built on developments for children's services
  - Multi component programme
    - Home safety equipment scheme

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Home Safety Equipment Scheme

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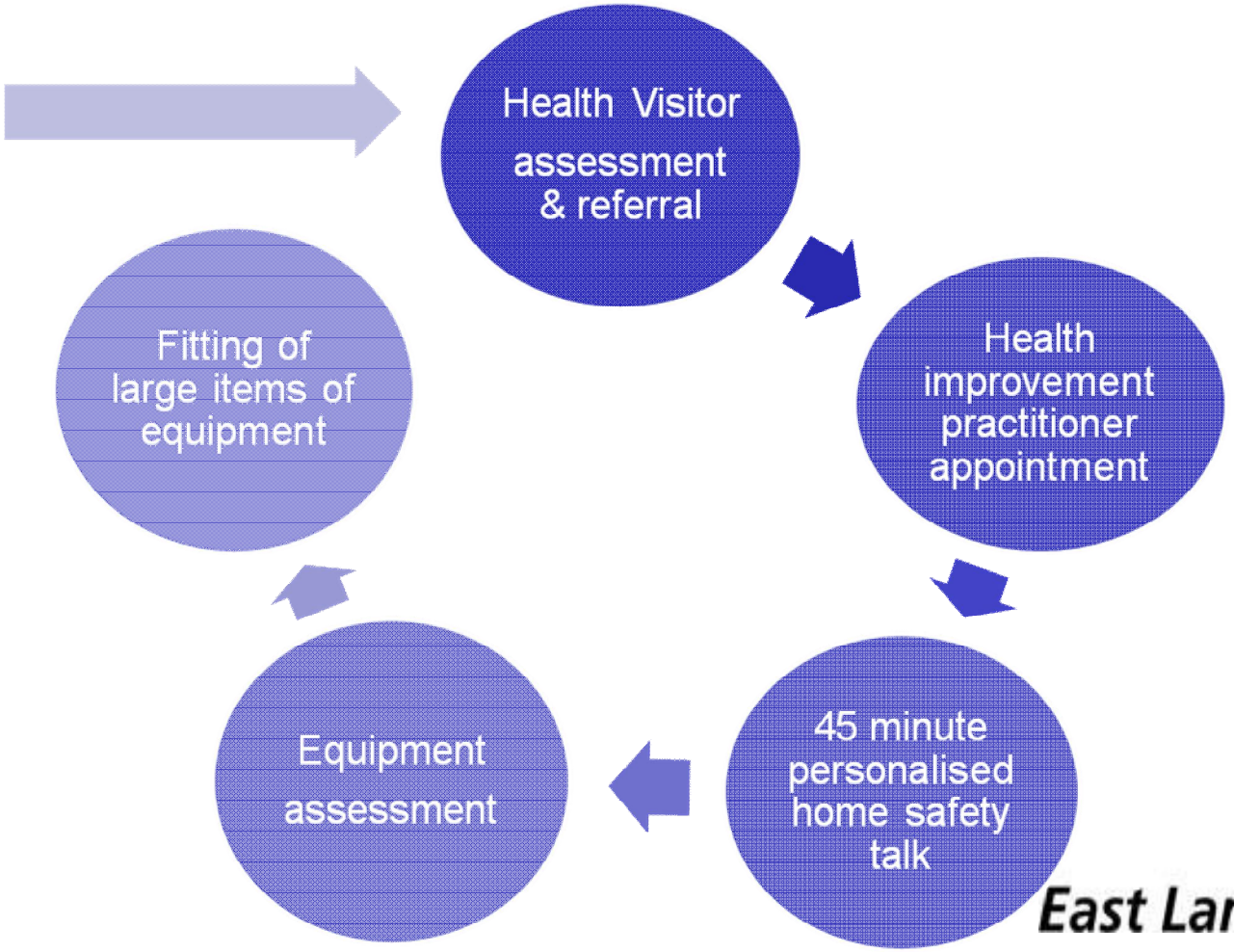
Family with child 0 - 5 years



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Aim

- Identify key transferable components
- To evaluate the home safety equipment scheme available within the ACAP programme
- Analytical task to uncover *how* and *why* the programme worked

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Methods

- Realistic evaluation
  - *What works, for whom, in what circumstances?*
- Qualitative data collection methods
  - Documentary analysis
  - Observation of programme delivery (n=20)
  - Interviews with service users (n=19), programme staff (n=10), health visitors (n=8), service partners (n=12)

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Key Findings

- ACAP a multi-layered dynamic programme
  - 5 transferable themes emerged
- Capitalised on key human & financial resources
- Predicated on a preventive model
  - Effective direction of resources
- Dependent on health visitor use of referral criteria
- Facilitative, active & engaging education delivery

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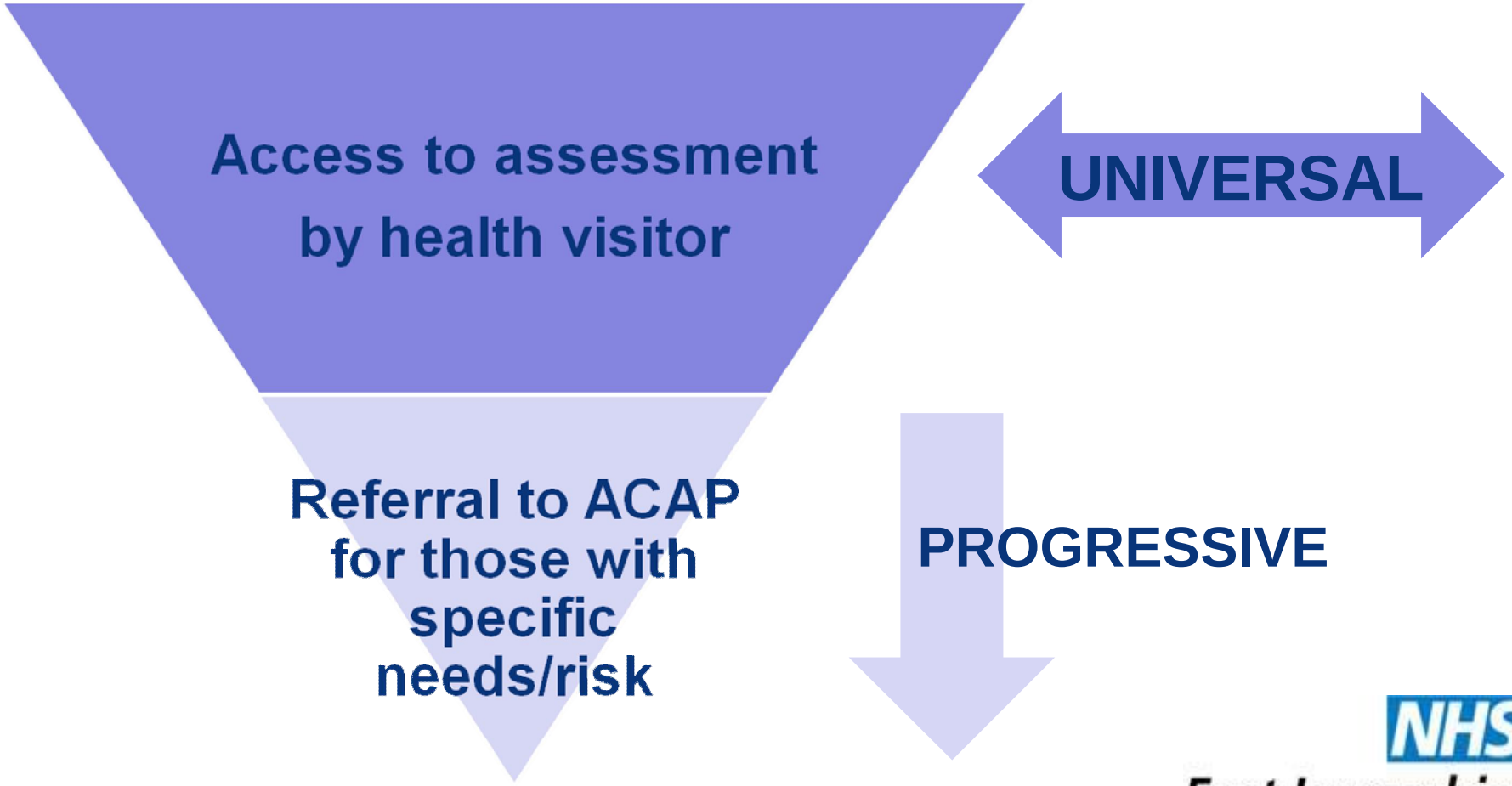

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Issues for discussion

- 3 of 5 key themes where health visitors played pertinent role:
  - A whole systems approach = promoters & referrers
  - Social marketing = create “social kudos”
  - Incentives = advertiser, quality assurance
- ACAP now embedded within health visitor teams
  - An example in practice illustrating how progressive universalism is being put to work

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HV also present on HIP visit (for separate appointment). Mum wasn't sure about a fireguard – both HIP and HV encouraged strongly with reasons and benefits of one

(Observation)

Health visitors are skilled and ensure that the right people are referred into the scheme

(Stakeholder 2)

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A special needs family, not on income support, dad's working and earning decent wage but mum's at home, and they've a special needs child which they need to look after. They haven't had lots of A and E's for various accidents. So when I looked at the criteria they didn't meet any, but I just felt to support mum looking after the other child. The other one was always getting out of the living room, going up the stairs when the door wasn't shut properly, I felt that she need the stair gates for that reason. She didn't have a fire. So in that sense I ignored the criteria and using my professional judgement on that. *(Stakeholder 3)*

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In summary…

- Universal provision requires whole systems approach
  - Everyone pitching in!
- Progressiveness need particular expertise and judgement
  - Recognising need, undertaking assessment
  - Considering eligibility
  - “Selling” the product and the idea
- Keeping the programme going requires both important and crucial elements
  - Health visitor expertise is crucial

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