Title: Parental perceptions of barriers and facilitators to preventing child unintentional injuries within the home: a qualitative study

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Author's response to reviews: see over
Dear Editor

The authors would like to thank the reviewers for their interesting and constructive comments. Based on the comments received revisions to the paper.

Following the reviewer comments and suggested papers, the reference to fatalism has been removed from the paper. The reviewer raised an important issue regarding issues of blame with which the authors agree.

The discussion has been further developed and we hope you will now accept this for publication.

Revision made:

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**Barriers to undertaking injury prevention within the home**

Five main themes emerged relating to barriers to injury prevention: lack of anticipation of injury producing events by parents, fatalism, interrupted supervision, limitations with adapting the home, and the timing/targeting of safety information. The key themes are illustrated with anonymous quotes.

Changed to:

Five main themes emerged relating to barriers to injury prevention: lack of anticipation of injury producing events by parents, the idea that there is little that can be done to prevent injuries, interrupted supervision, limitations with adapting the home, and the timing/targeting of safety information. The key themes are illustrated with anonymous quotes.

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*Sub heading: Lack of anticipation changed to Parental anticipation of injury events*

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*Sub heading Fatalism: ‘There is nothing that can be done to prevent injuries’ changed to There is nothing that can be done to prevent injuries’*

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**Discussion**

This study found a range of barriers that make it difficult, and some facilitators that help parents to prevent injuries to children within the home. Barriers included lack of anticipation of injury producing events, fatalism, interrupted supervision, limitations to adapting the home and
inappropriate timing / targeting of safety information in relation to the ages and stages of child development.

Changed to:

This study found a range of barriers that make it difficult, and some facilitators that help parents to prevent injuries to children within the home. Barriers included lack of anticipation of injury producing events, an acceptance that some injury events are inevitable, interrupted supervision, limitations to adapting the home and inappropriate timing / targeting of safety information in relation to the ages and stages of child development.

Discussion section changed to include the following:

Parental anticipation of injury risks is an important factor in preventing child home injury, where there is a lack of anticipation this has been highlighted as a barrier to injury prevention [13, 23], this is supported by the findings of our study. Parental anticipation of child injury risk is complex and interwoven with a variety of factors [24]. Parents may anticipate injury risks but this may not translate into action due to a combination of factors. Such factors may include for example, maternal fatigue financial resources, multiple and competing demands for the parents’ attention. In addition, as has been previously found parents may accept that some minor injuries are an inevitable aspect of early childhood [13, 25, 26]. With regard to ‘there is little that can be done to prevent injuries’ parents whose child had experienced a fall requiring attendance at ED described this more than parents whose child had experienced a poisoning or scald requiring attendance at ED. As has been previously found [27] it may be that some parents underestimate the likelihood of injuries perceived as ‘more serious’ and perceive ‘less serious’ injuries as more likely but an inevitable part of growing up. It may be that some parents do not anticipate the severity of injury outcomes from some activities, for example jumping from a bunk bed resulting in a broken collar bone.

Entwined with anticipation is parental supervision. Parental supervision encompasses a spectrum of activities to include watching, listening and awareness of where the child is and what the child is doing [24, 28, 29]. Supervision is an important factor for reducing injury risks [23, 30-33] and parents in our study described supervision as a facilitator for reducing injury risk. However parents in our study also described barriers to injury prevention as times when supervision is interrupted as has been previously found [31, 32, 34]. It is also important to consider the factors that may affect supervision such as living in a home that is greater need of repair or a home that the parent does not own and are not free to child proof in the way that they might like. Such factors place greater pressures on parents to provide direct and constant supervision [35].
Consistent with other studies, we found living in a home the parent does not own can be a barrier to installing home safety equipment [12, 13]. While some parents describe safety equipment as an aid to their injury prevention practices, as also found in other studies the perceived limitations of safety equipment can be a further barrier to its installation, maintenance and use [12, 13] as can the financial cost of such equipment [12, 13]. Social housing providers may be willing to engage with safety interventions as recently demonstrated for scald prevention [36, 37], but enforcement through legislation, regulations or standards may also be required to address these barriers. Home safety interventions providing and fitting safety equipment may address some financial barriers and barriers relating to a lack of tools or skills to install and some equipment.

There is some evidence to suggest some parents prefer finding out and learning about safety through other parents rather than by talking with professionals [38]. Our study also found that parents may find learning from other parent’s experiences of injuries useful for developing anticipatory knowledge and planning preventative strategies [14, 38].

Different injury risks are associated with different ages and stages of child development [11, 39] and require different anticipatory and supervisory practices. Peer programmes, where appropriately trained parents provide home safety advice to parents, have demonstrated reductions in injury risk [40]. Social networks and appropriately trained mothers have also been suggested as methods of communicating safety messages to parents [14, 38]. Our findings suggest providing safety information appropriate to child age and development, including through the use of “real life” stories from parents of injured children, may provide a way forward for delivering interventions.

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*Implications for research and practice sentence added to end of paragraph as follows:* Explanations regarding the implementation and effectiveness of interventions need to include the broader context in which parents injury behaviours occur.