



# Keeping Children Safe at Home in Blackburn with Darwen

March 2026

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## Healthwatch Blackburn with Darwen

Healthwatch was established under the Health and Social Care Act 2012 as an independent consumer champion to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

There are over 150 local Healthwatch across England. The role of a local Healthwatch is to:

- Listen to people, especially those who are most vulnerable, to understand their experiences and what matters most to them.
- Influence those who have the power to change services so that they better meet people's needs now and into the future.
- Empower and inform people to get the most from their health and social care services and encourage other organisations to do the same.

Find out more at: <http://www.healthwatchblackburnwithdarwen.co.uk>

## Background

We know from hospital data that Blackburn with Darwen has a significantly high number of children attending hospital and being admitted as a result of unintentional and deliberate injuries. We have the highest number of children in the Northwest (131.5 admissions per 10,000 young people compared with Northwest 97.8 per 10,000) and 4<sup>th</sup> in England (compared with England average of 75.3 per 10,000).

We have particularly high attendances and admissions for under 5-year-olds with the main causes of admission being: -

1. Falls
2. Heat and hot surfaces
3. Collision with inanimate objects
4. Contact with sharp objects
5. Accidental poisoning - medicines



## Methodology

We developed a survey for parents to complete which was shared both in person in the Family Hubs and Baby Zone and online with Care Network, the Family Hubs, BwD Council and via schools.

We received 112 responses to the survey. The findings are detailed in this report.

The objective of the survey was to understand where there are any gaps in knowledge or behaviours amongst parents, what information they are accessing or otherwise around child safety and whether additional training and targeted messaging is required to increase awareness of child safety in the home amongst parents of 0–5-year-olds in Blackburn with Darwen.



## Executive Summary and Recommendations

Parents in Blackburn with Darwen felt that the most common incidents in the home were falls, collision with objects in the home and injuries as a result of contact with heat/ hot surfaces, fairly consistent with themes from hospital attendance/admission data. Although parents were able to identify most hazards in the home, there were not many who felt that windows which they were unable to open constituted a hazard whereas this could pose a serious fire escape risk therefore increased awareness raising of fire safety would be beneficial. There was also a lack of understanding of the benefit of some home safety modifications such as blind cords, highlighting the need for increased education.

People stated that they would turn to family and friends for information about keeping their child safe, as much as would consult the NHS website or turn to a healthcare professional due to their lived experience. As such, it is important that knowledge amongst residents of child safety is up to date and correct if they are sharing this advice with others.

There was a lack of awareness amongst parents of the Child Accident Prevention Trust resources which are a fantastic visual set of advice and educational resources therefore improved messaging on social media and via midwives and health visitors would help increase parents' awareness of high quality trusted resources on child safety. One of the key gaps in knowledge for parents was around the appropriate source of care for their children's symptoms with lack of knowledge about when self-care is appropriate instead of seeking health professional advice and in particular going to the hospital. Increased promotion of the Health-wise booklet on child health would help address this lack of awareness.

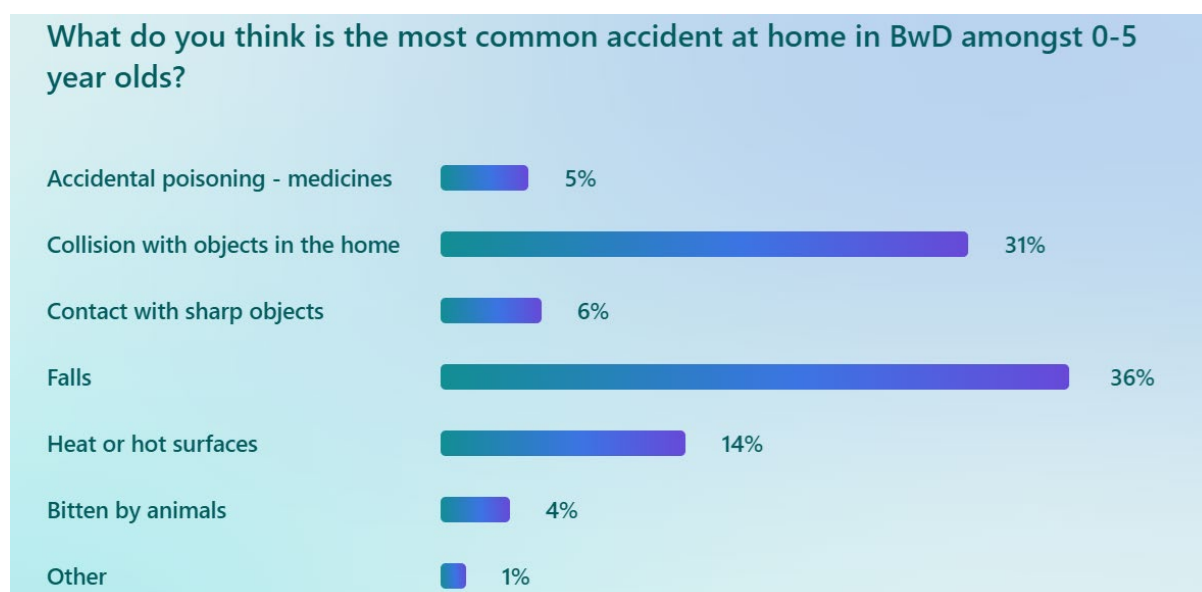
### Recommendations

- Increased and improved messaging around child safety and child health across statutory and voluntary sector partners to ensure that awareness of child safety is relevant, up to date and understandable.
- To engage with the parents who offered their support for a focus group to coproduce materials for parents in the borough on child safety and safe homes.
- To produce a range of materials which meet the needs of parents based on trusted resources but communicated in a way that is understandable to all our parents and in a range of languages. These should include visual images for safety modifications in the home or a video which can be shared on social media and through WhatsApp groups or broadcasts.
- To consider training for expectant or new parents on child safety through the Family Hubs in partnership with Adult Learning.



## Findings from the survey

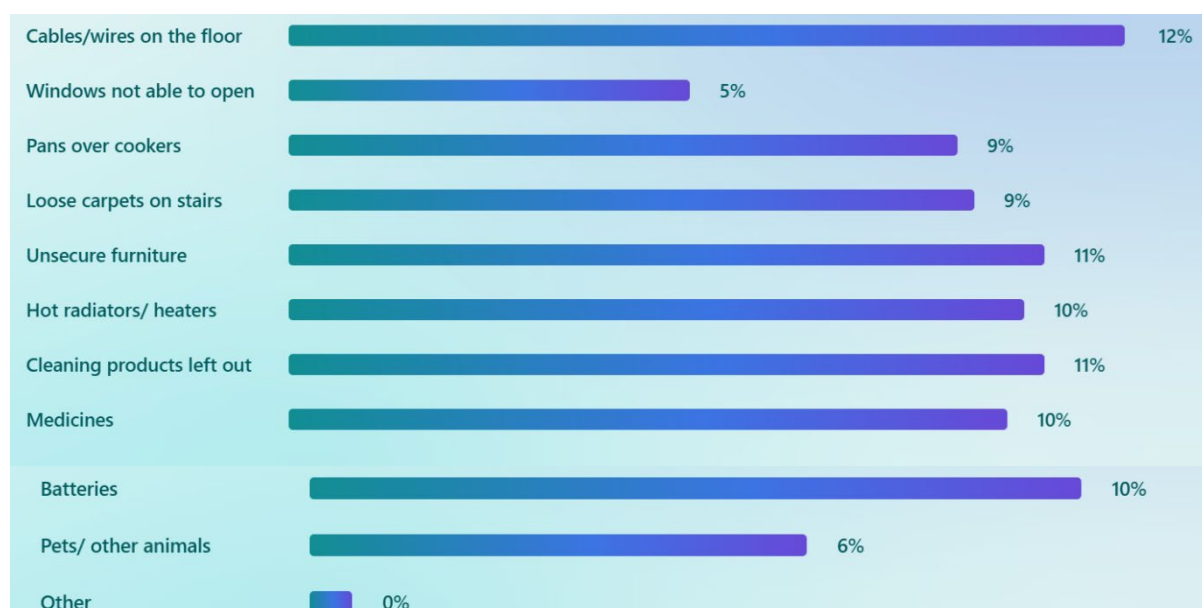
Respondents to the survey had children aged between 9 months and 10 years old.



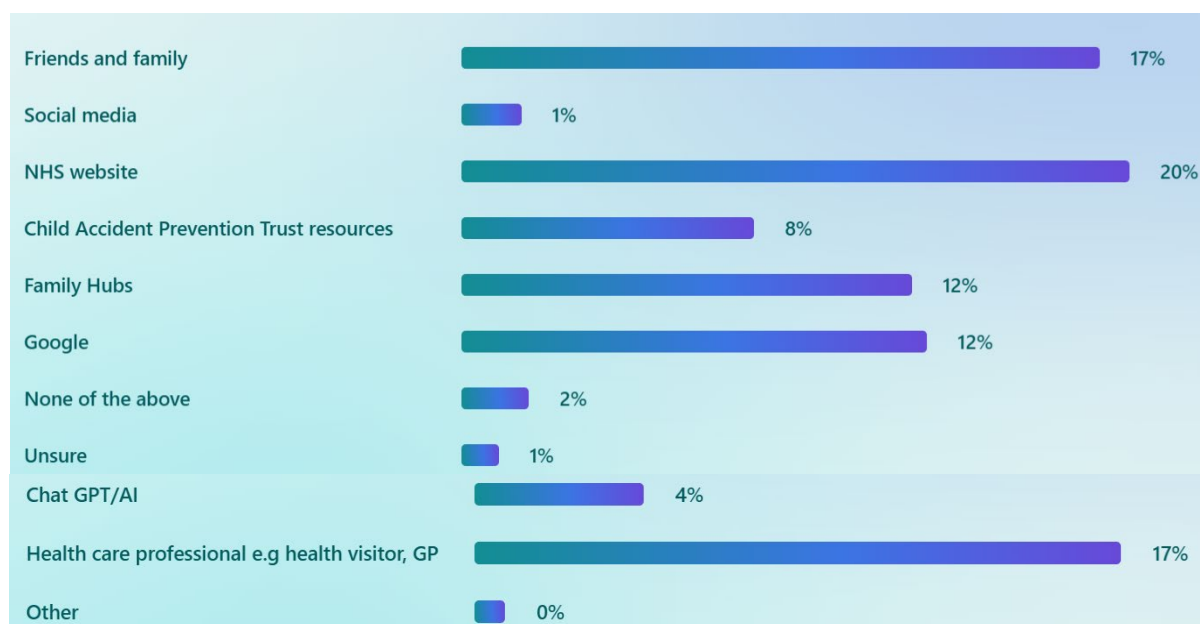
Answers included within "other" were "unsure," "all of the above plus choking" and "trapped finger in door."

The answer falls is consistent with hospital data however parents reported collisions with objects in the home to be higher than heat and hot surfaces. Therefore, it appears that these occur more often but are less likely to result in hospital attendance.

### What do you consider to be a hazard in the home?



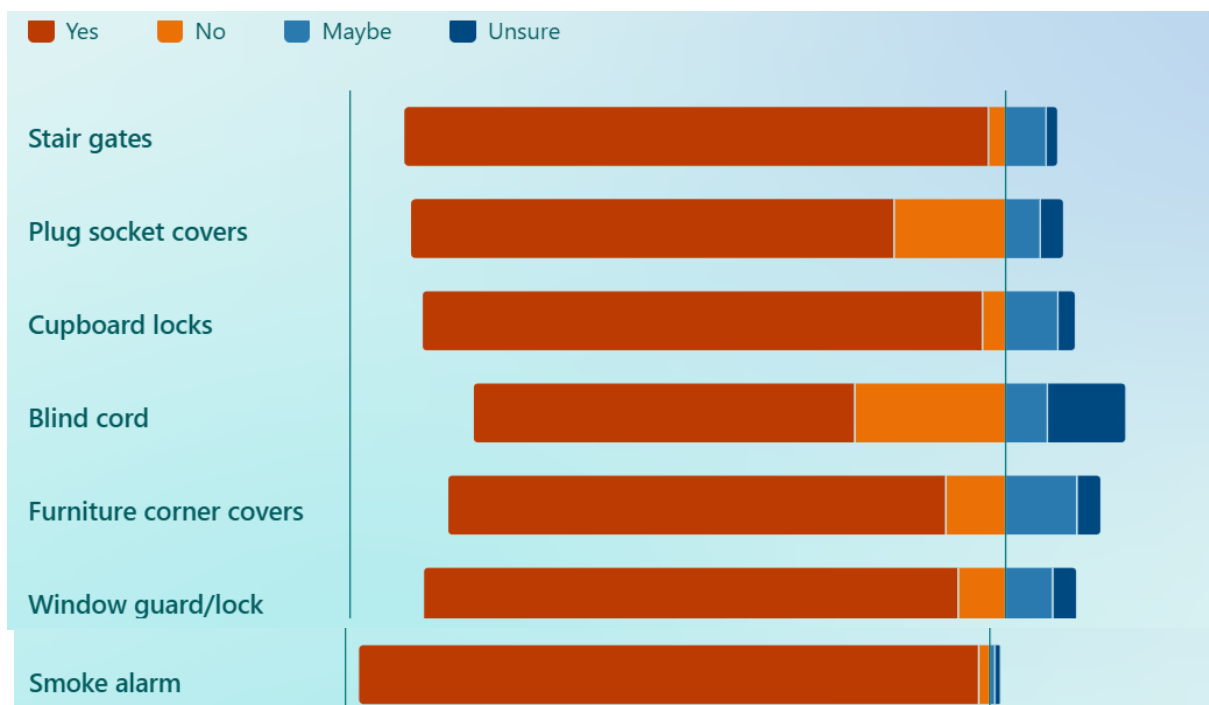
## Where would you turn for information about keeping your child safe?



Respondents who stated, "Friends and Family" were from a wide range of ethnic backgrounds as were the responses to "none of the above" and "unsure." It is clear from the figures above that family and friends come close to trusted health professionals as sources of support around keeping your child safe based on their lived experience. Accessing Child Accident Prevention Trust resources appears low amongst parents therefore appears to be a gap in awareness.



## Would you consider the following to be safety modifications to a home?



From the above, there is a lack of understanding around blind cord safety which is concerning when the Child Accident Prevention Trust stating that it can take 15 seconds for a toddler to lose consciousness if a blind cord is caught around their neck. Mixed views on plug socket covers reflects research from Which? that the design of the covers can disrupt the existing safety mechanisms inside standard UK plug sockets.

## Is there anything you wish you had known before your child had an accident at home?

Answers to this question included: -



“Self-care after an accident and when to go to A&E or urgent care. A laminated poster given by the health visitor when baby is born would be good. Just saying which accidents are self-care, pharmacy, GP, Urgent care A&E and health visitor. This could be for everything not just accidents.”

“Radiator pipe heat and how easily it is to burn children.”

“I wish I had been told to get a non-slip bath mat, as I reached for a towel my child jumped (as he liked to bounce and jump around when he first started to use his legs), I moved so fast but didn’t catch him and he banged his front teeth on the silver bath bar resulting in a trip to A & E, his teeth are chipped but otherwise fine. more information on local dentists that provide NHS funded care and have

child places available as i was misinformed by a few private dentists before talking to my child's doctor and finding out the truth."

"We adopted so we had a lot of additional advice that likely isn't available to a lot of newer parents."

"Just managing to keep things out of reach and basic knowledge around child health."

"We struggle more outdoors."

"How to treat a scald."

"I feel as a parent I am well informed but so many parents do not know the dangers of button batteries and risk of ingesting these."

"To watch them like a hawk when playing on furniture like sofas, beds, chairs."

"I wish someone would have informed me on what safety modifications to put into place."

"Metal door frame strip - wish i had known these are sharp - child fell slicing knee open."



### **Is there any information available about child safety which you have found confusing?**

Answers to this question included: -



"Still unsure at what point to take down the stair gates top and bottom once child able to walk up and down."

"When to take baby/infant to A & E. Even though they look fine, acting okay. When I've rang 111 for advice, where to go etc I'm always sent to A & E and then sent home and the staff in A & E saying I could have just seen the GP."

"No but there's a lot on NHS website that contradicts itself e.g. slapped cheek, toilet training. Trust websites often contradict the actual NHS website."

"Car seat safety. Laws are not strong enough and not enforced. Research shows extended rear facing is the safest method of travel until at minimum 4 years old but R44 seats approve forward facing from 9kg and R125 approve forward facing from 15 months!!"

"That children are not safe on same bed with parent even when we don't drink or smoke at all."

"Head injury- worry about not taking him to be seen in case anything is wrong."



However, many felt that information was understandable and not confusing.



### If yes, what do you look for?

Responses included: -

“Kitemark CE UK”

“Age limits on some items. Other than that, nope.”

“No very small objects, nothing sharp, in terms of food, anything circular i.e. grapes to be cut into long quarters, no foods with lots of salts or sugars.”

“Age restrictions; Choking hazards; Ingredients.”

“If i was ever unsure about whether a toy or food was unsafe for my child I wouldn’t give it to him until I had done the relevant research on it, for example, I wasn’t sure if my 1 year old could have honey, so I used the internet to research whether it was suitable for his age, listening to your instincts and not ignoring them will always help, it’s better to prevent than cure. It’s better to know than guess.”

“Age range, but also my child’s development level. Food we have allergies in the house to tend to check ingredients. Also check NHS advice around things like popcorn and other choking hazards.”

“Check age appropriate... always check batteries cannot come out if a toy. Check toys cannot be swallowed when he was younger and didn’t understand. Always make sure he doesn’t have any lollies etc. no popcorn/marshmallows.”

“Any toys that have broken/sharp edges to remove them. make sure the foods are cut into the right size for my child like cutting grapes, blueberries, strawberries etc up. make sure there’s nothing left out that she could hurt herself on. buy age-appropriate toys.”

"Battery covers/ screws on things like toys. Food – choking hazards – e.g. how to cut certain foods, never leaving unattended whilst eating."

"Safe foods under the age of 5. No button batteries in toys. This was told me by a health visitor i was also told religiously about safe sleep."



### **If your child is with friends or family, how do you make sure of their safety?**

Responses from parents included: -



"I don't leave them."

"Would only ever be with grandparents and they follow the same safety guidelines as we do and don't have hazards etc in their home."

"Keep in contact."

"Make sure it's the same as home."

"Trust the family member and make sure the environment is right for them before I leave communication to one another which foods they can and can't have what drinks they can and can't have."

"Keep communication open and frequent between both parties, always informing each other if any medication has been used i.e. Calpol/ibuprofen and what time it was given, i always drop him off myself so i can always see that the environment he's in is safe and/or if any adjustments would need to be made to keep him safe. Also listening to your child, if they are happy to go then that's ok, if they ever kept showing obvious signs of distress then listen to them."

"I tell them to watch him for dismantling things or touching plugs as he has shown interest in switches."

"Ensure my child is left with someone i feel safe with."

"i make sure they know what foods they can and can't have like not to give her marshmallows or hard sweets because of them being a choke hazard and cutting fruits up small for her and makes sure they don't have anything for example glass cups, ornaments etc at her level that she could get hold of and break."



**If your child has had an accident at home in the last 2 years, please could you tell us a little about it, including where it took place e.g. your house, a friends' house or that of family.**

Responses included: -

"The one that springs to mind is when she was still quite small about 1yr or so. Was playing with a baby toy one of those activity triangle toys...completely safe toy...but she at stood it on end length ways and was leaning on it with her mouth chewing it and when she moved forwards/ it slipped over she bruised lips and cut mouth with a fair bit of bleeding. Didn't need a and e and but was distressing and I handed anticipated it as was sitting still playing with a baby toy."

"At home, fell off bed."

"Radiator pipe burn. he was pulling to stand and used the pipe. Thankfully only superficial but having done a first aid course I ran his hand under water for 20 minutes which could have made the difference."

"My child banged his teeth on the metal bar in the bath right in front of my eyes, at home, despite reacting almost instantly I missed him and he ended up chipping his two front teeth and now is being seen by a specialist dentist."

"Tripping over their brother. Tripped on own feet when running not long after learning and bumped head on windowsill."

"Running in the house and hit his head on door edge at my house."

"Burn on fingers on fire at home. Stood at the side of parents and was not aware it had happened until about 20 minutes later when there was pain."

"Fell off a slide at nursery, bruising to her face and nose."

"My little girl is clumsy and trips over her own feet doesn't matter where she is and nothing can be the cause of it."

"Fall down the stairs."

"Touched hot tea - took to A & E was told it was fine as tea was not hot enough and what to do and check for in the event it happens again."

"Got through stair gate and fell."

"Trapped fingers."

"My home. Older child burnt hand on a hot spoon I dropped."

"Only minor falls/slips on laminate floor."

"Fell off his crib at home due to poor supervision in my absence by grandparents."

"Falls and bumps bruises from falling just clumsy."

"i will not call it an accident but my both kids keep falling from bed because they like to hop all the time."

"Playing on the sofa, I wasn't paying enough attention and in a split second she managed to fall off the sofa, which wasn't high and it was onto a carpeted floor. However, due to the way she landed on her arm this resulted in a fractured wrist. Was in a cast for 4 weeks."

"My own home my child fell over and hit his head on the tv cabinet."

"Eldest child burnt hand on hot radiator."

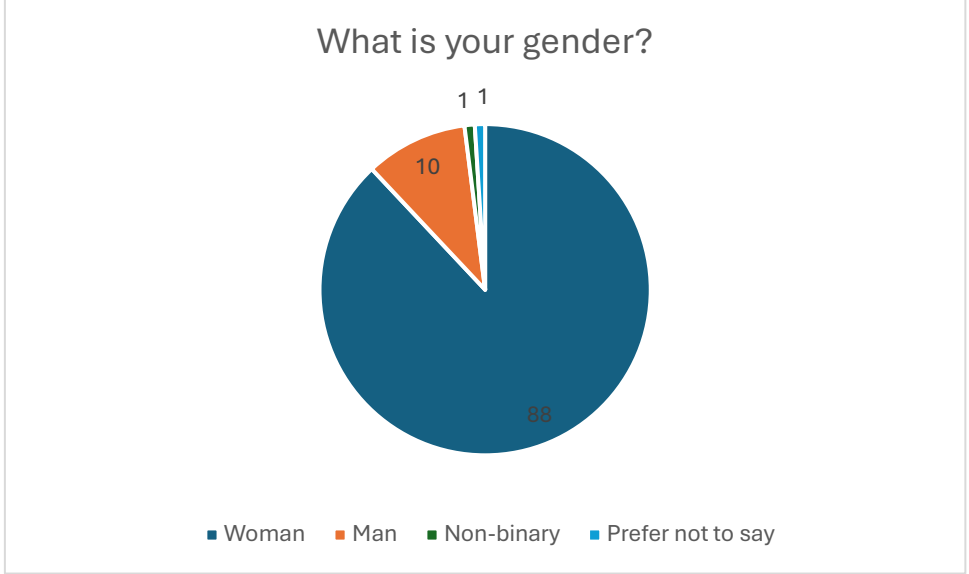
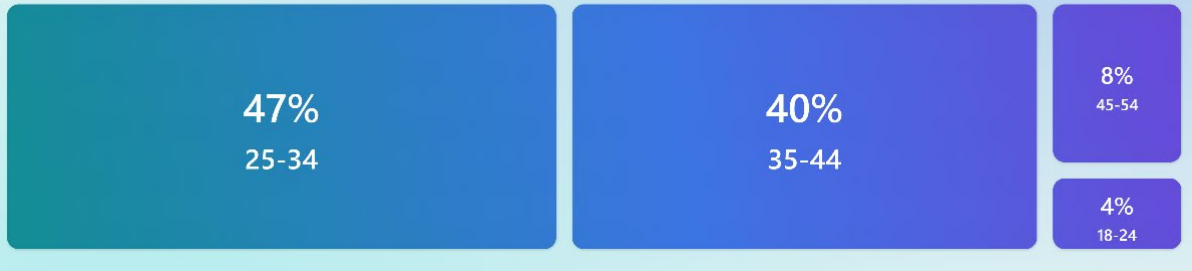
"child fell and slit open knee on door frame. nasty scar."

**If you would be happy to be part of a focus group to chat about child safety more, please leave your name, phone number and email below.**

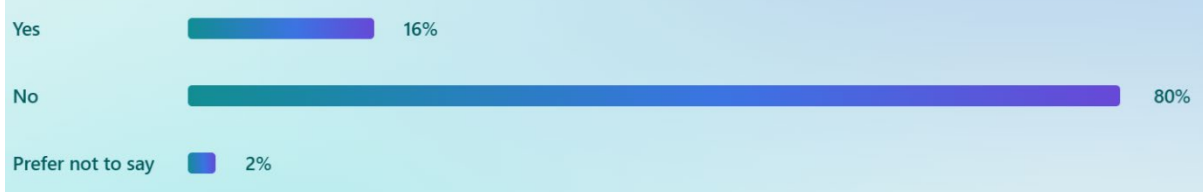
11 parents shared their contact details to take part in a focus group to discuss further training and messaging around child safety in the borough.

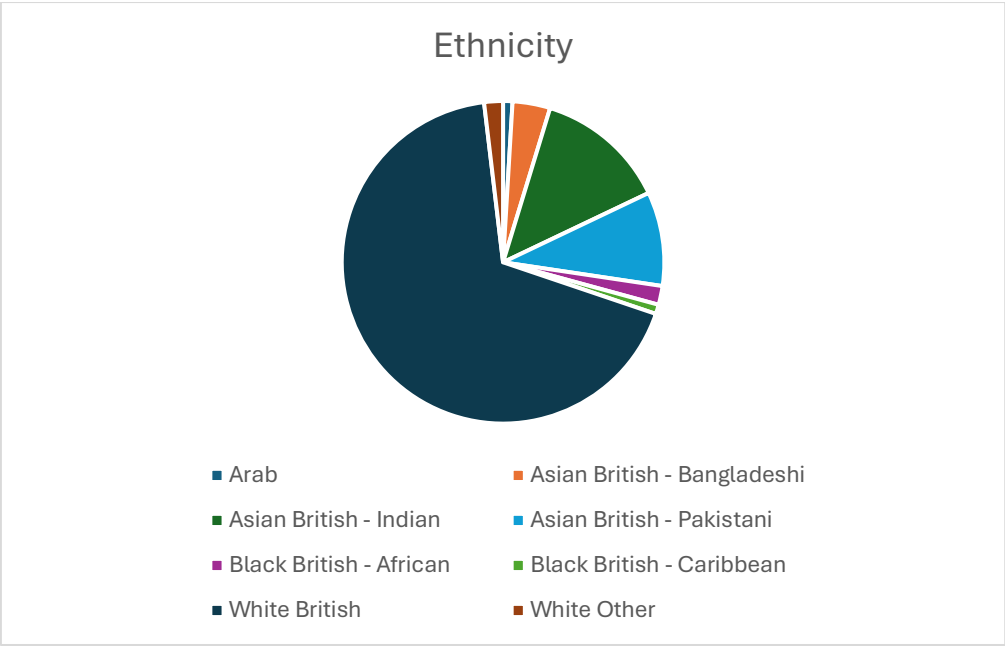
# Demographics

What is your age?

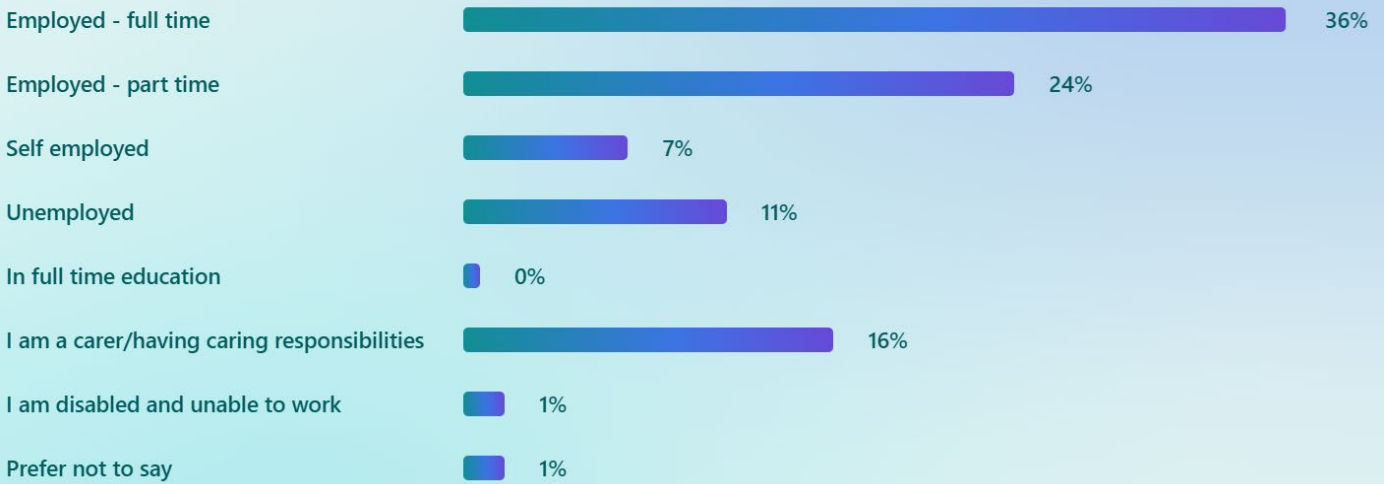


Do you have a long term health condition or disability?





### What is your employment status?



### What is the first half of your postcode?

