


Good practice for general child home safety

	Evidence statement	Transfer and Implementation points
Education	<p>Home safety counselling (addressing issues such as using window bars, stair gates, other home safety equipment and not using baby walkers, bath seats and other injury hazard producing equipment) can reduce the risk of child injury.^{27,55,56,71,72}</p>	<ul style="list-style-type: none"> - Availability, accessibility, cost and ease of use of items recommended during home safety checks will impact their uptake.^{55,56,72} - Providing free safety equipment increases use but evidence is less strong for discounted equipment.⁵⁶
	<p>Home based social support, such as home visiting programmes for new mothers, has the potential to significantly reduce rates of child injury.⁷³⁻⁷⁶</p>	<ul style="list-style-type: none"> - Supportive home visiting for families with young children can provide education regarding issues such as using window bars, stair gates, other home safety equipment and not using baby walkers, bath seats and other injury hazard producing equipment.⁷³⁻⁷⁶ - Availability, accessibility, cost and ease of use of items recommended during home visits will impact their uptake.^{55,56}
	<p>There is indirect evidence that individual-level education/counselling in the clinical setting are effective measures to reduce many childhood unintentional injuries.^{55,77}</p> <p> Case Example: Paediatrician Injury Prevention Counselling Child Safety Tips, Austria, Page 70</p>	<ul style="list-style-type: none"> - Availability, accessibility, cost and ease of use of safety equipment recommended during education/counselling sessions will impact the uptake.^{55,77} - Those providing information also require initial and ongoing training to ensure content/material provided is up-to-date.^{78,79}

