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Nottingham

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Evaluation of the National Safe At Home Scheme

FINAL REPORT

for the Royal Society for the Prevention of
Accidents

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EXECUTIVE SUMMARY

This report presents the evaluation of Safe At Home, the national home safety equipment scheme. The evaluation was conducted by the University of Nottingham and took place between December 2009 and March 2011.

The intervention

The scheme was established in February 2009 with £18 million provided by the Department for Education (formerly Department for Children, Schools and Families). This followed a commitment to improve the safety of children and young people in England and Wales as published in the *Staying Safe Action Plan*. The national scheme was hosted by the Royal Society for the Prevention of Accidents. Its main focus was:

“To provide home safety equipment to the most disadvantaged families in areas with the highest accident rates.”

The scheme provided a combination of safety equipment, installation, professional training and education for families. One of the long term objectives of the scheme was to promote understanding of the importance of home safety and to build the capacity of local communities to run their own schemes. It operated for two years ending in March 2011.

The evaluation

The evaluation employed a range of methods within a series of component studies, each of which fed into the seven evaluation objectives shown below. The methods included postal surveys, one-to-one interviews, discussion groups, direct observation, case studies, documentary analysis and postcode mapping of family data. The evaluation was designed to include as wide a range of perspectives as possible in order to develop a comprehensive picture.

Results

Objective A

To evaluate the processes

The national Safe At Home scheme has made good progress in all of the areas outlined below.

- ***Establishing Safe At Home***

The establishment of Safe At Home was reliant on progress within two areas. First, the “inward processes” - those processes that built, nurtured and maintained the Safe At Home scheme. Second, the “outward work” which included the ways in which the work of the national scheme was publicised externally, how links were built with local providers and how the scheme was perceived by others.

Evidence of progress in relation to the “inward processes”:

- Development of Targeting and Distribution Strategy within first month of operation (February 2009)
- Contract with equipment supplier (April 2009)
- Central co-ordinating team appointed and CRB-checked (July 2009)
- External evaluation team appointed (December 2009)
- Production of monthly management reports for DfE
- Monthly meetings with key contacts such as the equipment supplier, DfE

Evidence of progress in relation to the “outward work”:

- Launch of website (June 2009) – consistently high level of visits
- National conference held (March 2010)
- Press releases reporting progress issued throughout intervention period
- Presentations made at World Conference (September 2010)
- Exceeded KPI for professional training (September 2010)
- 129 active local schemes - covering 130 of the original 141 local authority areas identified at the outset (March 2011)
- 66,127 homes received fitted safety equipment
- 282,000 families received home safety information (February 2011)
- Frequent contact with local schemes and monitoring visits
- Feedback received on Safe At Home from all participant perspectives was very positive

The national scheme was established quickly and achieved a great deal in a short space of time, as noted by the international experts. Much of this success was due to the commitment and enthusiasm of the central co-ordinating team whose support received high praise from professionals working in the local schemes. Initially Safe At Home met with resistance from potential providers in some areas, perhaps expecting greater flexibility and control over the way in which funding could be used in their own locality.

The scheme’s performance against KPIs showed slower progress in the early months. Some of the barriers encountered in the process were not within the control of the national scheme.

- ***Working with partners***

The development of effective working partnerships at both national and local level has been an essential component of Safe At Home. Central to this is the working relationship between RoSPA and Kid Rapt, the equipment supplier. The mutually supportive nature of the partnership was apparent in interviews with key stakeholders. Local scheme staff spoke highly of both Kid Rapt and RoSPA.

Partnership working between RoSPA and the local schemes progressed well. The flexible approach adopted by RoSPA meant that in response to local co-ordinator comments, modifications were made to the scheme.

At local level, partnership working featured strongly as one of the most important factors required for establishing and sustaining a scheme. Evidence suggested that establishing local schemes created a sense of community in some areas, with agencies pulling together with a common aim and individuals contributing time, energy and skills in a spirit of goodwill. This is a common and often productive approach in partnership working but it can result in the true monetary costs of an intervention being difficult to identify. Our findings suggested that where local partnerships already existed schemes became established more quickly.

- ***Identifying and targeting existing schemes and supporting the development of new schemes***

The Targeting and Distribution Strategy identified 141 local authorities eligible to participate in the national scheme using a formula based on above average injury admission rates to hospital for children under 5 years of age. Emphasis was placed on registering schemes representing the 70 local authorities where injury admissions were highest in relation to the national average (88.82 per 100,000 population 0-5 years of age). These areas became the priority group within the first year regardless of whether they operated an existing scheme or not.

In the two years that the national scheme operated, 129 local schemes were active covering 130 of those from the original 141 local authority areas identified at the outset. (This takes account of schemes which covered several areas and areas which operated multiple schemes). Eleven of the original areas identified opted not to participate. Findings from the formative interviews indicated that for some areas where pre-existing equipment schemes were in operation, registration with the national scheme raised concern over potential loss of local funding. This may have deterred some areas from joining.

In the survey of scheme leaders, one third of respondents reported that an alternative safety equipment scheme operated in their area alongside Safe At Home. The operation of two schemes concurrently, each with different eligibility criteria, could result in tensions for the staff concerned as reported in the formative interviews. However, evidence from the case studies where half of the 20 schemes ran Safe At Home concurrently with another equipment scheme indicated that the two can dove-tail well resulting in a more comprehensive service.

One aspect found to be particularly helpful to those working in the local schemes was the role of the regional co-ordinators. They were also helpful to the central team in identifying potential barriers to progress and in monitoring schemes.

- ***Training providers***

Evidence of achievement in the provision of professional training was outstanding. Over 4,000 staff completed the training, including health visitors and family support workers. Feedback from participant evaluation sheets and observations was extremely positive. For example 98% of participants rated the relevance, content and delivery very highly. Participants praised the way in which information was tailored to meet diverse needs within the group and reported an increase in post-training confidence in implementing key aspects of the scheme.

Several resources were made available to professionals to support the education of families. These included a DVD, height chart and a flip chart. Evidence from professionals indicated that the resources were valued and well used by staff working in local schemes.

- ***Educating families in keeping their children safe at home***

The national scheme offered safety education and advice to parents in receipt of equipment, as well as to those families with children under 5 residing in scheme areas who did not fulfil the equipment eligibility criteria. Family education was delivered on a one-to-one basis or within a group setting, using a range of techniques in order to access families, many of whom did not readily engage with service providers. The opportunity to deliver education in the home setting was seen as particularly valuable since it enabled advice to be tailored to the specific requirements of the family concerned.

Two of the outputs of Safe At Home will be the large number of professional staff who have been trained and the supporting educational resources that were produced. Education is known to be more effective when the messages are reinforced over time. Opportunity exists to build on the current level of knowledge amongst families and to provide them with age-appropriate updates as their child develops.

By March 2011, 282,000 families had received home safety information and advice; with the time-lag in reporting it is likely that the target of 300,000 families educated will be exceeded. In the national survey of families receiving equipment, 92% of respondents reported that they found the safety information received to be useful. The distribution of supporting resources was extensive, with 7,881 DVDs, 3,885 flipcharts and 568,000 height charts provided.

- ***Increasing the availability of home safety equipment***

The home safety equipment items were selected on the basis of best available evidence of effectiveness. Evidence has shown that amongst the barriers to the installation of home safety equipment are cost and inability to install the equipment correctly. Safe At Home addressed these by providing equipment and professional installation free of charge.

Final performance figures (April 2011) showed that 66,127 families received equipment through the scheme. The family survey indicated that 96% of families were satisfied with the scheme. In addition, over 91% felt that their home was safer after having the equipment fitted. Additional comments from parents indicated the high value they placed on the installation element of the scheme.

The equipment provided was generally considered to be suitable by both families and professionals. Comments received from fitters, scheme co-ordinators and families indicated that greater flexibility in the choice of some of the items available would have been appreciated. This was particularly the case in relation to specific items for example several schemes reported that the locks supplied to them were not suitable. Finding a satisfactory balance between locally identified needs and the consistency of standards required to operate the scheme on a national basis presented an ongoing challenge.

Some schemes reported that a small number of families eligible for equipment elected not to take up the offer. There were a variety of reasons for this.

- ***Increasing opportunity for families in disadvantaged areas to keep their children safe.***

Safe At Home addressed a number of the factors recognised as barriers to home safety for those families living in disadvantaged areas. The scheme raised awareness of home safety amongst the target group, assessed the need for equipment amongst eligible families, increased access to free safety equipment and ensured professional installation of equipment in homes. This approach is in line with that advocated in the NICE guidance, produced 2010.

Evidence from the case studies highlighted some schemes which had taken additional steps to meet the specific needs of individual families in their community: examples included engaging female fitters to visit homes where a male visitor may be seen as a threat and working alongside interpreters or those with specialist knowledge, such as a gypsy liaison officer. These approaches are likely to have increased the number of eligible families who benefited from the scheme.

Professionals working within local schemes identified a number of unintended benefits of Safe At Home extending beyond the field of unintentional injury. It was felt that the non-threatening nature of the intervention had encouraged families to take part who otherwise may not have engaged with service providers. Safe At Home widened the opportunities for engagement with harder-to-reach families and it would be hoped that this contact, once established will benefit them in other areas of health promotion.

Objective B

To determine changes in provision of home safety equipment in targeted areas. Did the home safety equipment reach the most disadvantaged families?

By April 2011, 66,127 families had safety equipment installed. Mapping the postcodes for families in receipt of equipment confirmed that 70% resided in the most deprived areas of England. The family data available to us at the time of the evaluation confirmed that 98.8% indicated being in receipt of social benefits. The information in the remaining cases was not recorded. These give a clear indication that the safety equipment did reach some of the most disadvantaged families. The proportion of families recorded as being of 'Asian-Pakistani' ethnicity, (the second largest group after 'White-British') was 11.4% in those households in receipt of equipment compared to 1.4% from the national census, 2001. With families of minority ethnic origin more likely to reside in socially deprived areas, this reinforces the likelihood of appropriate targeting of the scheme.

The application of eligibility criteria for those areas permitted to register with the national scheme and for individual families to receive equipment meant that some disadvantaged families were excluded from participating. Evidence from a number of schemes suggests that a variety of innovative methods were used in an attempt to support some of these families.

Objective C

To determine changes in numbers of qualified staff working to support families keep their children safe at home.

Professional training was provided for staff involved in running the local schemes. A total of 4,331 staff completed the training, an enormous achievement within the two-year timeframe of the national scheme. This represents a considerable increase in injury prevention capacity at local and national level and affords the potential for continued safety work with families. The potential has also been created to cascade training to other local staff. Since the workforce is one with a high level of mobility, refresher courses would also be of value.

The evidence for this objective would have been improved if the qualifications of staff at baseline and post-training had been collected to assess change. Owing to practical limitations this was not possible.

Objective D

To evaluate the impact of Safe At Home on those determinants of unintended injury which are amenable to change through the provision of home safety equipment.

The determinants of injury operate at different levels, including those of the individual, family and community. At a "lower" level they encompass the knowledge, skills and resources of families. At the "higher" level, factors

pertinent to the socio-cultural environment come into play. Safe At Home could only target determinants at some of these levels.

Several of the component studies indicated an increase in local capacity for injury prevention which may impact on the determinants at a later stage:-for example, levels of professional training suggest a better informed workforce with the skills to educate families about injury risk minimisation. In turn, families receiving education may be better informed which may result in positive changes in attitudes and safety practice. Similarly, the additional volume of safety equipment supplied, fitted and used correctly may lead to reduced risk of injury in the home within those communities running the scheme.

Safe At Home targeted those families at greatest risk of childhood injury using a combination of approaches in order to maximise the effectiveness of the intervention.

Objective E

To evaluate the impact of Safe At Home on raising awareness amongst vulnerable families.

Evidence from the international literature indicates that the provision of targeted information and advice, in combination with the provision of safety equipment can show a positive effect on hazard reduction and safety practices. The international experts supported this approach, however they expressed concern as to how any health gain would be sustained once the national scheme comes to an end.

During the two year period of operation, the national scheme provided safety education to in excess of 282,000 families, amongst whom injury prevention awareness is likely to have been raised. Respondents to the family survey indicated that they felt their knowledge and awareness of injury prevention had improved as a result of participation in the scheme. This view was supported by professionals in findings from the case studies and the scheme leader survey.

A more accurate evaluation of the impact of Safe At Home on raising awareness amongst families would require assessment of knowledge and safety practices pre and post scheme implementation.

Objective F

To estimate the contribution of Safe At Home to reducing injury outcomes for children aged 0-5 years if continued long term.

International experts and experts within the evaluation team were of the view that if continued in the long term, the national programme showed potential to reduce injuries, through the combination of effective safety equipment, free installation and targeted education. This is in line with recent NICE guidance. In

addition there was agreement that the two-year intervention period was very short for a national project of this scale.

Within the initial proposal this evaluation included a component to assess the effect of the national programme on injury outcomes. This element was removed from the brief following restrictions on Central Government funding. Current evidence of effectiveness in terms of injury reduction is limited, and it is unfortunate that the opportunity to contribute to this body of knowledge was not possible within the final remit of this evaluation.

Amongst scheme leaders there was considerable agreement that should the national scheme continue, they would be keen to remain involved. It is clear from several of the component studies that the national scheme has been well received and was valued by all participants. The economies of scale in respect of purchasing equipment and the high profile afforded by a national initiative are two of the obvious benefits in co-ordinating safety equipment schemes across the country. Findings from a few professionals and families indicating that participation in the national scheme resulted in limited flexibility around elements of equipment choice and eligibility should however be noted.

Objective G

An examination of costs

An examination of the costs incurred in establishing and running Safe At Home over a two-year period identified that 80% of the total budget was used for equipment and installation costs, in approximately equal proportions. Professional training and the evaluation component accounted for approximately 4% each of the total budget. The cost of equipment provision for each child aged 0-5 years in receipt of the scheme was £95.99 per head. This compares very favourably with the estimated cost for the treatment of a non-fatal home injury to a child aged 0-4 years of £10,600 based on 2010 estimates. (See section 4.10.3.6 for full cost analysis).

The Evaluation Team were unable to undertake a comparative economic evaluation of five local schemes due to a lack of financial data at this level. Local schemes operated within a variety of different infrastructures and received a range of "support-in-kind" from partner agencies making it difficult to accurately assess the costs involved.

Recommendations

Policy

- For many public health interventions there is frequently a considerable time gap between the implementation phase and important outcomes. Organisations setting up future interventions should consider planning in enough time so that longer term outcomes can be assessed.
- The national scheme was successful in reaching those families in need and may be an effective way of helping to reduce inequalities in health. In

order for current local schemes to survive and new ones to develop there will need to be support from national and local public health policies. (Further guidance on who should take action is provided by NICE - Public Health Guidance 30).

Practice

- This is the first national safety equipment scheme and so far considerable interest has been shown both from within this country and further afield. The lessons learned should be promoted amongst practitioners and policy makers. This could include the production of journal articles, conferences and other events.
- The literature review and the findings from this evaluation indicate the importance of using a combination of injury prevention approaches, specifically the provision of education, home safety check, equipment and installation. Future schemes should base their interventions on such practice.
- The evaluation team witnessed an increase in capacity for injury prevention. To achieve the greatest benefit from this increase in capacity, then support is required to assist local schemes with ongoing needs. This should include continued training and the provision of supporting resources.
- Evidence from this evaluation indicated that some local schemes were still adjusting to the transition from national to local co-ordination and delivery. This will need to be supported.
- The evaluation team observed excellent staff training that covered topics including: the importance of child injury, recent research evidence and safety equipment schemes. This was all in line with recent NICE guidance (PH29). This type of training should be made available to practitioners on a periodic basis.
- This study identified that many schemes encountered difficulties in implementing local evaluation. Any future training should include evaluation as a key component. Supporting resources might include a central website/discussion forum, case studies from the national evaluation and an evaluation toolkit for practitioners.
- To assist in the running of current home safety schemes and the establishment of new ones a "Good Practice Guide" should be produced. This should be based on the expertise that has been developed, the findings from this evaluation and recent NICE guidance (PH30).

Research and evaluation

- The impact of Safe At Home is likely to extend beyond the end of March 2011. Consideration should be given to conducting a further evaluation in order to capture some of the medium-long term effects of the intervention.

- This evaluation did not directly investigate the effect of the national scheme on injury rates. By studying Hospital Episode Statistics over a suitable period, the question "*Did the scheme reduce accident rates among young children?*" could be further investigated. Consideration should be given to instigating such a study.
- Injury surveillance is needed at national and local levels in order to assist with planning, targeting those in greatest need and to support evaluation. (Further guidance on who should take action is provided by NICE – Public Health Guidance 29). The information collected should include both positive and negative health indicators.

Conclusions

Safe At Home was the first national home safety equipment scheme and was established to help families in those areas of England with the highest injury rates in children under the age of 5 years. Establishing the national scheme and attaining Key Performance Indicators within the timeframe set presented a major challenge.

The evidence gathered from a range of sources and perspectives has been very positive with regard to the implementation and value of the scheme. This included feedback from professionals and from families within the target group. The national co-ordination and management of the scheme was a key part of its success.

The national scheme was based on evidence of best practice and has the potential to improve safety behaviours in vulnerable families and to reduce unintentional injuries. As local capacity for professional training, equipment provision and family education has been increased it is likely that current and future families may benefit from the scheme. However, the short term nature of the funding for this national scheme has been its greatest weakness. There was evidence of considerable energy in establishing local schemes, and as schemes seek alternative sources of funding to sustain their efforts, it is important that the momentum and expertise gathered is not lost.

Unintentional injury continues to be a major cause of death, ill health and long-term disability in childhood. It is a public health problem of such magnitude that it merits a significant response. Continued support will be needed at national and local levels if the benefits resulting from the Safe At Home scheme are to be sustained.

1. INTRODUCTION

This report presents the evaluation of Safe At Home, the national home safety equipment scheme. The evaluation was conducted by the University of Nottingham and took place between December 2009 and March 2011. Two earlier interim evaluation reports have been produced in July and December 2010. These reported on formative findings and made recommendations for changes in practice.

This final report includes findings from all component parts of the evaluation and is divided into sections. Following this introduction in section 2 we provide background to the national home safety scheme, describe the nature of the intervention and the delivery mechanism used. The systems put in place for the governance, monitoring and evaluation of the scheme are outlined. In section 3 the aims and objectives of the evaluation are presented, along with a summary of the methods used to gather data. A timeline of the component studies is presented and we illustrate how each of these informs the findings in relation to the objectives of the evaluation. Section 4 presents the findings from each component study. In section 5 the results are drawn together and discussed in the context of each of the objectives of the evaluation. Recommendations for policy, practice and research are made in section 6 and conclusions follow in section 7. Section 8 contains the acknowledgements. Relevant supporting documentation is provided in the appendices of this report. Copies of survey instruments used by the evaluation team are available in a separate Research Tool Supplement.

This report was completed for submission in April 2011 before all of the final performance indicators for Safe At Home had been collated. Of necessity our data analysis was restricted to information available prior to this point. Additional returns awaited from local schemes may result in changes to the attainment against some of the Key Performance Indicators.

Figure 1 shows a timeline of key events relating to the national home safety scheme.

Figure 1 Timeline of key events

2004	Government publishes Every Child Matters “Be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well-being”.
2007	Joint study by the Audit Commission and Healthcare Commission examines the deployment of resources and activities to prevent unintentional injuries. Children’s Plan “...to make England the best place in the world for children and young people to grow up”.
2008	DCSF (now DfE) publishes Staying Safe Action Plan. The document sets out a range of activities to help reduce child injuries, including a new £18 million national home safety equipment scheme. World Health Organisation issues World and European reports on child injury prevention. The combination of safety equipment and education is highlighted. RoSPA awarded DfE contract as host agency for national home safety equipment scheme – Safe At Home.
2009	
February	Contract between DfE and RoSPA finalised and signed.
April	First locality joins scheme.
June	Safe At Home website goes live.
September	50 localities now joined.
December	University of Nottingham sign contract for national evaluation of Safe At Home.
2010	
February	100 localities now joined.
March	First national conference on Safe At Home.
June	Safe At Home achieves professional training target – 3,580 staff trained.
July	University of Nottingham produces first interim evaluation report.
August	Revised budget of 60, 196 units (39.8% reduction on original). New flipchart resource ready for distribution.
September	Safe at Home participates in 10 th World Conference on Injury Prevention and Safety Promotion, London.
October	90% of areas targeted have a scheme in place (139 schemes approved).

November	Exit strategy – schemes made aware of option to apply for surplus equipment items.
December	University of Nottingham produces second interim evaluation report
2011	
January	Equipment installations hit highest monthly level - 5,240 homes. 142 schemes registered. Media coverage of visit by Anne Milton, Under Secretary of State for Public Health. Update meeting between Department for Education, RoSPA and evaluators.
February	Stock supplied to 144 schemes.
March	Family referrals to local schemes ceases. Safe at Home scheme ends – 31 st March 2011.
April	University of Nottingham produces final evaluation report.

2. THE INTERVENTION

2.1 Background

In February 2008, the then Labour Government published the "Staying Safe Action Plan" a document setting out actions to be taken over the following three years (2008-2011) to improve the safety of children and young people in England and Wales ^[1]. One of the commitments made within this was the provision of £18 million to fund the establishment of a national Home Safety Equipment Scheme targeted at families living in disadvantaged areas. Following a process of competitive tender, the Royal Society for the Prevention of Accidents (RoSPA) was appointed as "host" agency for the scheme, known as Safe At Home, in February 2009.

The main focus of the national scheme was:

"To provide home safety equipment to the most disadvantaged families in areas with the highest accident rates."

One of the long term objectives of the national scheme was to promote understanding of the importance of home safety and to build the capacity of local communities to run their own schemes providing equipment and advice to families. National funding for Safe At Home was made available for two years, ending March 2011.

2.2 Intervention content

The intervention consisted of the following key elements:

- Training for professionals involved in delivery of the schemes at local level
- A home safety check conducted by a trained professional
- Free provision and installation of home safety equipment (on loan basis)
- Home safety advice/information for families receiving equipment and for families not in receipt of the scheme

Training

Training for staff involved in the delivery of schemes at a local level was mandatory for those who had not completed Home Safety training in the previous two years to City and Guilds Level 2. Training sessions were developed centrally by RoSPA and delivered in venues across the country by the regional co-ordinators, working to support the national scheme. The training provided background information on injury risk and epidemiology, covered the practicalities and associated paperwork for the scheme, and addressed home safety checks and the provision of advice and information to families. It was

anticipated that the information provided would be cascaded amongst other scheme workers. Initial training sessions took place over three days, this was subsequently reduced to two day sessions, with a one-day version for those staff not directly involved in the running of schemes. A full discussion of the training aspect and a review of the educational resources developed for families can be found elsewhere in this report (sections 4.7 and 4.4.).

Home safety check

In order to assess the home safety equipment requirements of each family referred to the scheme, home visits and safety checks were to be conducted by professional staff. These would enable individual circumstances to be taken into account and formed the basis for the equipment orders from the supplier. The visits also provided opportunity for staff to offer advice and information in relation to home safety to the householder.

Home safety equipment

Injury statistics and background knowledge relating to the most common types of home injury to children under 5 were used to inform the selection of safety equipment items. The safety equipment provided by the scheme was required to conform to safety standards where applicable. Each participating family was eligible to one "equipment set" containing:

- Safety gates (up to 2)
- Window restrictors (up to 6) – unlike window locks these allow the window to open partially whilst the device remains in place
- Non-slip bath/shower mat (1)
- Fireguard (1)
- Locks for kitchen cupboards containing cleaning chemicals/medications (2)
- Corner cushions (up to 2 packs of 4)

Part-way through the intervention period, an additional item of safety equipment, the blind cord shortener, was added to this list. Smoke detectors were intentionally not included on the list, instead schemes were encouraged to work in partnership with their local Fire and Rescue Service who are able to provide and install these devices to local residents free of charge.

Equipment was supplied through Kid Rapt, an established child safety equipment supplier with whom RoSPA had a pre-existing working relationship.

Some of the safety items provided are illustrated below.
(Illustrations courtesy of RoSPA Safe At Home website)

	<p>Safety Gate (BS EN 1930)</p> <p>Screw-fixed safety gate. Wall-mounted, no trip bar, one-way limiters to prevent gate from opening over the stair drop (if fitted at the top of the stairs). Self extending to accommodate spaces of varying widths.</p>
	<p>Fireguard (BS.8423:2002)</p> <p>Wall-mounted, self-extending fireguard.</p>
	<p>Window Restrictor (no EU standard, this conforms to Swedish SS 3587)</p> <p>This model of restrictor operates without the need for a key. It can be opened in an emergency using extreme adult strength. Fittings appropriate to the surround (UPVC, wood etc) are provided by the installers.</p>
	<p>Cupboard Lock*</p> <p>One key can cover up to 4 drawers/cupboards. Limited numbers of an alternative model were made available for use on single cupboards.</p>
	<p>Corner Cushion*</p> <p>Provides protection from sharp furniture.</p>

* For smaller equipment items, no safety standards currently apply.

Equipment was provided to families on a loan basis, with the expectation that it would be returned to the scheme once it was no longer required. This gave the option to have returned equipment checked and re-issued, thereby contributing to the overall sustainability of the scheme.

Home safety advice/information

In addition to equipment supply and fitting, the provision of safety advice and information to families was an essential component of the national scheme. Key home safety messages to be covered were addressed in the training sessions for professionals. These were supported by the development of educational resources including a DVD, wall-mounted height chart and a flipchart with safety messages. A review of these resources is provided in Section 4.4.3.4 of this report. Schemes were encouraged to offer a combination of one-to-one training for families and group sessions according to the needs of their own community. Each family receiving equipment was offered home safety advice. This advice/information was also available to all families living in the area with children under 5 years of age who fell outside the eligibility criteria and could not access equipment through the scheme.

2.3 The delivery mechanism

Whilst the scheme operated on a national basis, implementation relied upon the host agency working in partnership with local service providers. With finite resources and time available, a targeting and distribution strategy was developed by RoSPA in the early stages in order to agree priorities. Hospital admission rates for accidental injury in children under 5 years of age revealed a national average across England of 88.82 per 100,000 population. Of the 354 local authorities country-wide, 141 were found to have admission rates in excess of the average (taken from admission data 2002/3 – 2006/7). These 141 authorities were prioritised for registration with the national scheme and resources were allocated according to the following method.

- 1) The number of “excess admissions” was calculated by subtracting the number of admissions which would be expected if the authority conformed to the average admission rate from the actual number observed.
- 2) The resulting excess admission rates were divided by the budget available for scheme provision to give an approximate allocation for each authority. (This ranged from 7,435 equipment sets to 20 sets reflecting the range of excess admissions).

(A complete list of the 141 areas identified for targeting is given at Appendix A).

Eligible areas were proactively targeted by the central Safe At Home co-ordinating team. Introductory workshops took place across the country in order

to explain how the scheme would operate and its applicability to areas currently running a home safety equipment scheme as well as those without existing provision. Those areas wishing to register with the national scheme were required initially to complete an application form indicating the agencies/services which would be involved in delivery of the scheme and how the key aspects would be addressed. The operation of an existing scheme did not preclude eligible areas from applying to register with Safe At Home, nor from continuing to run the original scheme at their own expense for families not eligible under the Safe At Home criteria. A list of criteria with which participating schemes were required to comply is provided at Appendix B. Once a local area had registered with the national scheme, key members of staff were required to attend Safe At Home training sessions which provided an overview of the practicalities involved in implementation. The intention was that this training would be cascaded to colleagues so as to increase injury prevention capacity within those areas in which the scheme operated. Families referred to the scheme were required to meet with pre-set eligibility criteria (a copy of these is provided at Appendix C) which included receipt of means-tested benefits, thereby targeting those living in more disadvantaged circumstances. These criteria were established at the outset and since resources for the scheme were finite, it was appropriate for there to be a "cut-off" point beyond which families would not qualify for provision of free safety equipment. In order to assess the requirement for equipment of each family, an individual home visit was to be conducted (the home safety check) by a trained professional. This opportunity was also to be used for the provision of safety advice. Equipment ordering was done by each local scheme direct with the equipment supplier who would despatch an order once a minimum number of equipment sets had been requested. Arrangements were made locally for fitting through the relevant installation agency.

Each family referred for provision of equipment was also offered home safety information/advice, either on a one-to-one basis or at a group session held locally. Since the national scheme proposed to provide safety education to five times as many families as those receiving equipment, families with children under 5 years of age not eligible for the equipment provision were also entitled to access this information/advice.

2.4 Governance, monitoring and evaluation

A number of measures were put in place to ensure adequate governance of the national scheme. These included regular meetings between representatives of the national Safe At Home co-ordinating team and the commissioning agency (Department for Education). Monthly progress reports were produced by the Contract Manager with particular emphasis on pre-identified Key Performance Indicators (KPIs) as relevant at each stage of the scheme. These are identified below:

- number of information workshops (introductory events for local providers)
- number of workshop delegates
- number of training courses held (for professionals delivering local scheme)
- number of participating scheme staff trained
- number of home visits conducted
- number of parents educated
- volume of equipment ordered
- volume of equipment delivered to local schemes
- volume of equipment installed

Monthly Keep-in-Touch (KIT) meetings took place between the national co-ordinating team and sub-contractors (for example, the equipment supplier). Annual reports at the end of the tax year were produced which summarised activities undertaken, performance against KPIs and financial position.

Copies of local scheme data – family visits, equipment orders, current stock levels, installation report forms and details of education sessions for parents – were reported to the central co-ordinating team on a monthly basis to assist with monitoring. A maximum order level was set for each equipment item to prevent schemes from building up an excessive stock.

Once schemes were operational, the regional co-ordinators undertook home visits to some of the families to ensure that equipment had been delivered and fitted as reported.

In registering with the national scheme, local providers agreed to comply with information requests from the national evaluation team. In addition, each scheme was expected to monitor and evaluate its own effectiveness locally. Ways of doing this included collecting data before and during the implementation process to assess the impact of the scheme with suggested sources being Hospital Episode Statistics (HES), local accident and emergency attendance and anecdotal data from families.

1. Department for Children, Schools and Families. Staying Safe Action Plan. London: DCSF, 2008.

3. THE EVALUATION

3.1 Aims

The evaluation of Safe At Home was conducted by a multi-disciplinary research team from the University of Nottingham and ran for 16 months from December 2009 – March 2011. It encompassed three important aspects in relation to the implementation of Safe At Home:

- Effectiveness* – did Safe At Home have its intended effects?
- Appropriateness* – was Safe At Home appropriate for key individuals?
- Reach* – did Safe At Home reach the intended target group?

This final evaluation report follows production of two interim internal reports, both of which were written primarily for senior staff in the host agency. These provided opportunity to learn from the findings and make changes to the way in which the programme was implemented where appropriate.

3.2 Objectives

The evaluation programme was designed to address the following 7 objectives:

- Objective A* To evaluate the processes of: establishing Safe At Home; working with partners; identifying and targeting existing schemes; supporting the development of new schemes; training providers; educating families in keeping their children safe at home; increasing the availability of home safety equipment; increasing opportunity for families in disadvantaged areas to keep their children safe at home.
- Objective B* To determine changes in provision of home safety equipment in targeted areas.
- Objective C* To determine changes in numbers of qualified staff working to support families to keep their children safe at home.
- Objective D* To evaluate the impact of Safe At Home on those determinants of unintended injury which are amenable to change through the provision of home safety equipment.
- Objective E* To assess the impact of Safe At Home on raising awareness amongst vulnerable families.

Objective F To estimate the contribution of Safe At Home to reducing injury outcomes for children aged 0-5 years if continued long term.
Should Safe At Home continue to be a nationally funded project?

Objective G To conduct an examination of costs.

Findings in relation to each of the above objectives will be brought together and discussed in Section 5.

3.3 Methods used and overall evaluation plan

A mixed-methods approach was used in line with good practice principles advocated by the World Health Organisation¹. This enabled the collection of both qualitative and quantitative data in an attempt to provide a comprehensive body of evidence relating to what is a very complex intervention. The evaluation was designed to include as wide a range of perspectives as possible so as to develop a true picture of the way in which Safe At Home was operating in practice. Each component of the evaluation is presented within Section 4 of this report using the common format of: introduction; method; results and key findings.

The range of methods used is shown below along with examples for each:

- Postal surveys – to families and scheme leaders
- Telephone interviews – with scheme leaders and key stakeholders
- Face-to-face interviews – with scheme leaders and equipment fitters
- Discussion groups – with scheme representatives
- Documentary analysis – of the business plan, monthly management reports
- Review of resources – the Safe At Home website, educational materials
- Direct observation – of training events, conferences
- Database interrogation – schemes registered, equipment provided to families
- Anecdotal feedback – from equipment suppliers, from families
- Postcode analysis – matching scheme recipient postcode to index of multiple deprivation

Figure 2 shows the relationship between the individual components of the evaluation and the objectives into which they feed.

3.4 References

1. WHO Europe Working Group on Health Promotion Evaluation (1998) Health Promotion Evaluation: Recommendations to Policy Makers. Copenhagen: WHO Europe.

Figure 2 Evaluation of Safe At Home

<p style="text-align: center;">Objectives (Evidence from component study)</p>	<p style="text-align: center;">Component Studies</p>
<p>A. Evaluate the processes Evidence from: 1,2,3,4,5,7,8,9,10,11</p> <p>B. Equipment in targeted areas Evidence from: 6,10,11</p> <p>C. Changes in qualified staff Evidence from: 7,9</p> <p>D. Impact on determinants Evidence from: 1,8,9,10,11</p> <p>E. Vulnerable families awareness Evidence from: 10,11</p> <p>F. Long term effect Evidence from: 1,5,8,9,10,11,12,13,14</p> <p>G. An examination of costs Evidence from: 2,3,4,5,9,14</p>	<ol style="list-style-type: none"> 1. Literature review 2. Initial process evaluation 3. Tracking development 4. Analysis of critical events/activities 5. Later stage process evaluation 6. Postcode study 7. Training data 8. Capacity data 9. Case Studies 10. National Survey of Families receiving scheme 11. Survey of families from one scheme 12. Experts within the Team - review 13. International Experts review 14. Costs

A timetable for each of the components is shown in Figure 3.

Figure 3 Safe At Home Evaluation – Timetable of component studies

	2009	2010												2011			
	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April
Review of evidence																	
Initial process evaluation																	
Tracking development																	
Analysis of critical events/activities																	
Postcode study																	
Training data																	
Case studies																	
Later stage process evaluation																	
Family surveys																	
Expert reviews																	
Costs																	
REPORTS PRODUCED:																	
Internal report 1																	
Internal report 2																	
Final report								1					2				Final

4. RESULTS

4.1 Review of Evidence and Policy

4.1.1 Introduction

This section provides an overview of the main findings and recommendations from the literature relating to the effectiveness of home safety equipment schemes. Reference is made to key UK-based policy documents in order to provide a contextual framework. The review is not systematic, nor is it exhaustive with regard to the references available. Rather, it aims to draw from the evidence base those aspects of evaluated injury prevention programmes which are of most relevance when considering the potential of a home safety equipment scheme in promoting safer practices and reducing unintentional childhood injuries.

4.1.2. Method

The review takes as its basis five systematic reviews ^[1,2,3,4,5], all published within the last ten years. These examine the effectiveness of interventions which were designed to improve safety in the home with particular reference to children. The findings of four narrative reviews giving a UK, European and global context are also considered ^[6,7,8,9]. These draw from systematic reviews and journal articles. Additional information is derived from a range of policy documents as well as practitioner guidance produced by governmental departments and national and European organisations with a specific remit for child safety.

4.1.3 Results

4.1.3.1 Background to safety equipment schemes

The concept of schemes which provide families with access to free/low-cost equipment as a potential means to improving home safety is not a new one. A guide to preventing children's accidents for Health Authorities and Boards, published by the Child Accident Prevention Trust (CAPT) in 1996 recommends schemes for the provision of safety equipment:

“The more successful campaigns that have led to fewer hazards in the home involved home visits, safety inspections and advice, and distribution and installation of safety devices” ^[10].

A later CAPT document, “Guidance for Practitioners” published in 2003, advocated the establishment of loan and low-cost schemes as a means of overcoming the economic barriers faced by lower income families when

attempting to make the home environment safer for their children ^[11]. A more recent report documented the history of eleven schemes across England, of which three had been in existence for fifteen years or more ^[12].

The European Child Safety Alliance, reporting on current structures to support injury prevention in the European Union noted that there were relatively few initiatives aimed at deprived communities and recommended as possible strategies the provision of free/low-cost safety equipment and the installation of such equipment by professionals ^[13]. The latter point is an important one, since evidence from several of the studies included in a review of barriers to and facilitators of the prevention of unintentional injury to children in the home, reported on the importance of involving trained staff in the installation of equipment ^[14].

In 2007, 'Better safe than sorry', an independent report produced by the Audit Commission and the Healthcare Commission, looked at the spending of public money on services ^[15]. Visits to nine sites across England took place and led to the identification of areas for improvement. The report states that:

"families living in low-hazard environments on the whole minimise potential for unintentional injury".

The practitioners interviewed commented on the importance of home safety schemes within their unintentional injury prevention programmes. Concerns were raised about the instability and lack of adequate funding for such schemes and that because they had developed from local initiatives, access to such schemes was not universally available to all families. The report provided an opportunity to showcase a safety equipment scheme operating in Burnley, Pendle and Rossendale (Action on Children's Accidents Project). It also identified that in some areas, work was duplicated by several agencies providing the same service, such as the installation of smoke detectors. These findings arguably raised the profile of safety on the national agenda and in 2008, the Department for Children Schools and Families announced its intention to fund a new national Home Safety Equipment Scheme as part of the Staying Safe Action Plan ^[16].

This recent commitment to a national home safety programme for disadvantaged families was commended as a "step in the right direction" by the European Child Safety Alliance in their Child Safety Report Card for England, 2009 ^[17]. The report profiles the extent of childhood injury and progress made towards its reduction and prevention across member states of the European Union. Whilst acknowledging the value of having identified specific targets for injury prevention programmes and the provision of resources to develop infrastructure and co-ordination, the authors also call for stronger leadership from the Government to endorse and implement the national strategy. This is echoed in the joint Priority Review produced by the DCSF (Department for

Children, Schools and Families), Department of Health and Department for Transport in 2009. This further advocated Government-level support for focusing measures on home accidents, in particular in those areas with higher levels of social deprivation where accident rates are known to be higher ^[18]. In November 2010, the National Institute for Health and Clinical Excellence (NICE) published guidance on the prevention of unintentional injuries among children under 15 years of age ^[19]. The recommendations included conducting home safety checks and providing information and advice to families, along with the provision and installation of safety equipment, targeting in particular those living in disadvantaged circumstances.

4.1.3.2 Evidence from systematic reviews

Whilst the focus of the individual reviews varies, there is general agreement over the complexities in obtaining evidence to demonstrate the effect of home safety equipment schemes, with or without education, on injury rates^[1,2,3,5]. Evidence relating to the potential for injury reduction is currently mixed though some individual programmes have suggested positive results. There is evidence that smoke alarm installation can be effective in reducing injuries and, in the area of poisoning reduction, it appears that child resistant packaging may be an effective measure ^[5]. Many of the key primary studies referred to have taken place outside the UK. Caution should therefore be exercised when considering the implications of these studies since cultural and organisational differences may mean that such programmes are not always transferable to the UK context. The most recently published review considered here concluded that of those studies (randomised controlled trials) focusing on children, “none was able to demonstrate a reduction in injuries that was a direct result of environmental modification in the home”.^[3]

Many programmes which provide safety equipment also include an educational component for the families concerned. This is in keeping with the widely-held belief that childhood injury is best tackled using a combination of approaches ^[20,21]. In the systematic review by Kendrick into the effect of home safety education, the authors conclude that parenting interventions comprising multiple facets which are commonly carried out in the home setting can be effective in increasing a wide range of safety practices. These include storage of medicine/cleaning products, use of socket covers on unused sockets, storing of sharp objects out of reach, having a functional smoke alarm and having a safe hot water temperature ^[2]. Several of the programmes considered within the Kendrick review also included provision of safety equipment. In relation to safety gates, it was noted that the positive effect (having a fitted safety gate) appears to be greater where equipment is provided along with education, rather than for education alone. Since the effect of any educational intervention is likely to diminish with time, it seems reasonable to conclude that those schemes which offer safety education in combination with access to/provision of equipment

stand a better chance of success as each element complements the other. There is evidence from several sources of a positive effect on hazard reduction/safety practices as a result of programmes which provide or improve access to home safety equipment ^[2,5].

Towner (2005), in a review with particular reference to inequalities, reports on two studies (one of which is UK-based) which suggest that the positive benefits of providing subsidised/free safety equipment hold true in less affluent families and may in fact be of greater magnitude in lower income families ^[4]. In some schemes where equipment is provided, an installation service is also offered. This may help to overcome some of the barriers previously identified, particularly in relation to bulkier items or those which require specific techniques or tools for fixing such as safety gates, fireguards, cupboard locks and smoke detectors.

Towner cautions that some devices, such as socket covers and cupboard locks, may increase the risk of injury if they give parents a sense of protection which in turn leads to a reduction in adult supervision ^[4]. It is here that the role of education can be so important in ensuring that families are made aware of the limitations and appropriate means of use of equipment, and above all, that the installation of home safety equipment is not a substitute for parental vigilance.

4.1.3.3 World, European and UK reports

The World Health Organisation (WHO) European Report on Child Injury Prevention identifies legislative measures to enforce the installation of smoke alarms as an effective means of injury reduction and further, reports that such devices can be seen to be cost-effective with a saving of US\$26 for every US\$1 spent on an alarm ^[6]. The Report also identifies thermostatic mixing valves as a promising measure against scalds. These devices limit the maximum temperature of domestic hot water from the tap. In relation to the prevention of falls the Report notes that home-based social support can reduce the rates of injury by providing an opportunity for tailored education. These findings suggest that the greatest benefit in preventing childhood injury may come from using a combination of approaches.

The European Child Safety Alliance Good Practice Guide similarly identifies a variety of strategies as being effective ^[7]. Devices which restrict opening of windows, such as bars and catches are highlighted as good practice in the prevention of falls, as are safety gates when used to restrict access to stairs. The Guide encourages educational programmes which are reported as having the potential to increase the use of safety equipment. It further recommends that whilst the provision of free home safety equipment can increase the use of such items, the evidence is less strong for equipment offered to families at a discounted price.

Two recently published UK-based reports present a review of evidence in respect of general childhood injuries and burn injuries ^[8,9]. Both identify the potential for injury reduction through multi-component interventions and highlight the increased likelihood of effectiveness where intervention programmes include a combination of approaches, such as education and equipment provision. Specific examples of equipment provision which may improve safety behaviour include stair gates and window locks. The importance of correct equipment installation and maintenance is identified in relation to smoke alarms.

4.1.3.4 Barriers and facilitators

The key problem in determining the effectiveness of home safety equipment schemes is the difficulty inherent in obtaining evidence. Changes in injury rates may be very small and therefore require a large study population in order to be detected. The uptake of safety equipment programmes is a gradual process requiring an infrastructure to be established and networks to be developed and co-ordinated. Work with the target group can require considerable input of time and resources. Families may be suspicious of a scheme which provides something “free of charge” and may be reluctant to allow workers access to their homes. These barriers may result in a time lag during which the programme appears to have little or no impact. Unless the data collection period allows for this and extends beyond the life of the intervention programme, it is unlikely that any changes in injury rate or safety practices will be fully recognised.

A report commissioned by NICE and produced by Peninsula Medical School, 2009, examined the barriers of and facilitators to interventions involving the supply and/or installation of home safety equipment and/or home risk assessments ^[14]. Amongst the barriers identified were weak legislation/policy, provision of faulty or poor equipment and a mistrust of officials. The review highlighted the importance of providing appropriate and timely information, so that parents would see the relevance of this and have a better chance of understanding it and acting accordingly.

The environment plays a part in determining the uptake of a home safety equipment scheme. Families living in temporary or rented accommodation may not be in a position to make decisions regarding the installation of equipment. Unsupportive landlords and poorly maintained property can make the situation more difficult. Some types of housing present particular problems when it comes to installing standard equipment. Extra wide staircases or the lack of a suitable wall to secure fixings can render some equipment useless. Other types of home, for example caravans, can present similar difficulties.

Equally important are the individual characteristics and background to each family. Parents recently arrived to this country may be unfamiliar with the customs and may continue to practice behaviours which render their children

less safe in their new surroundings. Additional efforts to improve communication and understanding of cultural differences will be required from those providing and/or fitting the equipment under such circumstances.

Much of the child health and accident prevention work in the UK is targeted at the mother. In some cultures, however, women are less empowered than in western society and the mother may not be in a position to make decisions regarding access to the household or the installation of equipment. Programmes need to take this into account when defining their target group and ensure that publicity and educational resources reflect it accordingly.

The PenTag review also identified facilitators to home safety equipment schemes^[14]. Appropriate training for those with responsibility for equipment installation was seen as an important element. Good partnership working at a local level was also considered to be valuable in delivery of a home safety scheme.

4.1.3.5 Discussion of key issues

Relatively few UK-based studies have conducted rigorous evaluation on injury outcomes making it difficult to assess whether such schemes are effective in reducing the number or severity of accidents to children in the home. The evidence available on injury outcomes supports the effectiveness of smoke alarms for the prevention of fire-related injuries, child-resistant closures or containers for the prevention of poisoning and window guards for the prevention of falls from a height.

Evaluations based on hazard reduction/safety practices in the home support the effectiveness of tailored education for families, the effect of which can be increased when offered in conjunction with the provision of home safety equipment. Owing to the differing nature of the home environment and the culture and characteristics of each family, a visit to assess the home and to identify requirements prior to the provision of equipment is to be recommended. This also gives an opportunity to deliver educational messages appropriate to the family. Provision of safety equipment free of charge or at subsidised cost can help to overcome economic barriers.

The educational component of a safety scheme gives an opportunity to emphasise the importance of adult supervision whether equipment is in use or not. It has been suggested that some safety items may result in a reduction in parental vigilance and may increase the risk of injury. Installation of equipment by fully trained fitters ensures that this is done correctly and minimises the possibility of families failing to install equipment or installing it incorrectly. Comprehensive instructions, together with a demonstration of use and maintenance of the equipment should be communicated to the family in a way

which is readily understood. Where possible, this information should be reinforced over time.

4.1.3.6 Future studies

At the time this report was produced, the findings of an updated systematic review were anticipated later in 2011 (Kendrick ^[22]). A large, UK-based, multi-centre case control study was also underway looking at the prevention of home injuries to pre-school children ^[23]. Findings are awaited from a randomised controlled trial of a safety equipment scheme conducted in the U.S.^[24]

4.1.4 Summary of key findings

There is good evidence that intervention programmes which provide and fit home safety equipment can be effective in reducing home hazards and in encouraging safety behaviours. They may also contribute to a reduction in injury rates, though further evaluations which provide adequate timescales and populations of sufficient size such that changes in injury rates can be detected are necessary to confirm this.

Home safety equipment schemes provide a means of overcoming economic barriers and may have greater benefit for those families living in communities with a higher risk of child injury in the home. They can be of value as part of a wider safety programme in reducing health inequalities and are recommended as a key component of interventions for children under 5 years of age, in the UK, European and global context.

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4.2 Initial Process Evaluation

4.2.1 Introduction

The evaluation of Safe At Home commenced in December 2009, nine months after the launch of the national scheme. In order to make an early assessment of the way in which the scheme was being implemented, formative interviews were conducted with key individuals. Findings were included in an interim report produced for the management team in July 2010.

4.2.2 Method

One-to-one interviews were conducted with representatives of the following groups:

- Key national agencies involved in the delivery of Safe At Home
- Local schemes registered with Safe At Home
- Areas eligible to join Safe At Home but opting not to participate

Interview schedules were designed to elicit responses to general questions for all participants and to address issues pertinent to specific individuals. (Copies of these can be found at Appendix D of the Research Tool Supplement, produced as a separate report).

Details of the 108 participating schemes as at February 2010 were provided by the central Safe At Home co-ordinating team. Interviewees were selected so as to represent a range of geographical locations across England, urban and rural locations, size of scheme (based on number of equipment sets allocated) and progress made (assessed by equipment remaining at March 2010 compared to initial allocation).

Telephone interviews were conducted by two members of the research team. For five of the schemes, a member of the research team took the opportunity to visit the area and conducted the interview face-to-face with the scheme leader and where possible members of the installation team, so as to gain a greater understanding of how the schemes were operating in practice. Verbal consent was sought at the time of interview. Researcher notes were used to produce an interview transcript for each participant that was stored using a unique PIN on a secure, password-protected computer file. All interviewees were assured of anonymity.

Qualitative data analysis was conducted by two members of the research team, taking the principles from the framework approach described by Ritchie and Spencer ^[1]. Recurrent themes were identified from interview transcripts. Information was summarised within themes and supported by the inclusion of quotes to illustrate these. The findings from this sample of interviews may not necessarily reflect those of the wider group, but were intended to provide an indication of progress and to inform future stages of the evaluation.

4.2.3 Results

Interview responses from participant groups have been combined and are presented under themes following a logical process from initial application, through training and on to the practicalities of equipment installation and family education.

4.2.3.1 *Participant profile*

Thirty-four interviews took place in total, the majority during April/May 2010. Nineteen participating schemes were represented (18% of the total schemes registered at that time), as well as one area which was eligible to join Safe At Home but had opted not to do so.

A map illustrating the locations of schemes represented (along with the non-participating scheme) is shown below.

Figure 4 Map indicating location of interviews and visits



4.2.3.2 *Initial contact and registration with national scheme*

Respondent feedback on the initial introductory workshop was very positive. The content was considered to be useful, raising issues that otherwise may not have occurred to potential participants and providing assistance with the process of completing the application form. An additional benefit was seen to be the opportunity to develop links with other professionals. One respondent felt differently – that the workshop was poorly organised and not well attended.

The majority of respondents reported that the application process and accompanying paperwork had been straightforward. Having a pre-existing scheme in operation had facilitated this since the required information was ready-to-hand. Some respondents had found the application process “long-winded” – simplifying this may have enabled Safe At Home to be up and running more quickly. Some respondents commented on the perceived lack of flexibility in relation to eligibility for the scheme, with some localities within a larger geographical area fulfilling the criteria and others not. This had led to tension between localities in some areas, and was cited by a non-participant as the reason for not taking part. Views were divided amongst respondents as to the time taken between application and the scheme becoming active. Some felt that they would have appreciated more time to organise the administrative aspects, whilst others thought that the registration process took too long and resulted in delays in implementing the scheme. The requirement for lead-in time in establishing a new initiative is well documented. In the case of Safe At Home, the lead-in time resulted in some of the early programme targets not being met, however this improved once procedures and precedents were in place. The initial uptake of the national scheme was reported by some respondents as being less than expected. One of the reasons suggested for this was that some of the potential applicants may have been anticipating receipt of funds to establish a local scheme rather than receiving an equipment allocation.

4.2.3.3 *Professional training*

The majority of respondents rated the home safety check training provided by RoSPA very highly. Individual comments included:

“an excellent refresher course”

“it enhanced the skills of the home checking staff, giving them more confidence in their jobs”

“the demonstration of the equipment was an excellent idea”

Those respondents who had attended the initial 3-day training course felt that this could have been reduced to 1-2 days in duration. There was a suggestion that additional members of staff could have been invited to attend as a way of

distributing the workload more fairly across a scheme area. The professional background of those attending was diverse and it was suggested that courses could have been tailored to meet the needs of groups of individuals from similar backgrounds, or delivered as basic and advanced sessions. A suggestion was made that the sessions could also include training for dealing with observed hazards during the home visit.

4.2.3.4 *Eligibility criteria for families*

A recurring theme around the eligibility criteria was that individual schemes weren't able to use their own discretion, resulting in some of the more vulnerable families being excluded from the scheme. Examples given included low income families not in receipt of benefits, asylum seekers and refugees.

"A lot of families don't qualify because they are not on benefits, but they are on low income and would benefit from these safety items. Two hundred and sixteen families this year will miss out for this reason"

"The eligibility criteria restricted us from accessing some of the most vulnerable families e.g. children subject to a Child Protection Plan, children living with domestic violence and asylum seekers/refugees"

One helpful suggestion was to create a pack containing dummy copies of the relevant forms/letters issued by the Government for the specific benefits included in the eligibility criteria. This would help the assessor to identify with families which benefits they were receiving and therefore whether they were eligible for the scheme.

A possible loophole was identified by one respondent who suggested that pregnancy exemption certificates may allow families not on a low income to be eligible for the scheme.

4.2.3.5 *Equipment ordering system*

When participants were asked about their experience of ordering equipment from RoSPA and Kid Rapt, the overwhelming response was that it was extremely positive. Some scheme representatives had worked with Kid Rapt previously and found their service to be excellent.

"Kid Rapt are excellent and we have worked with them for 10 years, fantastic! We are also very happy with the choice and quality of equipment"

"The choice and quality of equipment was excellent and when an item arrived damaged it was replaced immediately"

A couple of specific comments on window restrictors indicated that these products could be difficult to fit on double glazed windows and may prove difficult to bypass in an emergency situation. Some locations reported low uptake of fireguards which then created storage problems. One scheme suggested that these unused items could have been installed in the homes of grandparents or other carers where the children visit frequently.

Equipment storage caused problems for a small number of respondents. To keep this to a minimum, orders were processed using a consistent flow system so that equipment would not be unnecessarily stockpiled.

4.2.3.6 Partnership working

Most of the scheme respondents indicated that they were working in partnership with the local Fire and Rescue Service, providing referrals for smoke alarm installation and for training. Other schemes reported referring families on to Warm Front, local authority housing service, housing associations, local Children's Centres, speech and language specialists and landlords. One scheme had created a referral hotline to provide advice for families in their area.

4.2.3.7 Family safety sessions and educational resources

The majority of scheme representatives interviewed reported that they were successfully running safety information sessions for parents. Whilst attendance rates varied between areas, sessions were generally very well received by those parents attending. Specific comments referred to parents liking the hazard posters and pictures used, the identification of key messages and the interactive nature of the sessions. One scheme reported a lack of engagement from families at group sessions and consequently preferred to offer one-to-one training at the home safety check. One scheme reported that the health visitors incorporated home safety advice during home visits, taking the RoSPA-developed height charts with them.

Scheme leaders were asked to score some of the supporting Safe At Home educational materials using a 5-point scale where:

1 = very poor; 2 = poor; 3 = satisfactory; 4 = good; 5 = excellent

For the purpose of analysis, these were condensed into 3 categories by combining poor and very poor and good and excellent.

Table 1 Scheme leaders responses to the educational material

	Very Poor or Poor	Satisfactory	Excellent or Good	Not in use
DVD	0.0% (0)	11.0% (2)	78.0% (14)	11.0% (2)
Height Chart	5.0% (1)	0.0% (0)	67.0% (12)	28.0% (5)
Website: ease of use	5.0% (1)	22.5% (4)	50.0% (9)	22.5% (4)
Website: content	11.0% (2)	5.0% (1)	61.5% (11)	22.5% (4)

(n = 18)

In general the DVD, height chart and website content were scored as excellent or good. Fifty per cent of the respondents rated the ease of use of the website as excellent or good with only 5% (1 respondent) rating this as poor. The height chart and website were less well used by this group of scheme leaders than the DVD. Suggestions for improvement included offering the DVD and height chart in additional languages. A few respondents commented that the first aid information on the reverse of the height chart would face the wall rather than be displayed, although the main safety information was featured on the front of the chart. The resources have helped to raise the profile of the national scheme and will continue to do so. In addition, some schemes have created their own marketing materials, such as posters, which help to raise the profile locally.

4.2.3.8 *Local monitoring and evaluation*

A mixed response was received from scheme representatives as to whether or not they were conducting local evaluation. Those that were did so using a variety of methods:

- Obtaining hospital-based injury data
- Distributing satisfaction/evaluation forms
- Conducting telephone interviews after equipment installation
- Conducting post-installation home visits

Responses received from user satisfaction surveys were generally very positive. The barriers to conducting local evaluation were reported as a lack of time and resources and the need for additional skills training and/or tools to assist with the process.

4.2.3.9 *Main achievements*

When asked about the main achievement of the local scheme, respondent comments often related to the number of families in receipt of the intervention. Specific responses on positive achievements were:

- Getting the scheme up and running in a large area
- Helping vulnerable families
- Raising awareness in families
- Increased attendance at safety sessions
- Improved partnership working
- Establishing an organised system of family referral
- Providing equipment to so many people in a short space of time
- Reaching families who most need the equipment and wouldn't have bought it for themselves

One respondent made specific comment on injury outcomes:

“We believe accident rates have fallen in our area”.

4.2.3.10 Barriers to achieving positive outcomes

Although the scheme representatives were all extremely positive about Safe At Home, one of the overriding problems reported was lack of time. The national scheme runs for two years, and for those areas which registered later, the time to become established and deliver the intervention was foreshortened.

Finding adequate administration time, manpower and resources presented problems for the majority of schemes and may have been a barrier for those schemes electing not to participate. A common suggestion for improvement was to be able to utilise some of the funding provided to cover administrative costs (including personnel time, storage of paperwork, stationery etc).

Several scheme respondents reported that families not being at home at the time appointed for installation caused problems for them. Additional visits incurred costs in respect of manpower, fuel and parking charges. Suggestions to address this included training fitters so that both the home safety check and equipment installation could be done at the same visit. Alternative ideas were to provide incentives to those families who were at home for the arranged visit, or to penalise those families who were unavailable.

In some areas where safety equipment schemes were in operation prior to registration with Safe At Home, there was concern that local sources of funding may be jeopardised thereby threatening the future of the schemes beyond the period of the national programme. Some areas running two schemes concurrently (a locally-resourced scheme and Safe At Home) reported potential tensions between the two owing to differences in eligibility criteria.

One of the issues highlighted was that of dangerous dogs on the premises at the home visit. One scheme reported that they requested that such dogs be removed from the premises for the fitting visit and also left an information leaflet with the householder.

A number of comments were received concerning the suitability of the equipment supplied. Whilst the items had in part been selected for their wide applicability, some were found to be unsuitable in certain circumstances. A summary of comments received is provided below.

- Pop-it locks for cupboards did not fit well on cheaper kitchen units
- Extra screws/fittings sometimes required for fireguards or safety gates
- Cord shortening devices left for families to fit themselves
- Safety gates not suitable for some stairs/other points of installation

Where additional fittings were needed, the cost incurred for these was borne by the installation agency.

One suggestion to improve communication and service was to have an interactive website forum where staff working on local schemes could share experience and obtain advice from others.

4.2.3.11 Operation of a national scheme versus local schemes

Scheme representatives reported a high level of satisfaction with regard to the central operation of the national scheme by the co-ordinating team at RoSPA. The network of regional co-ordinators, who were able to provide assistance, support and encouragement to local schemes, was greatly valued. Participants from other key agencies echoed these views.

Respondents did however identify a number of areas where difficulties had been encountered:

- Lack of flexibility within the implementation of the scheme
- Mixed messages as to what is required by the commissioning agency
- Uncertainty resulting from the change in central Government (May 2010)
- Production of time consuming reports
- The need to work to very tight time schedules
- Difficulties in obtaining information on number of families trained (this is a requirement as specified by the Key Performance Indicators)
- Re-organisation of local Sure Start programmes, staffing programmes, lack of motivation
- Over-stretched central co-ordinators in some areas

Suggestions for improvement included extending the timescale for the national scheme to relieve some of the pressure felt by staff at all levels. It was also felt that the importance of the professional training element could be emphasised with local scheme managers and staff to obtain better commitment to this.

In conducting the formative interviews, it became apparent that there were a number of positive and negative issues associated with the establishment of a national versus local scheme (summarised in Table 2).

Table 2 Participants' perceptions of the benefits of national vs local schemes

Benefits of National Schemes	Benefits of Local Schemes
The National Safe At Home scheme has been well received with a good uptake from local representatives	Eligibility criteria could be more flexible and appropriate to individual areas
Resources and workshops are available	Local schemes support local businesses
Background research has been done by RoSPA and they have the knowledge and ability to target areas	Local schemes may have more freedom to target safety equipment provided to the needs of their local families
Participating schemes have good support from RoSPA	More flexibility of equipment choice: some schemes have a preferred brand/type of e.g. window restrictor or safety gate
A national scheme ensures equity and minimises equipment costs by purchasing in bulk	Local schemes may be more sensitive and responsive to issues specific within their area.

4.2.3.12 Sustainability

Respondent comments indicated a high level of uncertainty over the future of the local Safe At Home schemes when the national funding comes to an end. Some schemes reported that they were compiling and submitting bids for local funding, two of these were using their own evaluations to strengthen the case. There was uncertainty as to who to approach to seek continued funding at local level. Concern was expressed that contact with the families involved in Safe At Home may be lost when the scheme ends.

4.2.3.13 Other comments

The final question on all of the interview schedules gave respondents the opportunity to raise general comments about the Safe At Home scheme, some of which are discussed below.

The true costs of implementing an equipment scheme vary depending on the local context. Factors such as the availability of staff, the extent of pre-existing networks and travelling distances involved all play a part. One respondent suggested that a "bottom-up" approach whereby the scheme is planned from a local perspective may allow more appropriate services to be developed for each area.

A common comment was that local schemes would like the opportunity to specify the items of safety equipment provided. There are clear reasons, based on current evidence of effectiveness, as to why specific items were selected by the national scheme. Despite this having been covered in the introductory workshops and in the scheme documentation, it appears that within some of the

schemes interviewed this information has not been relayed locally to the staff concerned.

A selection of typical quotes includes:

“this scheme should have started years ago”

“the timing of the scheme was good because of the current recession and people with limited means.”

“the Safe At Home scheme is generally straightforward and easy to deliver”.

4.2.4 Summary of key findings

The general consensus from the formative telephone interviews and site visits was that to-date the Safe At Home scheme has been very well received. The majority of people spoken to at this stage have been extremely complimentary and positive about the scheme overall. The ease with which the RoSPA co-ordinating team could be contacted was mentioned frequently. The level of organisation received positive comment, as did the speed with which requests were handled. The support of the regional RoSPA co-ordinators, RoSPA head office staff and Kid Rapt were praised. Educational resources produced for use with the scheme were thought to be very good.

Provision of administration support was highlighted as a problem for local schemes. In addition, there was evidence that the situation may be being exacerbated by impending wider changes outside of the national scheme.

There was much concern around the future of the national scheme once the initial funding comes to an end. Participant views suggest that the provision of a safety equipment and advice service is valuable and forms a fundamental requirement for programmes addressing child safety in the home.

4.2.5 References

[1] Ritchie J & Spencer L. *Qualitative data analysis for applied policy research*, in *Analyzing Qualitative Data*, RG Burgess & Brynan A (Ed). 1994, Routledge: London, New York

4.3 Tracking Development

4.3.1 Introduction

To assess progress in establishing the safety equipment scheme RoSPA were set a number of objectives and Key Performance Indicators (KPI) to achieve. In addition, other key data were collected, some measured against targets, which can be used to track development of the scheme. The results from an examination of this data are presented here.

4.3.2 Method

Data from both the scheme databases and Project Manager's monthly reports were examined to track development of the scheme. These data included:

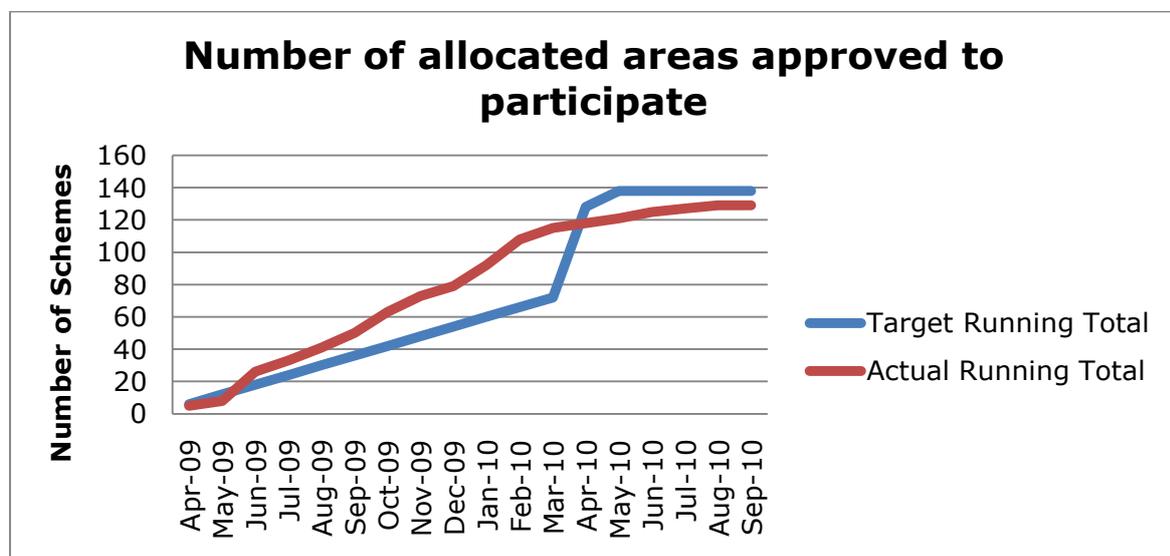
- allocated areas approved for local schemes
- sets of equipment installed
- families receiving home safety information

4.3.3 Results

4.3.3.1 Areas approved for local schemes

It was originally planned that schemes covering 141 local authority areas would be set up. By the end of Year 1, three areas had opted not to take part and the target was subsequently reduced to 138 areas. By the end of the 2-year period, 129 schemes were active covering 130 of the original 141 areas identified. The number of areas approved quickly became ahead of the target number of areas and the final target was reached approximately five months ahead of schedule (Figure 5).

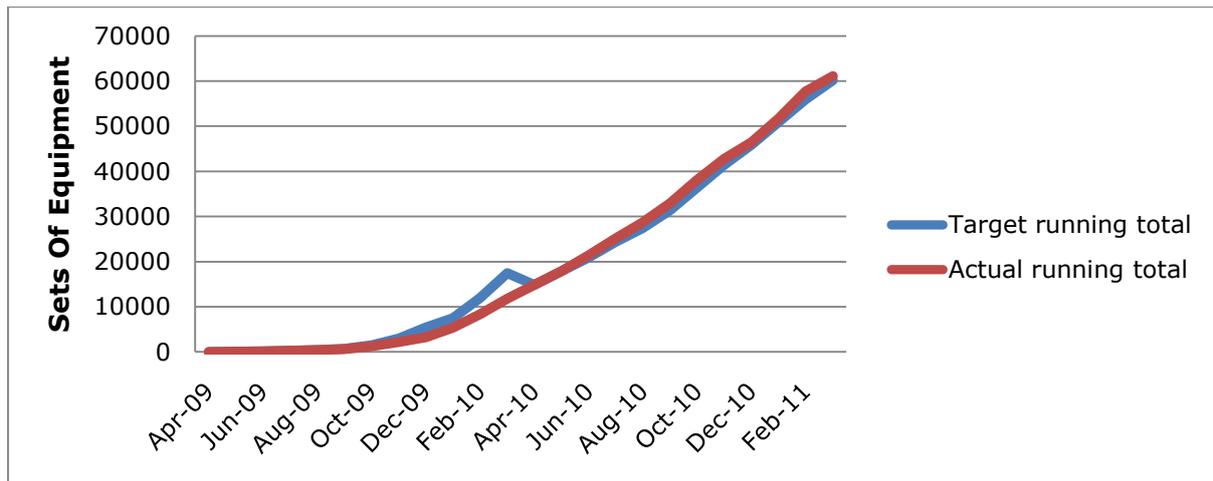
Figure 5 Number of allocated areas approved to participate



4.3.3.2 Sets of equipment installed

By end of March 2011, over 61,000 sets of safety equipment had been installed in homes, with some schemes yet to forward their final data (Figure 6). The scheme consistently met its targets in terms of number of sets installed. Once again, the target was reduced mid-way through the scheme to reflect budget reductions.

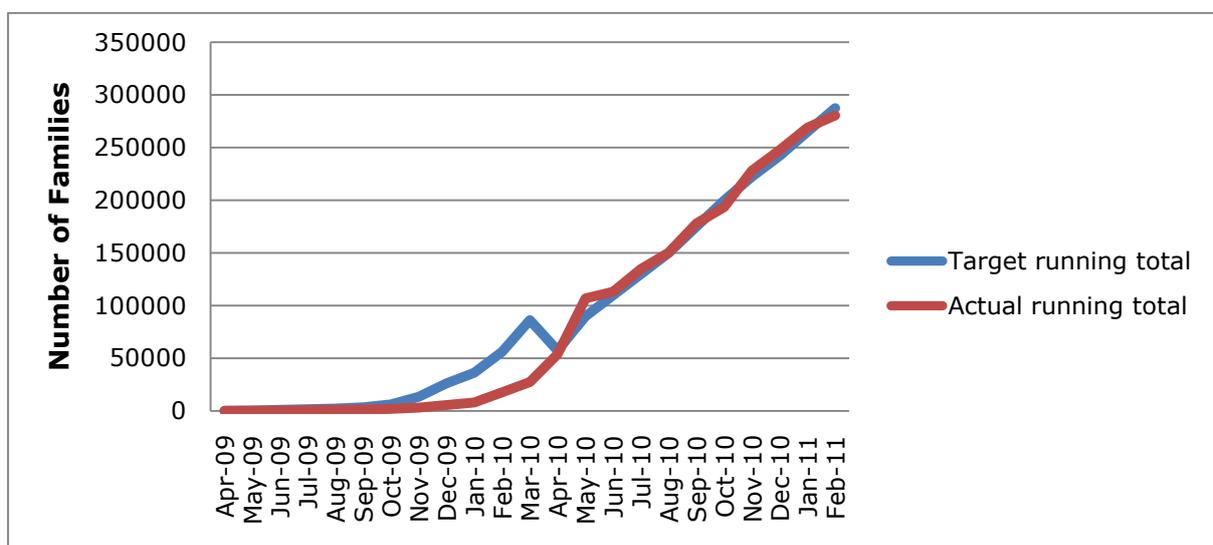
Figure 6 Number of sets of equipment installed in homes



4.3.3.3 Families receiving home safety information

A total of 280,449 families had received home safety information up to the end of February 2011 (Figure 7). With March figures yet to be reported it is anticipated that the target of 300,000 families will be reached. Initially the number of families receiving information lagged behind the target but by half way into the two year project, actual numbers matched the target numbers.

Figure 7 Number of families receiving home safety information



4.3.3.4 *Anecdotal data from client families*

In addition to assessing satisfaction with the scheme from participants in the family survey (see section 4.9), feedback from a number of anecdotal responses was also received. The evaluation team were aware of several requests from families in receipt of equipment who were seeking to purchase further items from the equipment supplier, at their own cost. These included additional “pop-it” cupboard locks and corner cushions. Requests were accompanied by expressions of satisfaction with the equipment provided through the national scheme.

4.3.4 Summary of key findings

Safe At Home performed well according to allocated areas approved for a scheme, sets of equipment installed and the number of families receiving home safety information. In addition, Safe At Home achieved the target of providing information to five times the number of families receiving equipment.

4.4 Communications and Publicity

4.4.1 Introduction

The process evaluation of Safe At Home includes analysis of certain critical events and activities which have taken place. These can give an understanding of the ways in which the national scheme has developed and an insight into progress made at various stages. The communication strategy was selected for evaluation since this is central to the dissemination of information about the national scheme. The communication strategy consisted of the following elements:

- Introductory information workshops
- Conferences
- Website
- Press articles/publicity
- Educational resources

4.4.2 Method

A range of methods involving several members of the evaluation team was used. These included participant observation, documentary analysis, analysis of written participant feedback and a review of resources, including the effectiveness of the Safe At Home website.

4.4.3 Results

4.4.3.1 *Conferences*

The first national Safe At Home conference, "From National to Local – celebrating your success" was held in central London on 18th March 2010. The programme included a range of presentations from both policy and practitioner perspectives, as well as the opportunity for delegates to select specific aspects of the scheme to be addressed in small group discussions. Over one hundred delegates attended representing a wide range of agencies and geographical spread, as well as key individuals from RoSPA, DfE and Kid Rapt. Representatives from both new and pre-existing schemes attended.

Feedback from sixty-nine attendees was received as part of the formal RoSPA evaluation of the event. The information-giving sessions were all rated as relevant, with the content and presentation scoring marginally lower. One recurring criticism was the use of acronyms. The discussion sessions all scored highly, particularly those relating to the administration of the scheme, evaluation and sustainability, education of families and home checks and visits.

Two members of the evaluation team attended the event as participant observers. Their comments evidenced that the event had been well planned and

was well attended on the day. Participatory sessions were lively with a good exchange of information and ideas. This was facilitated by the range of participant experience. Presentations from the host organisation were upbeat and suggested strong, productive relationships with key partners. The venue and time management on the day were good. The programme combined active and passive elements and included participant evaluation and feedback.

A national Safe At Home conference planned for March 2011 will no longer take place. This event was intended to provide a means for sharing good practice between local schemes and to offer lessons learned from the 2-year national programme. Feedback from delegates attending the first national conference in March 2010 indicated that 66/69 (96%) would be interested to attend a future event.

4.4.3.2 Website

The website was launched in June 2009. In the first month of operation 2,573 hits were received, generating 26 enquiries. Website effectiveness was reviewed against specific criteria using an updated version of a tool developed by Management Centre International Limited¹. The findings are summarised below.

Findability

The URL is simple and self-explanatory and the website can be found easily via search engines. A Google search for "Safe At Home" takes you directly to the RoSPA Safe At Home web page and although there are other URL's that are similar, the distinctive element of this web address is the RoSPA element: <http://www.safeathome.rospace.com/>. Navigating to the Safe At Home page from the main RoSPA website is less straightforward.

First impressions

First impressions of the site are good. The home page is bright and includes coloured pictures. Although the page doesn't all fit on one screen, it has a logical flow and the text is clear and easy to read. The home page includes a one minute long YouTube video clip illustrating hazards in the home that could potentially lead to accidents (e.g. steep staircase with no safety gate; poisonous liquids stored in a cupboard within a child's) and ways to overcome these. The images on the homepage give a clear message that the website is about home safety for children.

The site is aimed at professionals and members of the public and there are clear links to the relevant pages. Member login is only required for actively participating schemes. This means that the site can be accessed easily and users won't be deterred by complicated login procedures.

Navigation

Navigation is simple via the tool bar on the left hand side of the page and return to the home page is possible with a single click at any time on any page. The site is self contained and does not appear to have specific navigational links to other sites. Navigation appears to be robust with all links working correctly. There is no specific site map but the navigational bar on the left hand side indicates the content of the website quite clearly. There is also an internal search engine which helps to direct the user to the information they are seeking. Navigational links are clearly visible and are consistent throughout the website making it easy to use.

Content

The content of the website is excellent and comprehensive giving background information to the scheme in addition to more specific information and access to relevant documentation. There is an information section for families with details of how to find out if there is a Safe At Home scheme operating in their area. There are three case studies illustrating how 'real' families have benefitted from having safety equipment installed through the scheme, along with a range of other comments from scheme participants.

Forms are available for downloading from the website, but there is no facility to submit these on-line. Several of the forms do not include telephone details.

A link at the bottom of the page details all the accessibility issues that have been addressed, including browser compatibility. There does not appear to be an option for information to be provided in languages other than English. This may reduce accessibility for families where English is not the first language.

The readability of the site is quite high with even the pages aimed at families being set at a reading age of around 14-15 years. Despite the content being very good and informative, it is possible that some families may miss out because of this.

The website content continues to be updated. A header is currently included on the home page and those pages accessible to families which indicates the end date of the national scheme and explains that although referrals for equipment are no longer being taken, local schemes may still be able to provide safety information and advice.

Making contact

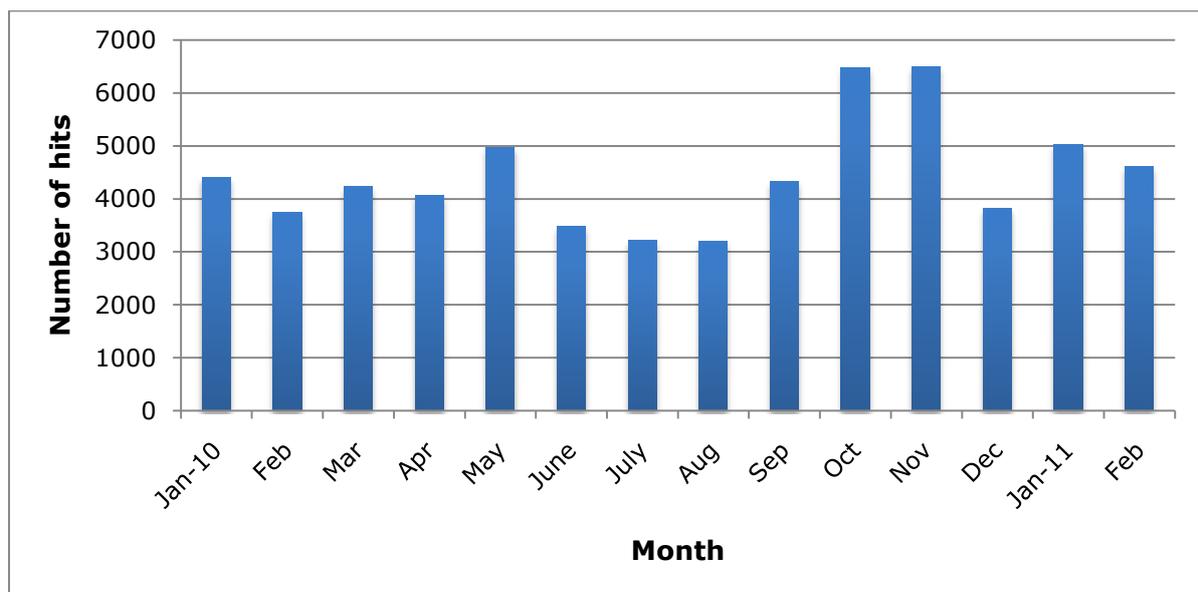
The site lists all the Safe At Home participating centres and contact details for the scheme co-ordinators. There is also the facility to e-mail the central Safe At Home team using the 'contact us' navigation link. This information is available to families and professionals alike.

User satisfaction

As to be expected, user satisfaction is not stated within the website. Telephone interviews conducted with a sample of 18 scheme leaders in early 2010 indicated that 50% (9 respondents) rated the ease of use of the website to be good/excellent. In the same group, 61.5% (11 people) rated the content of the website to be good/excellent. Subsequently, views were sought from all scheme leaders in a postal survey distributed in October 2010 (for full method see Section 4.5). Of the 91 scheme leaders who responded to the survey, 56% thought that the ease of use was either good or very good, with only one person grading it as poor. The majority (69.2%) reported the value of the content to be good or very good.

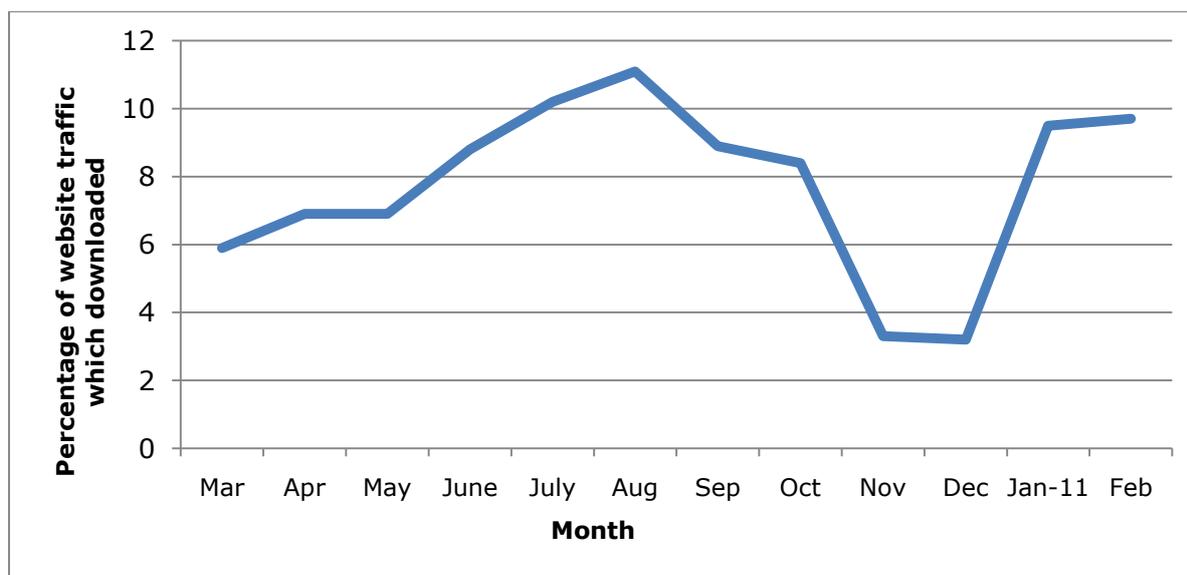
Visits to the website are monitored monthly. Figures 8 and 9 show the volume of traffic visiting the site from January 2010 onward and the percentage of these visits in which information was downloaded.

Figure 8 Volume of website traffic from January 2010 onward



Despite the scheme coming to an end in March 2011, website visits remained consistent with over 4,600 hits during the penultimate month (February 2011).

Figure 9 Percentage of visits in which information was downloaded



4.4.3.3 *Press articles/publicity*

Media reports are primarily used as a tool to raise awareness with families and professionals. They act as a forum to keep child safety as a prevalent public health topic and remind professionals that this important area must continue to be addressed. Media activity has focused around key events, for example the launch of the national scheme, achievement of key milestones and, more recently coverage of a visit made by the Under Secretary of State for Public Health. Mass issue press releases were made on ten occasions between February 2009 and January 2011. Twenty-four limited press releases relating to schemes in particular areas were made between October 2009 and July 2010. National and extensive regional press coverage and information relating to Safe At Home was issued via consumer websites, professional websites, local government websites, newsletters and reports. Publicity and media coverage of the national scheme was restricted for some time in the period leading up to and immediately following the general election in May 2010. In addition to media reports covering the national scheme, local schemes have generated their own publicity through regional contacts. A template for encouraging press activity is available to local scheme co-ordinators on the website.

The national scheme featured at the 10th World Conference on Injury Prevention and Safety Promotion which took place in London, 21st – 24th September 2010. A poster presentation (Safe At Home – the national home safety equipment scheme) provided an overview of the national scheme, identifying accompanying resources and highlighting partnership working and the contribution of the independent evaluation. An oral presentation (Bringing home safety to the most vulnerable) delivered as part of a session on working with the voluntary sector illustrated how the scheme has been designed to target those at greatest risk of

injury and detailed how this is delivered across the country. Both presentations were well received.

4.4.3.4 Educational resources

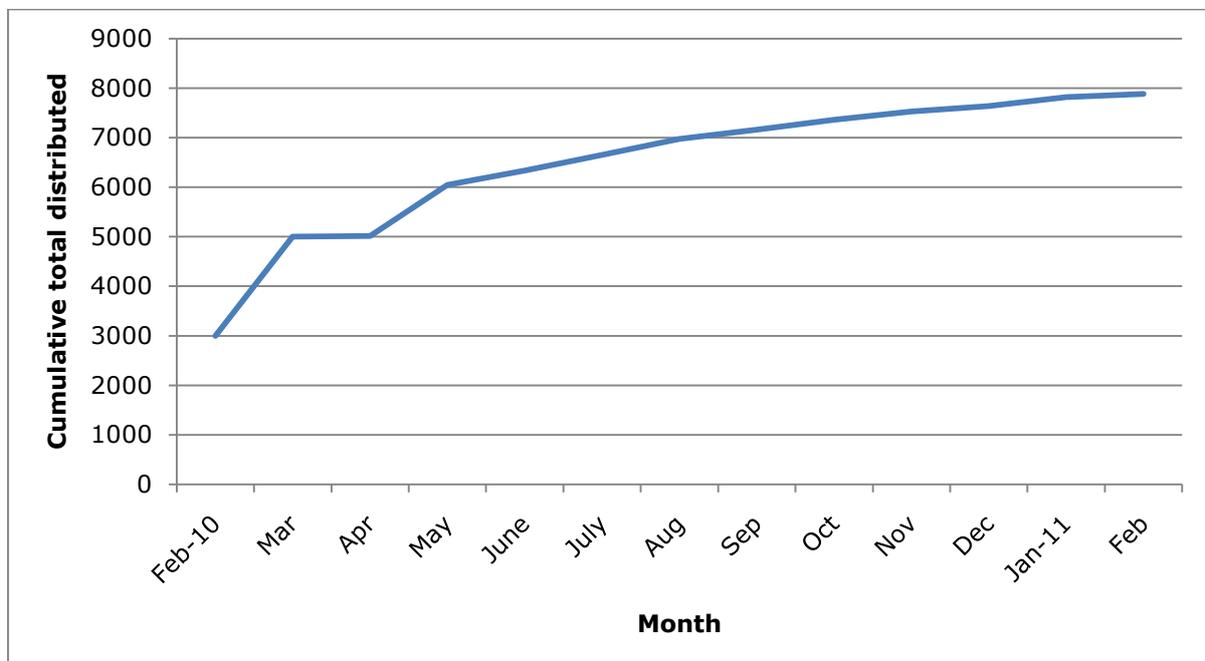
Several educational resources have been produced to support professionals in the delivery of safety information and advice to parents. These have been made available free of charge to all Children’s Centres across the country.

DVD

The 8-minute long DVD “Safe At Home” presents the dangers facing under 5’s in the home from the perspective of 2-year old Sam. The voice-over provides informative, amusing commentary on potential hazards, focusing in particular on hot water scalds, poisoning and playing with matches. Illustrations of the equipment supplied by the Safe At Home scheme are provided. The DVD became available in October 2009 and was distributed to professionals with accompanying notes. It was designed for use in facilitator-led discussion groups with families. This resource is also available with Urdu or Slovak voice-over.

Cumulative distribution totals for the DVD are presented below (February 2010 onward). As of February 2011 7,881 copies of the resource had been distributed.

Figure 10 Cumulative distribution of the Safe At Home DVD



Those local scheme leaders participating in the formative interviews which took place early in 2010, were asked about their views of the DVD. Of this small sample (18 scheme leaders were interviewed), 78% (14 respondents) rated the DVD as good/excellent. Subsequently, views were sought from all scheme

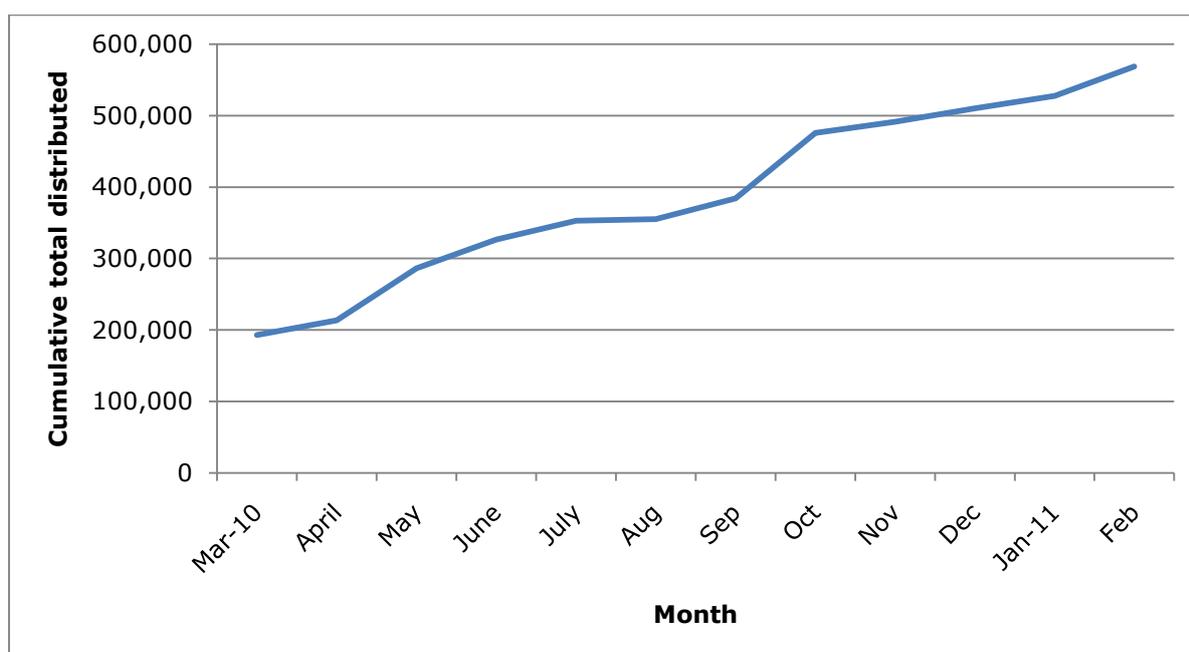
leaders in a postal survey distributed in October 2010 (for full method see Section 4.5). Sixty-eight per cent of respondents to this survey rated the DVD as good or very good, with no-one rating it as poor.

Height chart

The height chart provides key facts, prevention and treatment advice for those types of home injury most relevant to children under the age of five. The messages back up those provided on the DVD. Height charts became available in October 2009 and were provided as a resource for individual families to keep. Space on the reverse of the chart is provided to include first aid advice, emergency medical contact details and information specific to the child.

Cumulative distribution totals for the height chart are presented below (March 2010 onward). As of February 2011 in excess of 568,000 copies of the height chart had been distributed.

Figure 11 Cumulative distribution of the Safe At Home height chart



Those local scheme leaders participating in the formative interviews which took place early in 2010, were asked about their views of the height chart. Of this small sample (18 scheme leaders were interviewed), 67% (12 respondents) rated the height chart as good/excellent. Subsequently, views were sought from all scheme leaders in a postal survey distributed in October 2010 (for full method see Section 4.5). As with the DVD, the height chart was well received with 71.4% of respondents rating it as good or very good.

Flipchart

The flipchart became available in August 2010. It comprises an A4-sized chart with built in stand and contains several pages of information and prevention advice on childhood injuries categorised as follows:

- Falls
- Burns
- Suffocation and choking
- Strangulation
- Scalds
- Poisoning
- Drowning
- Cuts

Each category includes colourful pictorial representations of potential hazards in the home, designed to stimulate discussion with families on a one-to-one or group basis.

Distribution figures for February 2011 show that 3,885 copies of the flip chart have been distributed.

A survey of all scheme leaders conducted in October 2010 sought views on the flipchart (for full method see Section 4.5.). Only 41.8% of scheme leaders rated the flipchart as good or very good, but it must be noted that the same percentage reported not having seen this resource. Of those respondents who had seen it, 72% thought that it was good or very good.

4.4.4 Summary of key findings

The Safe At Home communication strategy served a dual purpose. Firstly it raised general awareness nationally about child injury in the home and the ways in which the scheme aimed to address these. Secondly it provided targeted information to families who may be eligible to participate in locally-run schemes.

The conference held in March 2010 was well attended and provided a useful forum for networking and information sharing. It is disappointing that no event will take place in March 2011. This would have enabled those involved to share their learning from the successes and challenges which they experienced as part of the national scheme. Media reports, along with attendance at the 10th World Conference on Injury Prevention and Safety Promotion have stimulated interest in the findings of the national scheme. It is important that a timely means of disseminating these to the national and international audiences involved is identified.

The Safe At Home website has provided an effective and efficient means of communicating with professionals and has been available as a resource to

parents. Visits to the site over the 14-month period from January 2010 were consistently high. Over a similar time frame, (February 2010 – January 2011) the proportion of website visits in which information on the national scheme was downloaded (averaging at 10.7% per month) indicates that this was an effective way of disseminating documentation to scheme participants. The total number of visits overall, in excess of 65,000 is impressive. User feedback indicates that the website has been well designed with appropriate and regularly updated content.

The resources developed to support Safe At Home have been widely distributed. More than 568,000 height charts; 7,882 DVDs and 3,885 flipcharts all of which contain advice and information on the prevention of home accidents have been distributed country-wide. In addition, copies of the DVD with voice-over in Urdu or Slovak have been provided for use with families speaking one of these as a first language. The educational resources are also available for use with families not residing in an area registered with the national scheme. This increases the coverage of the information/advice element of the intervention beyond the immediate area of participating schemes.

4.4.5 References

1. Management Centre International Limited (MCIL) *Website effectiveness review* accessed June 2010, <http://www.mcil.co.uk/review/7-site-review-homepage.htm>

4.5 Later Stage Process Evaluation – Survey Of Scheme Leaders

4.5.1 Introduction

This later stage process evaluation was designed to examine the inner workings of the national scheme from the perspective of the local scheme leaders.

4.5.2 Method

A postal survey was sent to all 135 scheme leaders in October 2010. The survey covered the following:

1. Provision of home safety equipment
2. Education given to families
3. Methods used to target the determinants of unintended injury amenable to change
4. Methods used to reach different groups
5. Methods used to evaluate the SAH scheme in their area
6. Most effective aspects of the scheme and scheme benefits
7. Problems encountered
8. Views on the value and impact of Safe At Home
9. Sustainability

Initial contact was made with all of the scheme leaders via email to inform them of the questionnaire survey and to request that it be completed by someone with an overview of the way in which the local scheme was delivered. Additional information, for example, copies of local evaluation reports or suggestions for involvement of other key contacts, was also requested.

4.5.2.1 *Development and piloting of interview schedule*

The questionnaire was piloted amongst a small group of professionals working within a child safety environment to check content validity. A copy of the finalised version is provided at Appendix E of the Research Tool Supplement (available as a separate document).

4.5.2.2 *Data collection and analysis*

Questionnaires were posted one week after initial contact with the scheme leaders. A reminder letter was sent 2 weeks later, and a subsequent letter including a second copy of the questionnaire was sent to those schemes that had not responded after 8 weeks. RoSPA arranged for an email to be sent from the evaluation lead to all of the scheme leaders to encourage a good response.

4.5.3 Results

The response rate was 67.4% (91/135). Analysis of the responses identified key themes which have been used as sub-headings to present the findings.

4.5.3.1 *Provision of safety equipment scheme*

Responses represented schemes of varying sizes with some schemes covering up to 20 Children's Centres. Approximately half had run a safety equipment scheme prior to registration with the national scheme.

Generally families were referred to the scheme by Children’s Centre staff, health visitors and health professionals who engaged with potentially eligible families in the community on a daily basis. Some schemes allowed families to self-refer.

Figure 12 How families are identified by local schemes



Other methods of referral included:

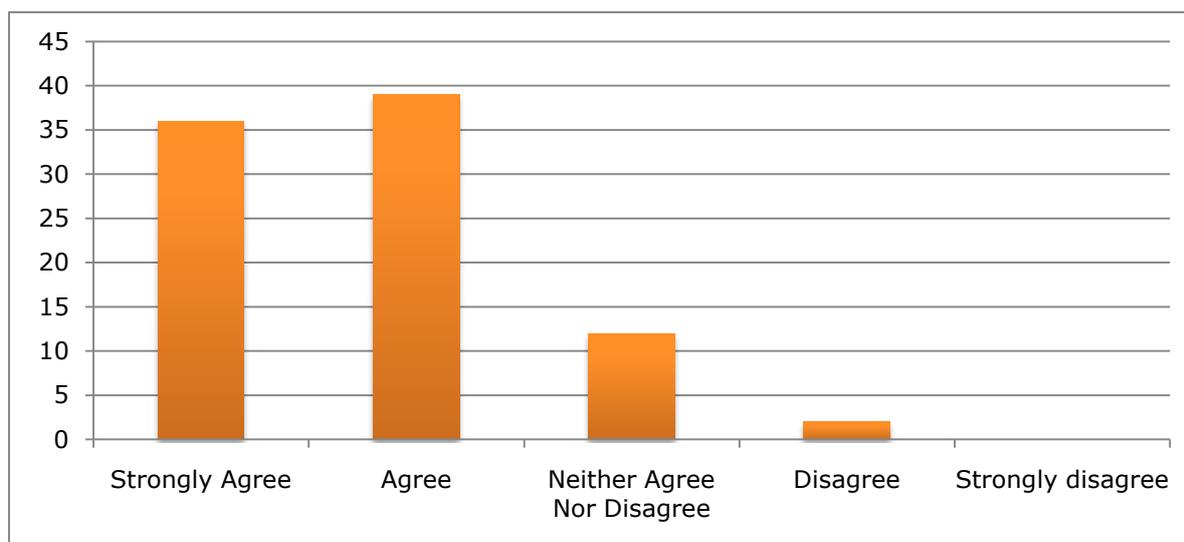
- A&E referrals
- Hospital referral
- Community events
- Housing teams
- Schools
- Partnerships

Home safety checks were conducted by a range of professionals, with community-based health professionals taking a lead role.

Lead agencies co-ordinating the schemes included children’s centres, local authorities, primary care trusts, charity organisations and fire and rescue services. Those lead agencies whose role included direct work with families would use their own staff in the referral and home assessment process. Others whose remit was less direct developed working partnerships with agencies able to assist.

Many schemes had developed new partnerships to support the development and delivery of local schemes (Figure 13).

Figure 13 Number of respondents who consider Safe At Home has led to new alliances



4.5.3.2 *Families declining safety equipment*

Respondents reported that a very small number of families had declined the offer of free equipment: reasons for this included concern that the equipment would be detrimental to the aesthetics of the home or might result in some damage to the surroundings. Some scheme leaders reported problems in obtaining permission for installation of equipment from private landlords. Both families and landlords appeared to be under the impression that installation of window restrictors would invalidate the warranty of window units. A centrally-issued statement from the national scheme would have been of help in solving this issue.

Other reasons for declining safety equipment included:

- Partner didn't want the equipment
- Uncomfortable with strangers entering their home
- Unhappy with the equipment
- Already had equipment
- Felt somebody else may be more deserving
- Family relocated, no longer wanted equipment
- Only wanted safety gates for children but they were refused as child over 2 years of age, so family refused all equipment offered
- Wary of home safety check/feel scrutinised
- Feel they could provide it themselves
- Style of equipment
- Did not want to wait for the fitting, so purchased themselves

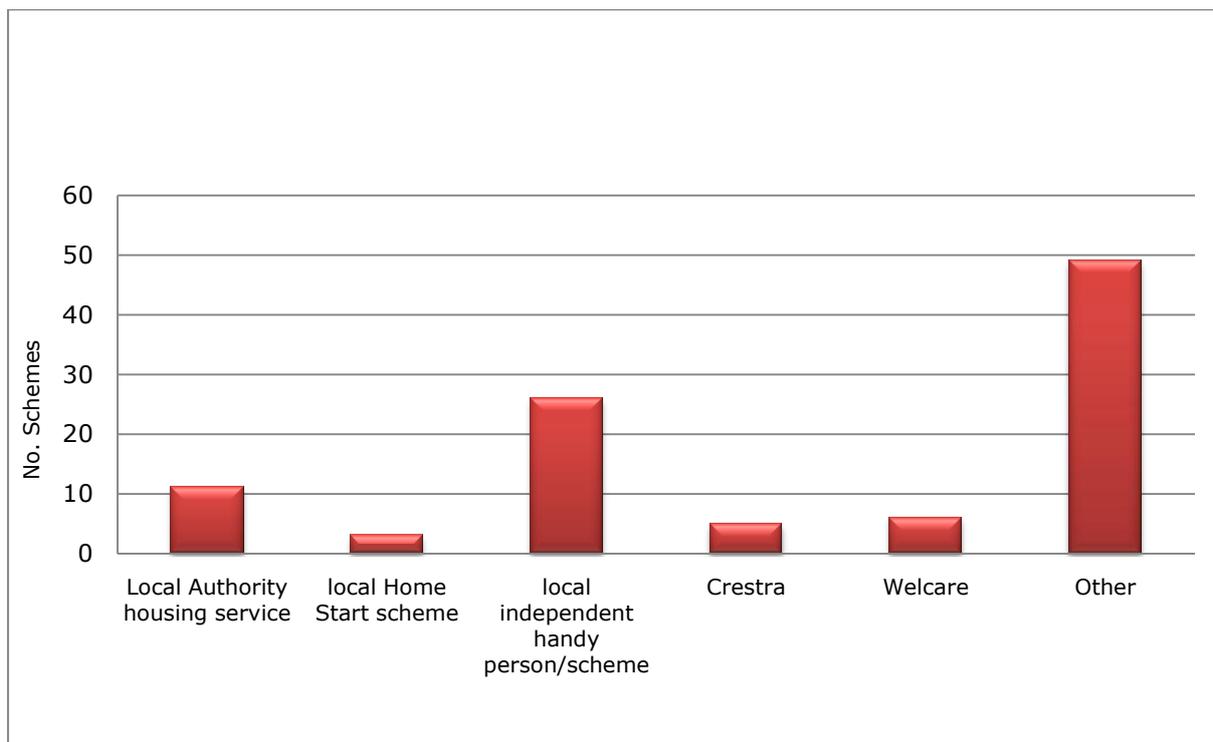
4.5.3.3 *Equipment installation*

One of the main problems facing those installing the equipment was finding families not at home at the appointed visit time. This resulted in wasted time and incurred additional costs borne by the local schemes. A number of strategies were reported for dealing with this issue. These included texting or telephoning the family in advance to remind them of the appointment, and

implementing a policy whereby families were given a specified number of “chances” to be at home before losing their place on the waiting list.

Staff responsible for equipment installation were employed by a range of agencies (Figure 14). One in four of the schemes reported using a local independent handy person service to fit equipment. Within the category of “other”, selected by over half of the respondents, the fire and rescue service played a large part. Other agencies listed within this category included private companies, housing associations, charities and staff already employed in this capacity by the co-ordinating agency.

Figure 14 Agencies responsible for installation of equipment



All staff fitting equipment had received professional training or had appropriate previous experience of working in a similar capacity, and all were required to have clearance from the Criminal Records Bureau.

4.5.3.4 Suitability of the equipment

Over two thirds of scheme leaders (69%) responding to the survey thought that the items of safety equipment supplied via the national scheme were suited to purpose. The remaining one third reported that only some of the equipment supplied was suitable with no schemes reporting that none of the equipment was suitable. Reasons given for the unsuitability of the some of the equipment items include:

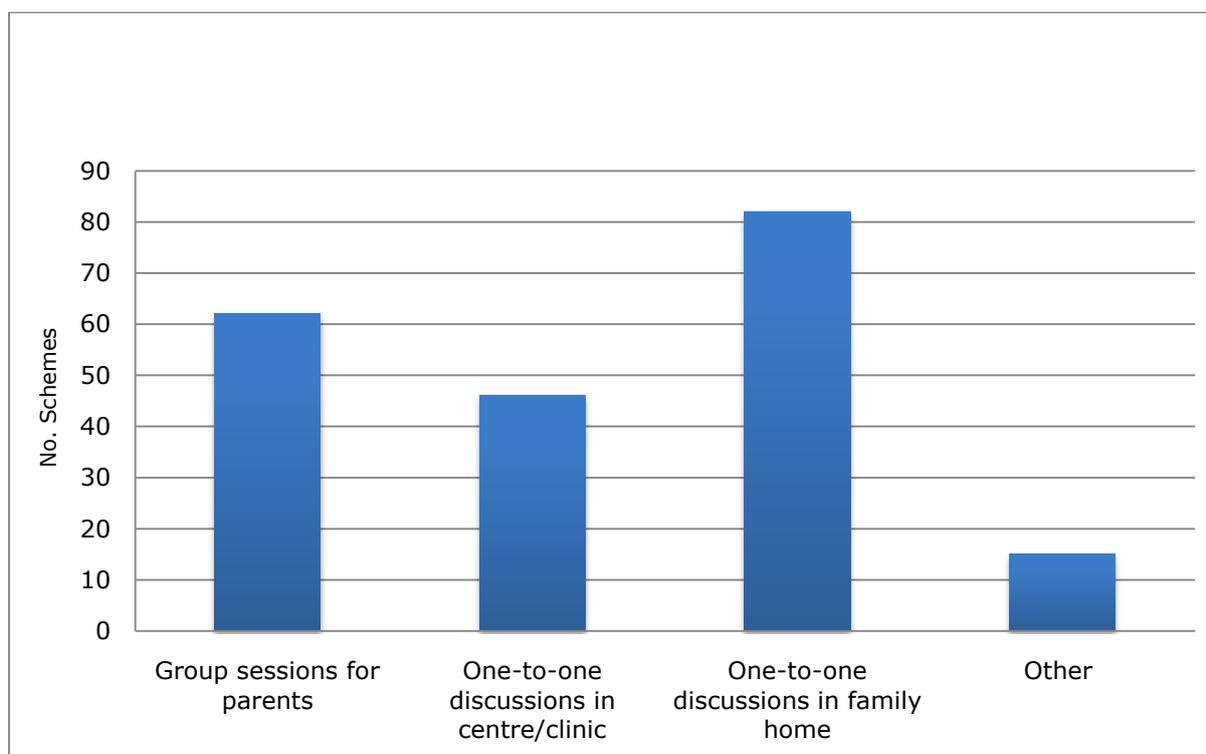
- Housing has modern windows with locks already
- Installation can damage existing fixtures and decor
- Installation believed to affect window warranty
- Difficulty fitting to certain windows

Difficult to open therefore fire hazard
 Inconvenience
 Equipment unsuitable for design of property
 Equipment of poor quality
 Do not like the appearance of the item

4.5.3.5 Provision of information/advice to families

The majority of schemes had been involved in educating families about home safety prior to registering with Safe At Home. As part of the national scheme, education was delivered via one-to-one or group sessions either in the clinic or at home (Figure 15). Provision of one-to-one education in the home setting was particularly popular since it afforded the opportunity to tailor the messages to specific family circumstances.

Figure 15 Methods used by schemes to educate families about safety



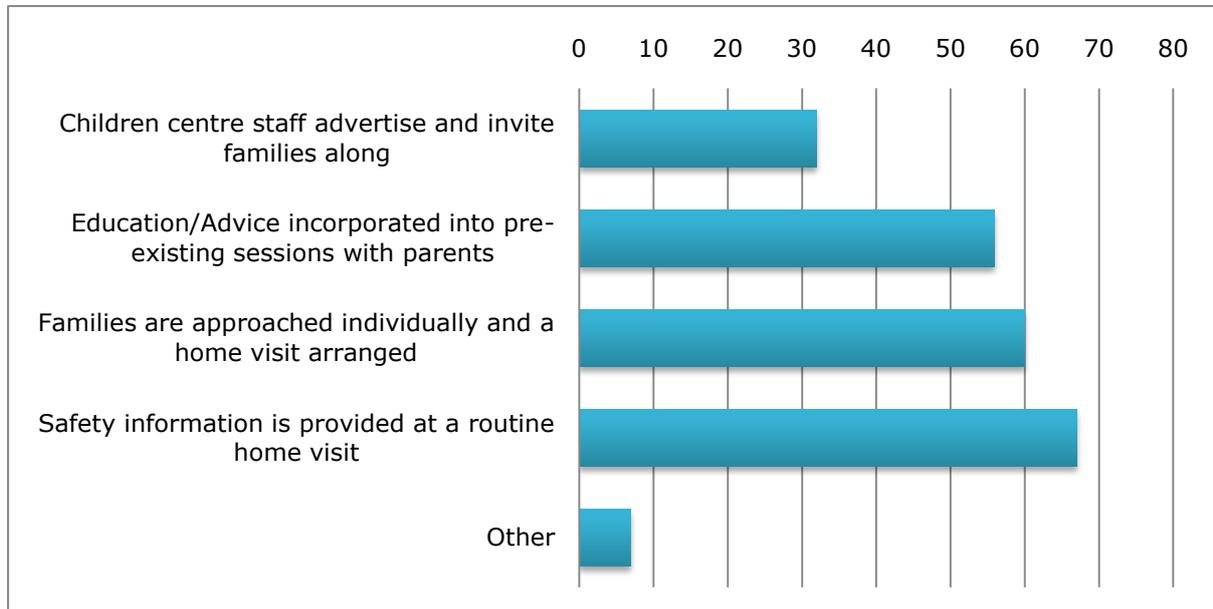
While staff from a range of agencies were involved in the delivery of safety education, community health professionals mainly took the lead. Innovative approaches used to deliver safety messages included:

- Family events and fun days outside the centres
- Accident prevention week/safety events
- Displays
- Involvement with specialised hazard training centres
- Newsletter/website
- Family information days

The safety information and advice element of the national programme was also available to families with children under the age of 5 years who were not eligible

for provision of safety equipment. Families were recruited for safety information sessions through a variety of routes (Figure 16).

Figure 16 Family recruitment methods for education/information sessions



Including safety education within a routine home visit or incorporating this into a pre-existing education programme for parents were popular ways of delivering information to families. Sixty-six per cent of the schemes reported that they approached families on an individual basis to arrange a home visit with a specific safety focus. Many of the schemes used a combination of approaches to maximise the number of families receiving the educational component.

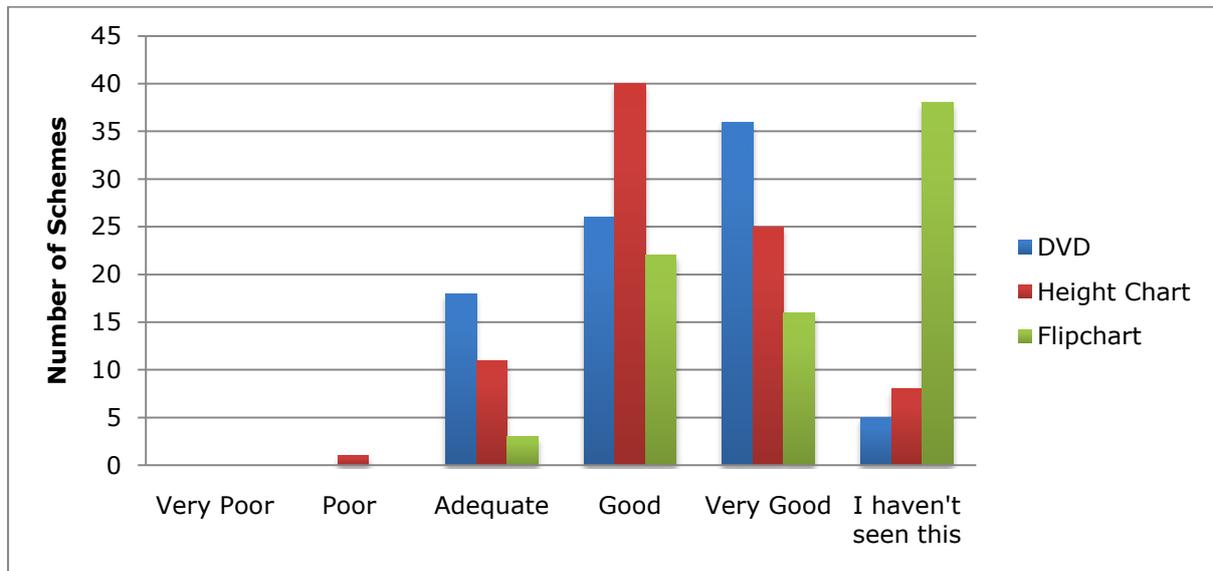
Some schemes reported linking the timing of educational sessions in with particular events or with other seasonal messages, for example sun awareness in the summer months or firework safety in the autumn. Others reported that sessions took place on an “as required” basis. The benefit of delivering several safety messages within a single session should be balanced with the amount of information provided. Attempting to deliver too many diverse messages could mean that the home safety aspect becomes diluted and the potential for raised awareness and positive behaviour change is reduced.

The majority of scheme leaders indicated that they considered one-to-one training and the provision of safety equipment as the most effective methods of preventing injuries to young children. Group sessions and media campaigns were rated as less effective and the provision of leaflets with no additional advice was viewed as not very effective at all.

4.5.3.6 Views on supporting resources

Scheme leaders were asked for their views of the DVD, height chart and flipchart produced by RoSPA to support family education within the national scheme.

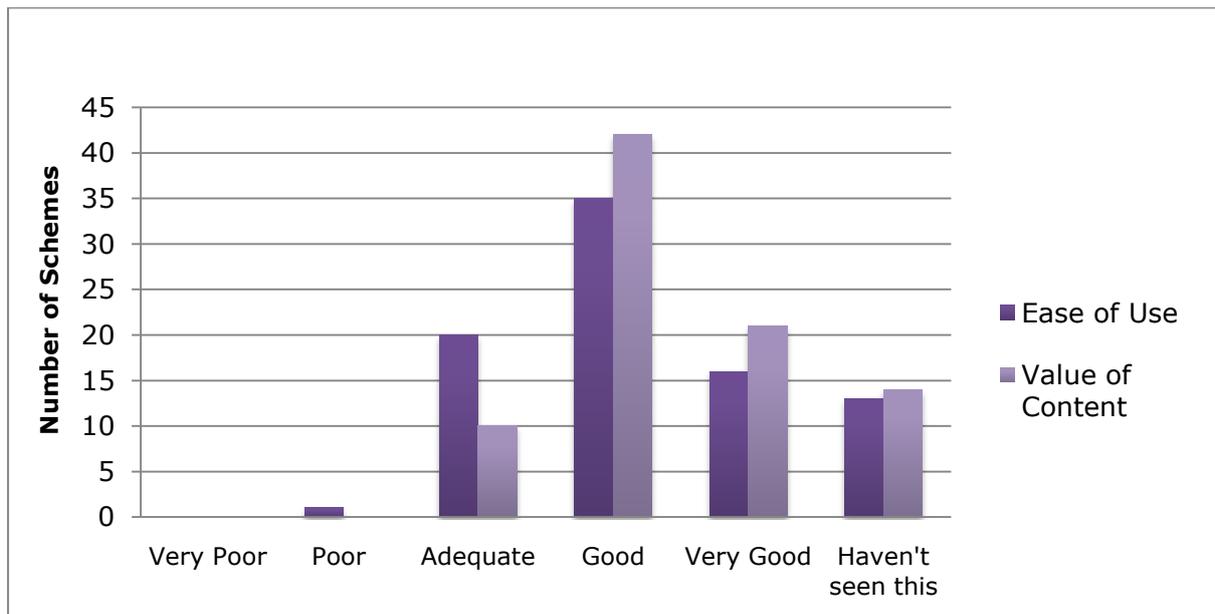
Figure 17 Scheme leader ratings of educational resources produced for Safe At Home



Sixty-eight per cent of respondents rated the DVD as good or very good. Comments suggested that the messages could have been more “punchy”. The height chart was rated as good or very good by 71% of respondents. Comments indicated that whilst the messages conveyed on the height chart were good, some were printed on the reverse side and were thus hidden when the chart was hung on the wall. Fewer respondents rated the flipchart as good or very good (42%) but it should be noted that the same number reported not having seen this resource. The flipchart was produced in August 2010 and it was clear that distribution was incomplete at the time of the survey.

Views of the Safe At Home website were also sought. Sixty per cent of respondents rated the website as good or very good for ease of use. A greater proportion, 72%, rated the website good or very good for value of content. Fifteen per cent reported that they had not viewed the website.

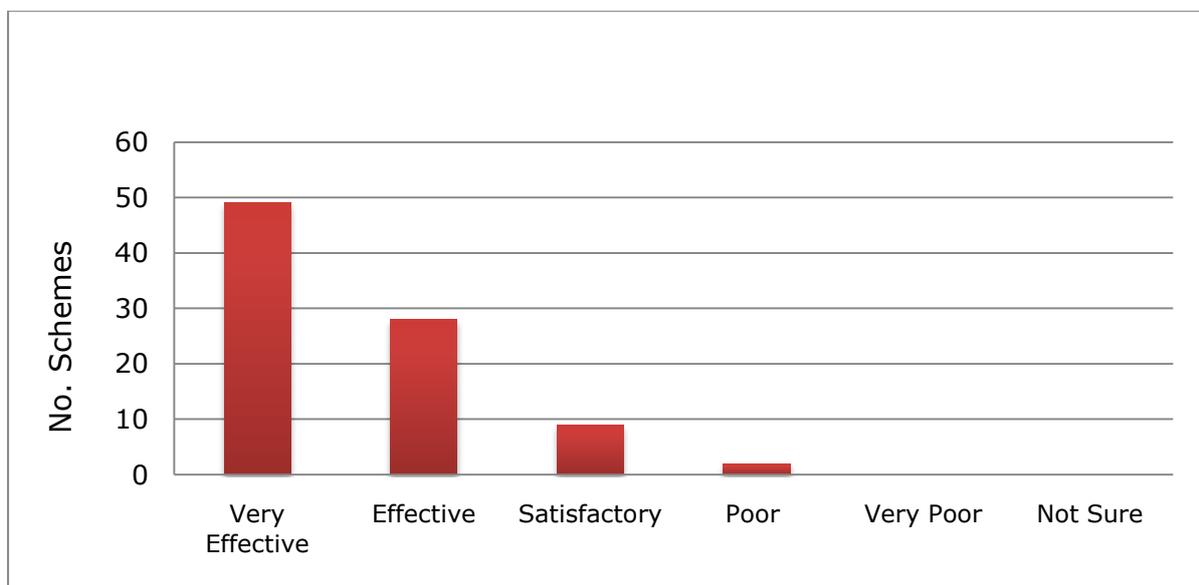
Figure 18 Scheme leader ratings of the ease of use and content of the website



4.5.3.7 Engaging target groups

Eighty per cent of respondents reported that their scheme had been effective or very effective in targeting low-income families.

Figure 19 Scheme leader rating of the effectiveness of their scheme in targeting low-income families



Scheme leaders were asked if they felt there were families who had been excluded by the Safe At Home scheme. Some of the groups mentioned included:-

- Asylum seekers

- Grandparents caring for young children
- Low income families who do not qualify for benefits
- Families with newborns and reduced income in the short term
- Families living in deprived circumstances outside the eligible areas
- People not known to the Children’s Centres

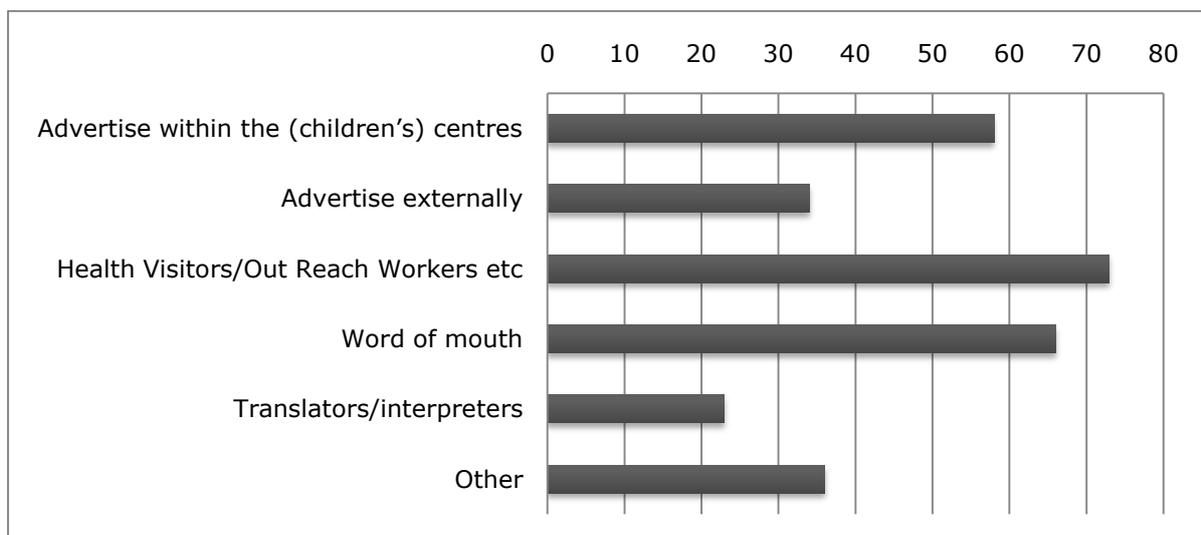
As has already been stated, of necessity the national scheme operated within a pre-defined set of eligibility criteria for families. With respect to grandparents, it was suggested that the equipment allocation could remain the same but with equipment spread between two homes. This would address situations where the main family home may not require a fireguard, but the grandparent’s did.

Some of the families targeted by the national scheme were regarded as ‘harder to engage’. They lived in more remote areas, had reduced access to services or were less likely to use the services available to them. Over 90% of the scheme leaders responding to the survey reported that the national scheme had succeeded in reaching these families. Factors thought to facilitate this included:

- Support from professional partnerships working in local schemes
- National scheme providing a “foot in the door” for further work
- Employing female fitters to reduce resistance to home visits
- Professional installation of equipment overcomes barriers for families lacking skills or tools to do this themselves
- Using interpreters to overcome language barriers
- Using trusted figures, e.g. uniformed fire officer to gain access
- Using partnership agencies to deliver messages to families who would not normally engage with children’s services
- Non-threatening nature of the scheme acting as an incentive

A summary of the methods used to engage harder-to-reach families is provided below (Figure 20).

Figure 20 Methods used by schemes to involve “harder-to-reach” families



Schemes reported using diverse methods to reach families from this group, with more than a third of schemes stating 'other' methods were used. These included:-

- Using key workers such as social workers, a gypsy liaison officer, bilingual/deaf/disables advocates, domestic violence, drug and alcohol team
- Promotions at fun events
- Assistance from ward staff at children's hospitals
- Press releases
- Newsletters
- Communicating with families by text
- Engaging front line staff from all areas

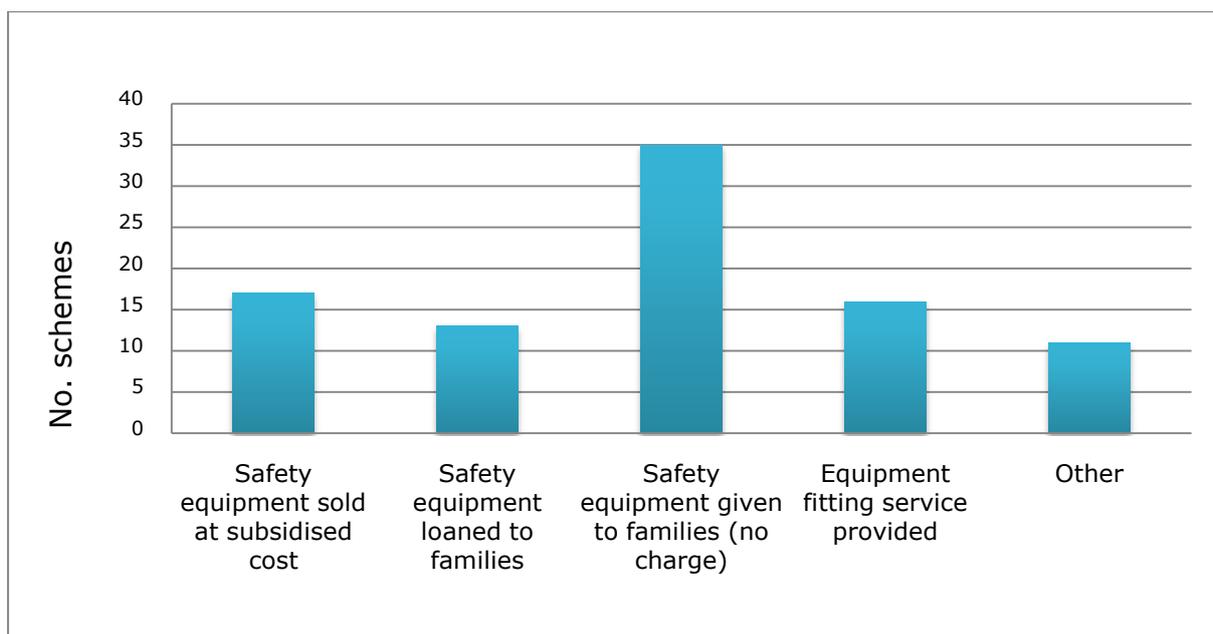
Effective methods for engaging "hard-to-reach" families centred on working with people familiar to and trusted by the families. This might include professionals or other family members or friends. Scheme leaders reported that engaging families was made easier as the scheme provided something physical to offer them in the form of equipment.

4.5.3.8 Sustainability of local schemes

For over half of the respondents, Safe At Home was the only equipment scheme running in their area. Sixteen respondents (18%) reported that there had been a previous scheme in operation, but that this was no longer running. A third of respondents (33%) had continued to operate another scheme alongside SAH, often finding that the two could exist in a mutually supportive relationship thereby offering provision to a greater number of families within the community.

Alternative schemes provided a variety of services including equipment sold at subsidised cost, equipment provided free of charge or loaned equipment.

Figure 21 Features of safety equipment schemes run outside of Safe At Home



Thirty-five schemes (38%) gave equipment free of charge to families. The proportion of schemes providing safety equipment at subsidised cost (19%) and those loaning equipment (14%) was similar. Only 18% of equipment sets overall were fitted.

Areas that had alternative home safety equipment schemes running prior to, or alongside SAH obtained funding from a variety of places, though often this only enabled provision for some sections of the community. These funding sources included:-

- Local NHS funding
- Individual Children's Centres
- Charities
- Self-generated funding, e.g. low cost schemes purchasing equipment at cost price for re-sale
- Local authority

The end of the funding period for the national scheme threatened the provision of safety equipment in many of the local scheme areas. The majority of local scheme areas reported that they will, however, be able to continue to provide safety education to families. Attempts were underway to secure further funding in many of the areas, however at the time of the survey, none of the areas reported having done so. From comments received, it was also evident that some scheme leaders did not feel that they had the relevant knowledge or skills to compile and submit bids for funding.

All schemes were asked what they liked about the Safe At Home scheme. Some of the factors mentioned included:

- Quality assurance
- All aspects of the scheme
- Helped people that may otherwise have had accidents
- Partnership links developed
- It's free for families
- Some respondents said that the scheme has helped to reduce local accident rates
- Education for families
- Ease of use
- Provides a clear process
- Provision of training
- The equipment is fitted for families
- Non threatening way to talk to families
- Provides a practical reason for home visits in which professionals can offer advice to families
- Easy to follow paperwork
- Very positive feedback from families
- User friendly
- Good quality equipment
- The scheme gives a 'professional image'

Schemes were also invited to list any problems they had encountered. Many stated that they had not had any problems running the Safe At Home scheme. Some of those comments which were received included:

- Families not being home
- Having to refuse people who are not eligible
- Too short a time frame to make a real difference
- Problems with the fitting staff
- Limited budget for installation
- Time and resources required for administration
- Inflexibility in choice of equipment
- Very difficult to implement with no funding
- Lack of time to evaluate
- Parents lack of understanding regarding 2 year age limit for safety gates
- Not being allowed to fit window locks on rented properties
- Paperwork capacity
- Cannot fit safety equipment to plasterboard effectively

Scheme leaders were also asked to comment upon the improvements they would like to see made to the scheme, these included:-

- Have different types of equipment available as alternatives
- Less paperwork
- More room on paperwork to address other issues within the home
- Include a section on what to do regarding the maintenance of the equipment
- Continue running the scheme
- Better quality of fixings for the safety gates
- Include low income families within the eligibility criteria
- Provide first aid kits for families
- Allow the scheme leaders to be able to use their own professional judgment with regard to family eligibility
- Equipment fitting to be done at the same time as the home safety audit
- Provide carbon monoxide monitors
- Include highchairs in equipment provision
- Contingency funding
- Funding for advertising
- Offer guidance to schemes for running safety workshops

Those aspects relating to the national scheme generally group into issues around funding, equipment choices and scheme administration.

All respondents indicated that they would like to be involved in Safe At Home should it continue. Ninety-seven per cent of respondents either strongly agreed or agreed that Safe At Home was an effective way to improve home safety for young children.

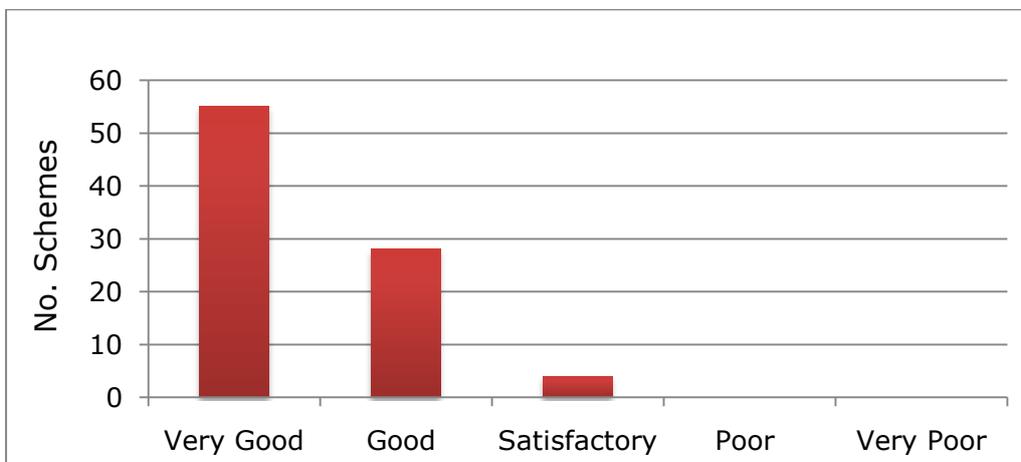
Scheme leaders were asked to rate several aspects of Safe At Home, as operational in their area. These were:-

1. their fitting scheme
2. communication with the national scheme

3. the training provided for scheme staff
4. the national home safety scheme overall

Eighty-five per cent of scheme leaders rated the fitting schemes in their own localities as either very good or good. The same proportion rated communication with the national scheme as good or very good. Seventy-three per cent rated the training provided by RoSPA as either good or very good. Ninety-one per cent rated the national home safety scheme overall to be either very good or good. Very few regarded any of these four categories as either poor or satisfactory, and only one scheme stated that their fitting scheme was very poor. These results reflect the fact that the SAH scheme was highly regarded in many aspects.

Figure 22 Scheme leader’s overall rating of the Safe At Home scheme



4.5.3.9 Evaluation

Scheme leaders were asked if they had conducted any local evaluation of their Safe At Home scheme. The majority of schemes reported that they were evaluating aspects as follows:

- provision of safety equipment to families – 75% of schemes
- delivery of home safety advice/information to families – 61% of schemes

Methods used to evaluate included written reports, surveys and questionnaires, face to face interviews, telephone surveys and collection of local accident data.

A number of schemes suggested that they were unable to conduct an evaluation owing to a lack of knowledge on the process. It was suggested that including examples of evaluation tools and their application on the Safe At Home website may be of help.

4.5.4 Summary of key points

The survey of scheme leaders has highlighted the following issues:

- Safe At Home was reported to be a successful scheme. All scheme leaders would like to continue their involvement if the national

- scheme were to continue
- 91% of respondents rated the Safe At Home scheme overall as good or very good
- Installation of equipment was a key factor in improving safety in homes
- Education for parents was an important element of the scheme
- Scheme leaders agreed that the Safe At Home scheme provided:
 - a valuable part of the child safety programme
 - an opportunity to work with new families
 - an incentive to engage harder to reach families
 - a catalyst for developing new working partnerships
 - good support for schemes at local level
- Suggested areas for improvement included:
 - funding provision, possibly for administration, advertising
 - improved choice of safety items
 - less restrictive eligibility criteria

Overall the scheme appeared to be viewed as very successful. Central support for those running schemes in the local areas was good and satisfaction levels were high. The national scheme provided opportunity to develop new working partnerships at local level and a valuable means of engaging harder-to-reach families with service providers. The end of the national scheme was a source of regret to many of those running local schemes. Obtaining funding to continue provision at a local level is likely to present considerable challenges.

The following quotes typify some of the positive responses received and give an indication of the potential for future development.

“The safe at home scheme has been invaluable to our children’s centre, as has the support received from RoSPA in a more general sense! We already had a scheme in place, prior to safe at home, but with the support of the Safe At Home scheme we have further developed the scope of the service to reach more families and hope to expand further if funding can be secured post March 2011”

“This scheme is fantastic and has brought together so many partnerships that are helping to reduce accidents in the home. It is a huge shame it is coming to an end, it really should continue. We have had reports from the local A&E that child injury is decreasing and these schemes must be helping these families with this”

4.6 Postcode Study

4.6.1 Introduction

The aim of the National Home Safety Equipment Scheme was “to reduce unintentional injury and death of children by supporting Participating Schemes to provide home safety equipment and advice to disadvantaged families”. To be eligible to receive safety equipment, families had to be unable to afford home safety equipment, demonstrated by being in receipt of social benefit payments. It was important to determine that safety equipment provided had been targeted to those families most in need.

4.6.2 Method

Participating schemes collected sociodemographic data on families eligible to receive safety equipment. This data, which included postcodes, ethnicity, receipt of benefits and home ownership was used to assess whether safety equipment was distributed to the families targeted.

Using postcodes, Lower Layer Super Output Area (LSOA) Index of Multiple Deprivation scores (IMD2007) were matched to each household that had a valid postcode. Households were then categorised by English IMD deciles to determine the proportion of households in the scheme in each decile. Postcodes were also mapped to show geographical distribution of households.

4.6.3 Results

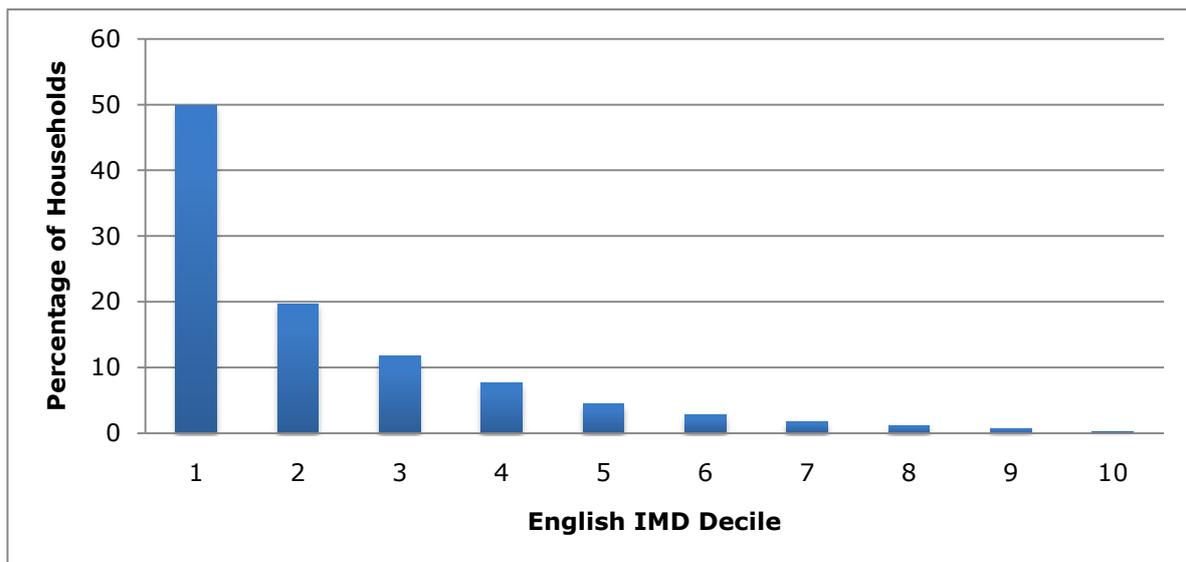
Of 53,115 households sampled there were 49,237 (92.7%) useable postcodes (2329 (4.4%) were invalid postcodes and 1,549 (2.9%) were missing). Of the 49,237 households with a valid postcode, there were 34,424 unique postcodes indicating that there are postcodes for which more than one household received safety equipment. The 34,424 unique postcodes were represented by 7865 unique English LSOAs.

Table 3 and Figure 23 show the number of households by IMD. Seventy percent of households were located in the 2 most deprived deciles.

Table 3 Households per IMD decile

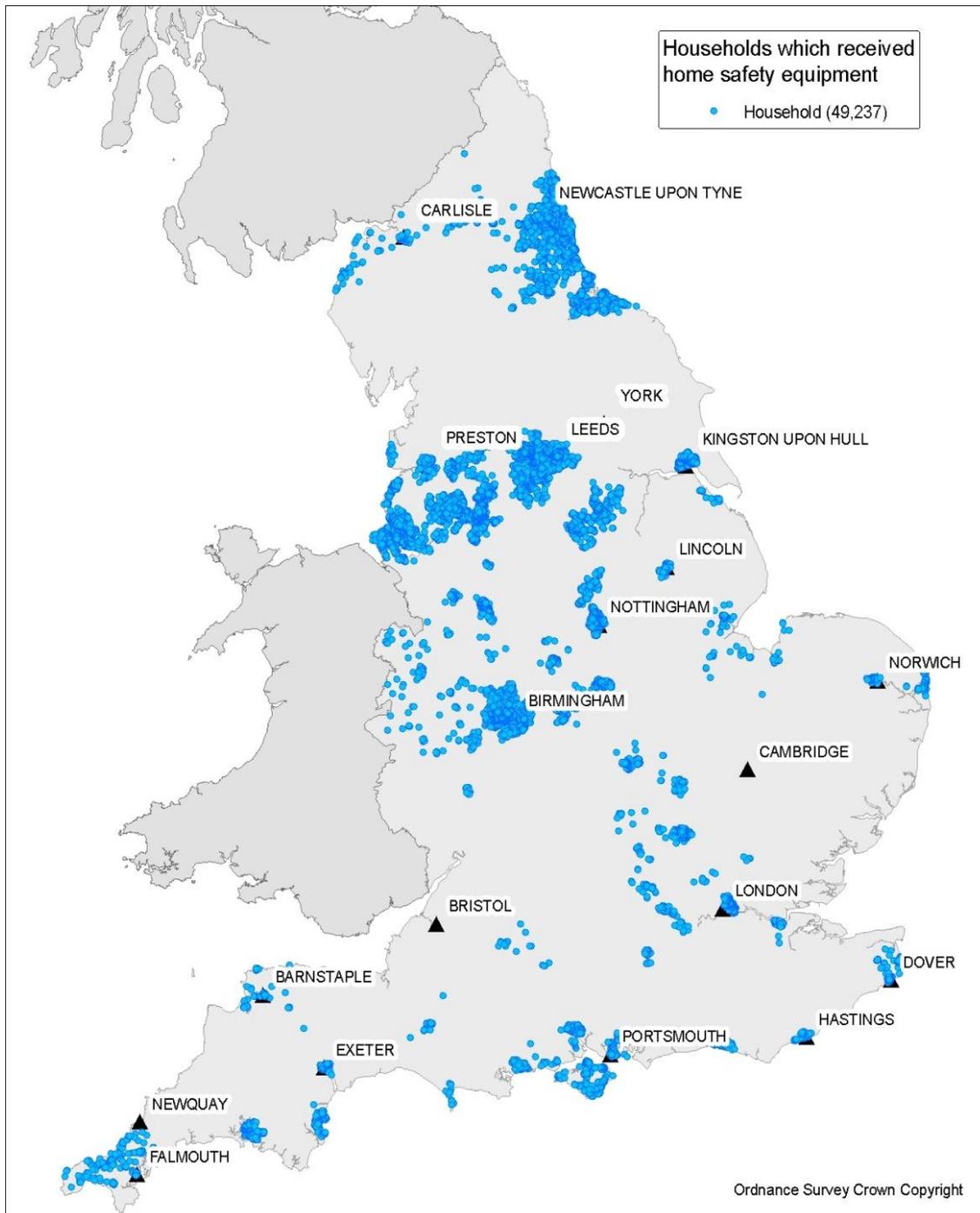
IMD Decile	Count (%) of households	cumulative %
1 (most deprived)	24519 (49.8%)	49.8
2	9701 (19.7%)	69.5
3	5811 (11.8)	81.3
4	3756 (7.6%)	88.9
5	2155 (4.4%)	93.3
6	1355 (2.8%)	96.1
7	868 (1.8%)	97.8
8	589 (1.2%)	99.0
9	365 (0.7%)	99.8
10 (least deprived)	118 (0.2%)	100.0
Total	49237	

Figure 23 Percentage of households by English LSOA level IMD deciles (IMD 2007) data



The postcodes were mapped onto an outline map of England (Figure 24). The map indicated that families receiving equipment were located in deprived areas, namely, north west, north east, Birmingham and the west country.

Figure 24 Outline map of England showing postcodes of households receiving safety equipment



Seventy two percent of the households receiving safety equipment described their ethnicity as 'White-British' and 11.4% described themselves as 'Asian – Pakistani' (Table 4). Data from the 2001 census¹ indicates that in England and Wales, 87.5% of the population described themselves as 'White-British' and only 1.4% describe themselves as 'Asian – Pakistani'.

Table 4 Ethnicity of household responder

Ethnicity [3579 missing]	Numbers (%)	Percentages of ethnic origins in England from 2001 census
White - British	35656 (72.0%)	87.0
White - Irish	158 (0.3%)	1.3
White - Other	1087 (2.2%)	2.7
Black - Caribbean	489 (1.0%)	1.1
Black - African	1431 (2.9%)	1.0
Black - Other	202 (0.4%)	0.2
Asian - Indian	1397 (2.8%)	2.1
Asian - Pakistani	5636 (11.4%)	1.4
Asian - Bangladeshi	816 (1.7%)	0.6
Asian - Other	536 (1.1%)	0.5
Mixed: White and Black African	2 (0%)	0.2
Mixed: White and Black Caribbean	464 (0.9%)	0.5
Mixed: White and Asian	296 (0.6%)	0.4
Mixed: Other	322 (0.7%)	0.3
Chinese	166 (0.3%)	0.5
Other Ethnic Background	878 (1.8%)	0.4
Total	53,115	

Of the 53,115 families, 44,289 (98.8%) were in receipt of benefits (8308 missing). The majority of families lived in rented accommodation: one third of families lived in accommodation rented from a private landlord and a second third of families lived in council owned properties (Table 5).

Table 5 Ownership of housing by families receiving safety equipment

Type of housing ownership [missing 2474]	Number (%)
Private Landlord	16279 (32.2%)
Council	16016 (31.6%)
Privately owned	8477 (16.0%)
Housing Association	7092 (14.0%)
Other	2777 (5.5%)
Total	53,115

In contrast, data from the 2001 census indicates that for England and Wales 31% of homes are rented and more than two-thirds of homes are privately owned². In England 19% of households are rented from social landlords (a Council, Housing Association or Registered Social Landlord) and 12% per cent rented from a private owner².

4.6.4 Summary of key findings

Mapping postcodes to LSOAs indicates that the majority of families receiving safety equipment did live in the most deprived areas of England and nearly all received benefits. Asian-Pakistanis represented a larger proportion of the families in the Safe At Home scheme sample than in the population of England. It can be concluded that in the majority of cases the home safety equipment did reach the most disadvantaged families.

4.6.5 References

1. National Statistics. A guide to comparing 1991 and 2001 Census ethnic group data <http://www.statistics.gov.uk/articles/nojournal/Guidev9.pdf>
Accessed 7th April 2011.
2. National Statistics. [Census 2001, Commentaries by Theme/Area.](http://www.statistics.gov.uk/census2001/profiles/commentaries/housing.asp)
<http://www.statistics.gov.uk/census2001/profiles/commentaries/housing.asp>.
Accessed 8th April 2011

4.7 Professional Training

4.7.1 Introduction

A key element of the Safe At Home scheme was to provide training for those professionals involved in conducting home safety checks and assessing eligibility for equipment (e.g Children's Centre staff, scheme leaders, health visitors and equipment fitters), and for those providing safety information/advice to families. This training was in the main provided by regional co-ordinators for the national scheme, with some support from RoSPA-approved trainers to increase capacity.

4.7.2 Method

4.7.2.1 *Independent observations of training sessions*

Independent observations of a sample of one-day training sessions across the country were made by individual members of the evaluation team. In order to make a critical appraisal of the training, an evaluation grid was adapted from a resource developed by the University of Edinburgh¹. This provided opportunity for the evaluator to score observations on a number of categories including: venue, planning, interaction and support materials. A five point scoring system was used:

- 1 - very poor
- 2 - poor
- 3 - satisfactory
- 4 - good
- 5 - very good

Fieldnotes and evaluator comments were also recorded on the form to substantiate the scores given.

(A copy of the grid used can be found at Appendix F of the Research Tool Supplement, produced as a separate document).

4.7.2.2. *Analysis of participant feedback*

Participants were asked to complete an evaluation form developed by RoSPA immediately after attending the training sessions (copy available at Appendix G of the Research Tool Supplement, produced as a separate document). This covered aspects of administration, course content, structure, presentation and the trainer's contribution. A four-point scoring system was used:

- 1 - poor
- 2 - fair
- 3 - good
- 4 - excellent

Copies of evaluation forms completed for courses held between June 2009 and November 2010 were provided by RoSPA. These were collectively reviewed by the evaluation team, with findings presented below.

4.7.2.3 *Assessment of training data*

Data collated by RoSPA on the number of staff from participating schemes that attended home safety training was analysed by the evaluation team. Staff eligible for training included Children's Centre staff, scheme leaders, health

visitors and equipment fitters. No baseline data was collected on the equivalent Level 2 training and experience of staff.

4.7.3 Results

4.7.3.1 *Training sessions observed/reviewed*

The evaluation team observed a convenience sample of eight separate training sessions run between April and September 2010 across a variety of geographical settings and run by several different trainers. One of three members from the evaluation team observed each of the sessions. The average number of participants attending each session was 12, the maximum being 23 and the minimum 5. Evaluation forms from the one hundred and forty-four training sessions were reviewed by the evaluation team.

4.7.3.2 *Structure of training sessions*

Initially, the training programme was scheduled over three days but participant feedback indicated that it was difficult for those attending to be away from work for this length of time. Subsequently the training was tailored and the time commitment involved reduced to 2 days. A number of sessions also took place over the course of one day for those not directly involved in the delivery of the scheme. "Top-up" sessions were provided for some of the areas running multiple schemes (e.g. Birmingham; Islington). As of February 2011 4,331 staff had participated in training sessions across the country. The vast majority of training sessions took place between August 2009 and September 2010.

Training sessions were designed to ensure:

- Consistent knowledge and understanding of domestic hazards
- Value of different types of home safety equipment
- Contact with local hospital ED to monitor injury rates
- Ability to cascade knowledge to families
- Correct installation and use of equipment
- Consistent reporting through documentation

Training sessions included presentation of information designed to address an audience with varied levels of existing knowledge about child safety. Small group work was used to develop discussion in relation to scenarios provided and to practice and demonstrate understanding of the key concepts. Practical demonstrations of fitting the safety equipment, along with photographic resources assisted in giving participants an understanding of the appropriate use for each item. Injury statistics and cost effectiveness information were provided to give an idea of the scale of the problem and likely effects of intervention. To assist in the accurate completion of the necessary paperwork relating to the national scheme, time was spent providing explanation of the associated forms.

All participants received a resource pack which included: contact details for the national Safe At Home team and for the evaluators; an overview of the national programme; guidance on local evaluation; a range of information leaflets and copies of the DVD and height chart (reviewed in section 4.4.3.4).

Participant feedback on the training sessions showed that 98% of those attending rated the relevance of the training session content as excellent or

good. Ninety-nine per cent considered that the course objectives had been met to an excellent or good standard. Responses are presented in Table 6 below.

Table 6 Participant rating of course content

Criteria	Rating				Total
	Poor	Fair	Good	Excellent	
Relevance of content to job	0%	2%	19%	79%	100%
Course objectives met	0%	1%	18%	81%	100%

[I am] “definitely more confident in assessing homes for safety and providing the right support and advice for parents”

[I] “can’t wait to go back into the community, start using everything and getting families safety equipment.”

One participant commented that following the course, additional time would be required to conduct home checks in practice:

“Home safety visits will have to be allocated more time – [they are] usually half an hour, so [will] probably have to be 1 hour”

4.7.3.3 *Delivery of training sessions*

Participant feedback showed a high level of satisfaction in relation to the pace and duration of the course (97% rating this as excellent or good). Ninety-nine per cent of respondents gave a rating of excellent or good in relation to the quality of visual aids used; the trainer’s interpretation of the subject; training and presentation style and the usefulness of case studies and real life examples. Individual breakdowns for each category are presented in Table 7 below.

Table 7 Participant rating of course delivery and training methods used

Criteria	Rating				Total
	Poor	Fair	Good	Excellent	
Pace and duration of course	0%	3%	31%	66%	100%
Quality of visual aids	0%	1%	28%	71%	100%
Interpretation of subject	0%	1%	18%	81%	100%
Training and presentation style	0%	1%	19%	80%	100%
Usefulness of case studies	0%	1%	19%	80%	100%
Relevance of real life examples	0%	1%	17%	82%	100%

“Very mixed group (very knowledgeable HVs to “novice”).....The trainer very quickly put group at ease and encouraged them to contribute. A good learning climate was created.....Trainer was

relaxed, confident and very well prepared.....VG group work skills.....Use of humour.”

“Many issues were raised re language and cultural differences in this multi-racial area. They were all expertly dealt with.”

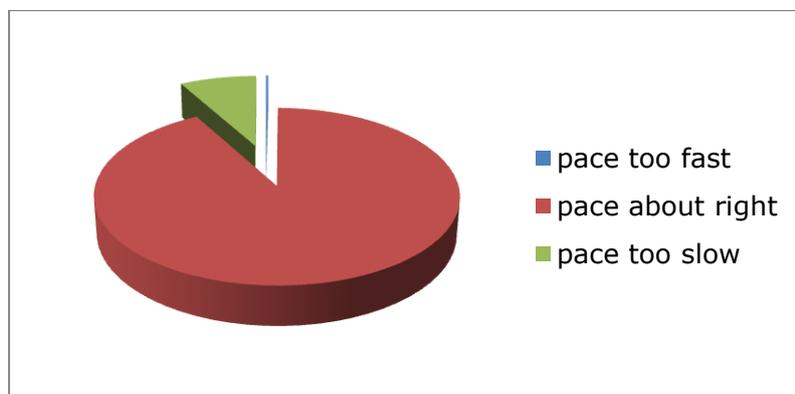
Similarly high ratings were given to categories considered in the independent observations by the evaluation team. (A full breakdown of these is provided in Table 9, section 4.7.3.6) Sessions observed were conducted in a professional manner and led by individuals able to demonstrate their own knowledge and experience of the areas under discussion. Participant contributions were welcomed and a high level of interaction observed thereby encouraging a two-way learning experience.

Delegates attending the course were asked to rate the pace, level and length of the course by stating whether the course pace/level/length was:

Pace:	Too fast	About right	Too slow
Level:	Too difficult	About right	Too easy
Length:	Too short	About right	Too long

Figures 25 to 27 illustrate the responses.

Figure 25 Participant rating of the pace of the training



“Trainer was particularly good at working at the speed of the group and identifying how long to spend on each area.”

Figure 26 Participant rating of the level of the training

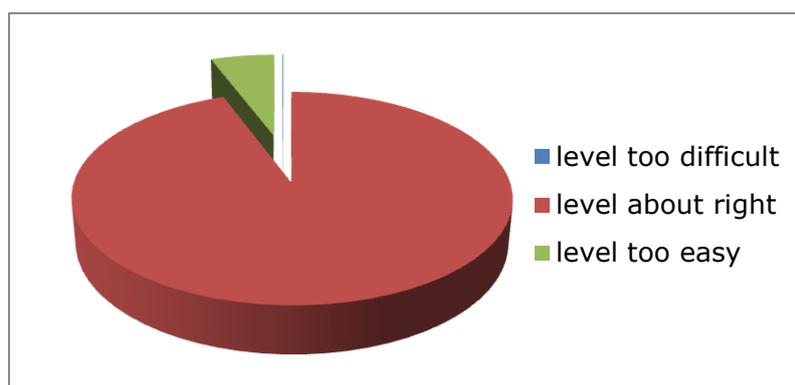
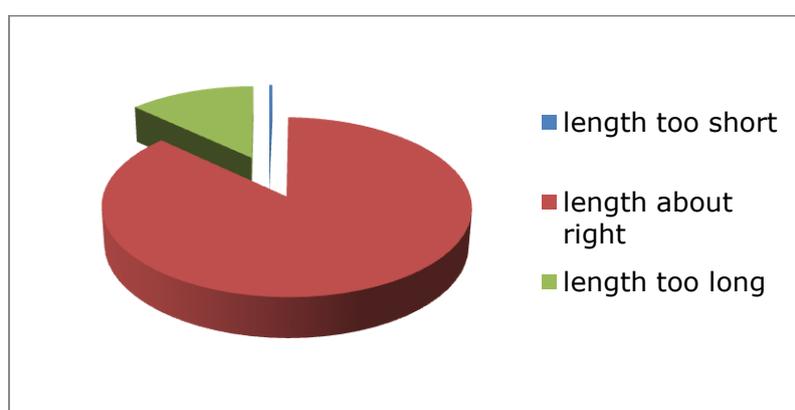


Figure 27 Participant rating of the length of the training



Participants demonstrated a range of professional backgrounds and levels of experience within child safety presenting a challenge to the trainer in respect of the level at which to pitch the course. That the majority of participant feedback shows satisfaction in relation to pace, level and length of the course is a tribute to the skills of those involved in the development and delivery of training. It is worth noting that several of those responding that the course length was too long had attended training sessions which took place over two or three days.

4.7.3.4 Course and Venue Administration

Participant feedback gave high ratings for both quality of joining instructions and suitability of venue (95% respondents rating these as excellent or good). Ninety-three per cent of respondents rated the catering as excellent or good. Scores for each category are shown in Table 8 below.

Table 8 Participant rating of course administration and venue.

Criteria	Rating				Total
	Poor	Fair	Good	Excellent	
Quality of joining instructions	1%	4%	37%	58%	100%
Catering at Course Venue	1%	6%	34%	59%	100%
Suitability of training room/facilities	0%	5%	41%	54%	100%

These findings were again substantiated by the independent observations which gave a maximum rating of 40/40 for planning associated with the eight events attended. The training venue was rated lower (32/40).

4.7.3.5 *General comments*

Feedback showed that participants welcomed the opportunity to train in a multi-disciplinary setting.

“[I enjoyed the opportunity of] training together, particularly with other organisations”

Asked what changes people would make to their practice as a result of the course, attendees indicated that they felt more confident and ‘empowered’ to provide better, more reliable information to the families that they work with.

[It will] “empower me to help families identify their home safety needs”

“I feel confident to be a “checker”.”

There were a number of positive comments about the trainers, in terms of their friendly approach, and ability to work in a group situation.

“Excellent trainer, easy to listen to and inclusive of all on the course.”

A few respondents were critical of the lack of current injury statistics. These comments relate to the Home Accident Surveillance data (HASS) and Leisure Activities Surveillance Systems (LASS), which are used throughout the training, and were taken from 2002 reports, before funding was withdrawn from these data collection systems.

4.7.3.6 Findings from the independent observations

Table 9 Scores allocated for training sessions observed by external evaluation team

Criteria	Training sessions								Totals for criteria	% score for criteria
	1	2	3	4	5	6	7	8		
Venue	4	4	4	4	4	4	5	3	32	80
Planning	5	5	5	5	5	5	5	5	40	100
Structure and Context	5	5	5	5	5	4	5	5	39	97.5
Clarity & audibility	5	5	5	5	4	5	5	5	39	97.5
Context & use of examples	5	5	5	5	5	5	5	5	40	100
Handouts	5	4	4	5	5	4	5	5	37	92.5
Audio-visual aids	5	4	4	5	4	4	5	5	36	90
Pace and timing	5	5	5	5	3	5	4	5	37	92.5
Enthusiasm & interest	5	5	5	5	4	5	4	5	38	95
Interaction	5	5	4	5	4	5	4	5	37	92.5
Totals for location	49	47	46	49	43	46	47	48	-	-
% score for location	98	94	92	98	86	92	94	96	-	-

All categories scored highly with maximum points available being awarded to “planning” and “context and use of examples”. The lowest score (80%) was for the choice of venue, although it should be noted that this was not within the control of the central Safe At Home co-ordinating team.

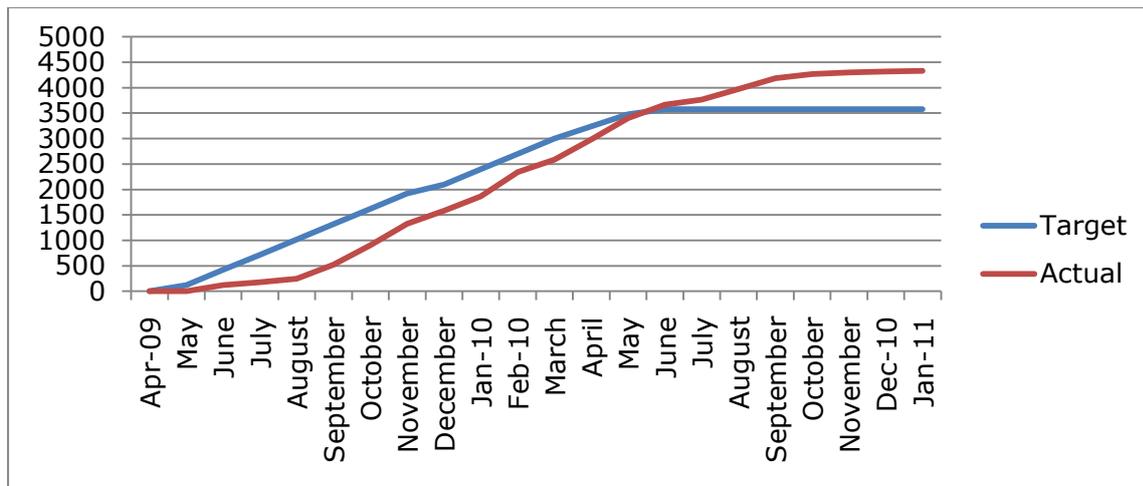
4.7.3.7 Assessment of training data

A total of 4,331 staff were trained from May 2009 to January 2011 (Table 10). Safe At Home aimed to train 300 staff per month during the first few months of the scheme, with fewer numbers towards the end of the scheme. Although the number trained was slower than planned in the initial stages (Figure 27), 6 months into the scheme the number of staff trained per month exceeded the monthly target. This high performance against target continued through the first six months of the second year of the scheme. The target for professional training was achieved in September 2010.

Table 10 Number of staff trained: target and actual

Number of staff trained				
Month	Target	Actual	Target running total	Actual running total
Apr 2009	0	0	0	0
May	120	0	120	0
June	300	120	420	120
July	300	60	720	180
August	300	65	1020	245
September	300	280	1320	525
October	300	380	1620	905
November	300	420	1920	1325
December	180	260	2100	1585
January 2010	300	280	2400	1865
February	300	480	2700	2345
March	300	245	3000	2590
April	240	390	3240	2980
May	240	420	3480	3400
June	100	265	3580	3665
July	0	102	3580	3767
August	0	206	3580	3973
September	0	213	3580	4186
October	0	80	3580	4266
November	0	33	3580	4299
December	0	20	3580	4319
January 2011	0	12	3580	4331
Total	3580	4331	3580	4331

Figure 28 Target and actual number of staff trained



As no baseline data was collected on the previous equivalent Level 2 training and experience of staff, it was not possible to establish whether this represented a change in the number of qualified staff working to support families. As a result of the training, there are 4,000 staff who are better informed to work with families of young children and to help them improve the safety practices in their home.

4.7.4 Summary of key findings

- Over 4,000 staff received training as part of the national scheme.
- The vast majority of delegates were extremely happy with the training course in respect of both content and delivery
- The content of the training course was relevant, concise, practical and interactive for participants
- The skills of the trainers enabled sessions to be tailored to meet the requirements of the majority of participants, despite there being a range of experience and knowledge amongst the target group
- Courses of one-day duration were more acceptable to participants because of the difficulty in committing additional time to the training
- Demonstrating the use of safety equipment during the training sessions was considered to be a valuable part of the learning process
- Participant feedback reported increased confidence in working with families to deliver safety education and conduct home safety checks.

The training is viewed as one of the key legacies of the Safe At Home project. The target of 3580 staff trained by the national scheme has been exceeded. Many trained staff were, and still are now working directly with families who have young children, to develop and enhance the safety procedures which parents follow within homes across the country.

4.7.5 References

1. Day, K, Grant, R, Hounsell, D. Reviewing your teaching. Centre for Teaching, Learning and Assessment, The University of Edinburgh in association with the Universities' and Colleges' Staff Development Agency, 1998.

4.8 Case Studies

4.8.1 Introduction

Case studies were undertaken to identify examples of good practice and to detail process measures and key information of value to other practitioners. These involved a sample of local schemes selected to be representative of the contextual background within which Safe At Home operated. The results of cross-case analysis are presented below.

4.8.2 Method

4.8.2.1. Development and piloting of interview schedule

An interview schedule for use with scheme leaders was developed. This consisted of a range of both open and closed questions. The content of the schedule was informed by the findings from earlier formative interviews conducted by the evaluation team. (A copy of the schedule is available at Appendix H of the Research Tool Supplement, produced separately).

To reduce the workload on those individuals participating in both the case study interviews and scheme leader survey (see section 4.5), the interview format was designed in parts to reproduce the information gathered by the survey. Subsequent to each case study interview, the research team took responsibility for completing a scheme leader survey in respect of that site, using the information provided. Participants were advised of this when consenting to participate as a case study site.

The case study interview schedules were piloted by two independent researchers conducting face-to-face interviews at two separate participating sites. Amendments to the schedule were made following discussion. The final interview schedule was used in face-to-face interviews, supported by additional sheets allowing the respondent to read and select their preferred option in relation to multiple-choice questions. The same schedule was also used for telephone interviews, being sent to respondents in advance of the interview to enable them to familiarise themselves with the questions and to provide a visual prompt where response options were presented.

Initial contact was made with the identified scheme leader for each potential case study site and discussions took place to determine the most appropriate way to proceed. The methods used for data collection included the following as appropriate to each case study:

- Face-to-face interviews
- One-to-one telephone interviews
- Site visits and observation of activities
- Discussion groups with key participants
- Analysis of documentary evidence
- Survey of families in receipt of equipment (this was conducted at one case study site – findings are presented in Section 4.9.4)

To provide a frame of reference for comparative purposes, the following key items of information were collected, where available, for each case study:

1. Contextual information
2. History to scheme, partner agencies and role of each
3. Methods used to target determinants
4. Methods used to reach different groups
5. Evaluation
6. Outcomes and outputs
7. Most effective aspects of the scheme
8. Problems encountered
9. Financial information
10. Sustainability
11. Lessons learned to establish good practice for similar projects

4.8.2.2 *Selection of participants (schemes)*

A total of twenty-four schemes were identified as potential case study sites, with the intention of producing case profiles on a minimum of twenty of these. Advice on the performance and history of the schemes was provided by the Safe At Home team. Characteristics considered in the identification of case study sites included:

- Geographical location – representation from all areas of the country and from both urban and rural settings
- History of the scheme – newly-formed schemes and those which build on previously existing home safety equipment schemes
- Size of the scheme – represented by number of equipment sets allocated
- Lead agency – representation of statutory and non-statutory agencies
- Timescale – schemes registered with Safe At Home early versus later
- Progress – assessment of progress made based on performance against initial equipment allocation
- Installation – use of local fitting service versus central fitting agency
- Monitoring and evaluation – schemes which have undertaken formal evaluation versus those which have not

Four schemes from the original list of 24 did not participate in the case studies. Reasons for non-participation were that schemes had only recently been registered with the national programme and felt that it was too early for them to contribute, or because the staff members contacted were too busy to make the time commitment required.

4.8.2.3 *Data collection and analysis*

Data collection took place between September 2010 and February 2011. Full profiles for each case study site are presented in Appendix I using a standardised format adapted from that used by the European Child Safety

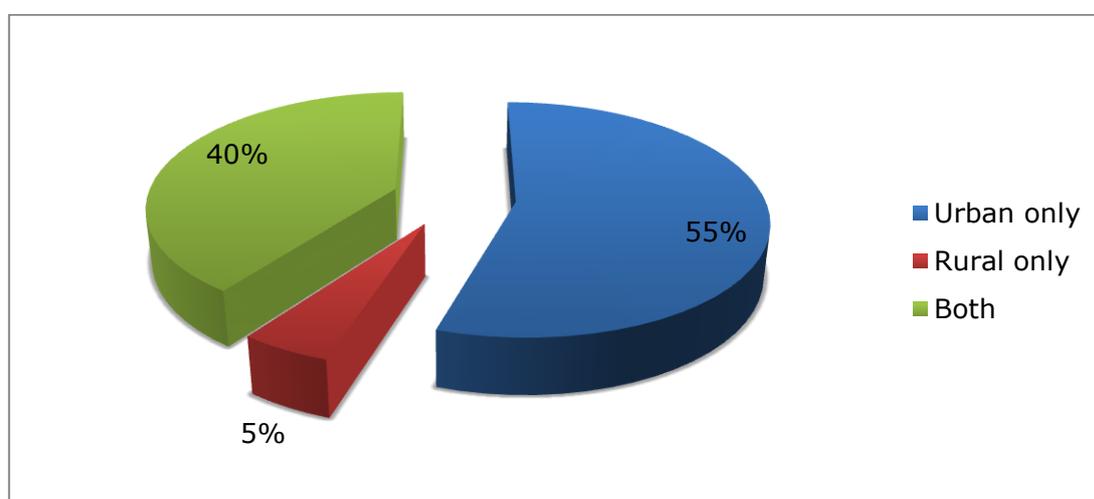
Alliance¹. Cross case analysis was conducted by two members of the research team. The findings, categorised into key themes are presented below.

4.8.3 Results

4.8.3.1 Participant profile

The table at Appendix J summarises the key characteristics of the twenty participating schemes. The demographics of the case study areas were varied, with many reporting serving mixed communities where social deprivation was a key feature. The urban/rural nature of the areas covered by the case study schemes is illustrated below.

Figure 29 Distribution of urban, rural and mixed area schemes participating in the case studies.



To ensure identification of issues relating to different stages of the national programme, case study schemes represented those registering at the earliest stage (March 2009), through to April 2010.

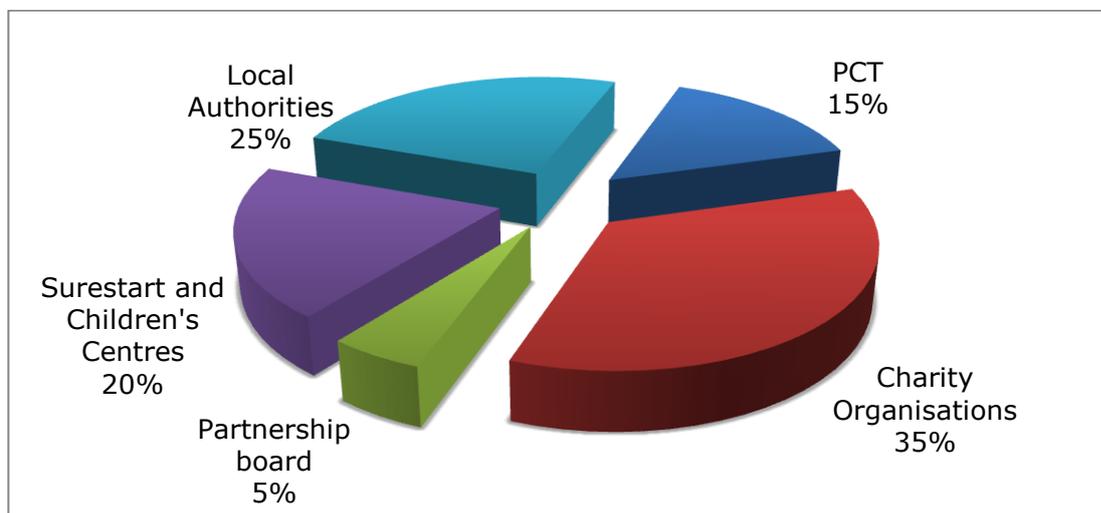
Seventeen, (85%) of the case study schemes reported running a similar home safety intervention for young children prior to registration with Safe At Home. These included examples where provision of safety equipment was free, where the cost was subsidised and where families could purchase equipment at cost price as well as examples of loan schemes. Schemes which also provided a fitting service for equipment were in the minority. It was commonly reported that the schemes prior to Safe At Home offered limited items of equipment, sometimes available only to a small section of the community, and that limited funding meant that schemes could only operate for a fixed time period.

Around half of the case study sites reported similar equipment schemes running concurrently with Safe At Home in their area. This often resulted in a symbiotic relationship between the two allowing provision of equipment to a broader section of the community than would have been eligible solely through Safe At Home.

4.8.3.2 Local management of the Safe At Home scheme

Amongst those organisations reported as taking a lead on the running of the scheme at local level, charity organisations, local authorities and Surestart/Children’s Centres featured most frequently (Figure 30).

Figure 30 Lead agencies involved in running schemes at case study sites



The level of partnership working reported was high, as was the importance placed on this. A number of schemes stated that partnerships were extremely important, and the contribution of partner agencies was highly valued in ensuring the smooth running of the Safe At Home scheme. Partner agencies included Fire and Rescue Service, Surestart/Children’s Centres, Primary Care Trusts (PCTs), local authorities, community hospitals, fitters/handyman services and the voluntary sector.

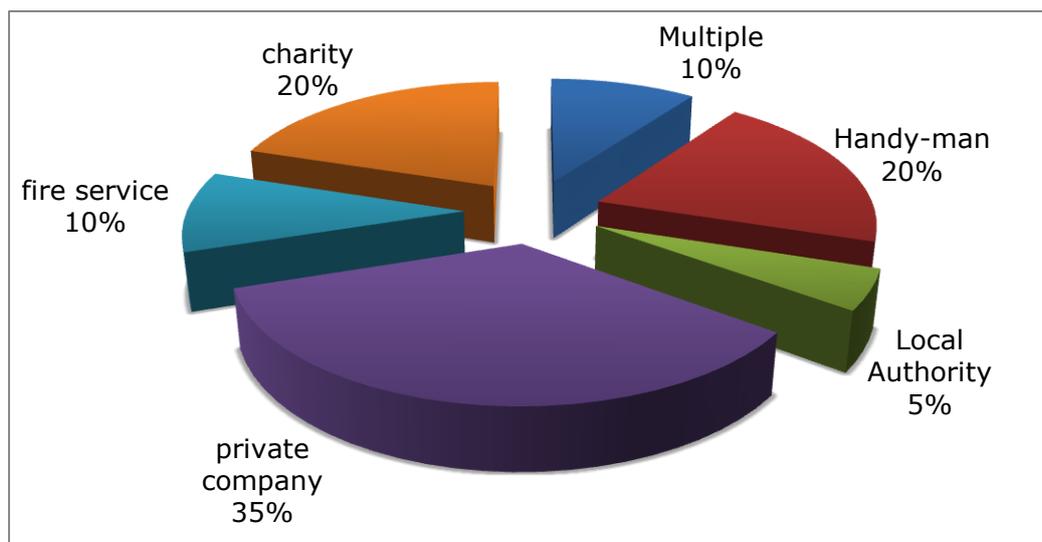
There was a definite ‘communities pulling together’ feel when speaking to the scheme leaders. This reflected the view that so many people had offered their time and goodwill to the scheme and that the public had benefitted because of the efforts of many people.

4.8.3.3 *Local delivery of the Safe At Home scheme*

Case study sites reported that referrals and home safety checks were carried out by a range of professionals. These included equipment fitters, health visitors, social workers, family partnership nurses, Children’s Centre staff, housing association staff, and midwives.

Equipment was fitted by a range of organisations (Figure 31). These included handymen, charity organisations, private companies, the Fire and Rescue Service and fitting staff employed by the local authority. Two schemes reported using more than one installer throughout their lifetime.

Figure 31 Agencies providing installation service to case study sites



4.8.3.4 *Provision of safety information/advice to families*

The family education element of the national programme was delivered in a variety of ways, in the main by Children's Centres and health visitors. Others involved included the Fire and Rescue Service, equipment fitters, and in some areas, dedicated 'home safety champions'. The methods of delivery included group and 1-to-1 education sessions, along with campaigns and events held in Children's Centres, or at regional events available to wider audiences. In those areas where scheme logistics were co-ordinated by agencies without the capacity or experience to deliver education to families, for example some charitable groups, this role was performed by the Children's Centres and community health professionals. Some areas reported using external trainers to deliver bespoke packages. In line with the advance of technology, the use of social networking sites (Facebook and Twitter) was also reported as a means of delivering safety messages to families.

Key messages tended to be based on RoSPA's home safety messages. These were often broadened to include, for example, why accidents happen, fire safety, sun safety, general car safety and seasonal messages (firework safety, paddling pool safety). The supporting educational materials developed by RoSPA (the DVD and height chart) were well used. Additional material from sources such as the Child Accident Prevention Trust (CAPT) was also used by some case study sites.

4.8.3.5 *Differential methods used to engage target groups*

Ninety per cent of the people interviewed, (representing 18 of the 20 case study sites), thought that Safe At Home had been effective in including the harder-to-reach, more vulnerable families. The benefits that Safe At Home offered in order to engage these families included increased partnership working as well as the opportunity to link families into other agencies, such as the Fire and Rescue Service. This link also worked in reverse with partner agencies able to identify families contacted within their own remit and refer them on to Safe At Home. Scheme staff described Safe At Home as an effective way-in to working with families, with the equipment on offer providing a 'carrot' to encourage

engagement. The non-threatening nature of the scheme was seen as an incentive to families who would not normally have presented at Children's Centres. The supporting roles of the central team at RoSPA and the regional coordinators were acknowledged as being particularly helpful in offering ways to engage families.

Some examples of the ways in which professionals addressed the inclusion of those families less likely to engage were:

- Providing transport to and from the Children's Centres
- Advertising in the local press
- Appointment reminders using letter, telephone or text messages
- Extending the eligibility criteria to include children on the child protection register (by agreement reached with RoSPA)
- Using an appointment system
- Engaging people involved via existing groups e.g. teenage pregnancy groups
- Multi-agency/partnership working
- Production of additional local resources for use by professionals or parents
- Using interpreters for families where English is not the first language
- Working through professionals with a knowledge of the local community
- Using Health Visitors who provide a universal service to all families
- Including access to the scheme as part of a wider policy/area strategy
- Working with a gypsy liaison officer to engage travelling families
- Including the scheme within the scope of Black and Minority Ethnic projects
- Offering low level parenting classes
- Working with people familiar with the circumstances of particular families to get a 'foot in the door'
- Word of mouth

Some case study schemes reported that certain groups within their area remained resistant to offers of help. In a small number of instances this situation was felt to be threatening to the health professionals concerned and they became less likely to persist in engaging these families.

4.8.3.6 *Eligibility criteria*

Families referred to the national scheme were required to fulfil pre-specified eligibility criteria. Concern was expressed by several of the case study representatives that these excluded certain families, those mentioned were:

- Asylum seekers
- Refugees
- Families on low income but not in receipt of benefits
- Grandparents and carers on low income
- Families on higher rate tax credits
- Areas where restructuring of local services resulted in part of the new locality being eligible for the scheme whilst the remainder was not.
- Immigrants from the EU ineligible for benefits
- Children over 5's with developmental delay or disability impairing their mobility/hazard awareness
- Children over the age of 2 that still have need of a safety gate

- Families renting from private landlords who refuse equipment installation.

The findings suggest that despite considerable effort on the part of the central co-ordinating team to ensure that all schemes were aware of the reasons behind the eligibility criteria, this information was not always appropriately disseminated through the schemes themselves.

4.8.3.7 *Acceptability of scheme to families*

Thirteen of the case study sites, (65%), reported that a small number of their families did decline the offer of free safety equipment. The reasons given for this included :-

- Objections from landlord
- Family not wanting walls or window frames drilled
- Family not wanting people coming into their homes
- Family sceptical that equipment was provided free of charge
- Family unwilling to engage with any professional group
- Family already had safety equipment
- Once made aware of the hazards in the home, family preferred to buy equipment themselves immediately
- Family don't like charity
- Objections from husbands/male partners after the appointment has been made with the child's mother
- Waiting time for equipment installation too long
- Decision not to take any equipment once told that the child was beyond the age limit for installation of a safety gate
- Family feeling that others were more deserving of equipment than them

A survey of families in receipt of equipment was conducted for one of the case study sites (Whoops!, Gateshead). A summary of the findings is given below, a more comprehensive report can be found in Section 4.9.4. One thousand postal questionnaires were sent out, 469 were returned (response rate of 46.9%). The feedback was overwhelmingly positive with respondents rating key features of the scheme's operation very highly. These included the length of time between the home safety check and equipment installation; convenience of the fitting appointment; instructions on equipment use and the value of the safety information received. Ninety-five per cent of respondents indicated their overall satisfaction with the scheme.

"Prompt flexible service provided by friendly knowledgeable people"

The small number of less positive comments received related to the specific equipment items rather than the running of the scheme.

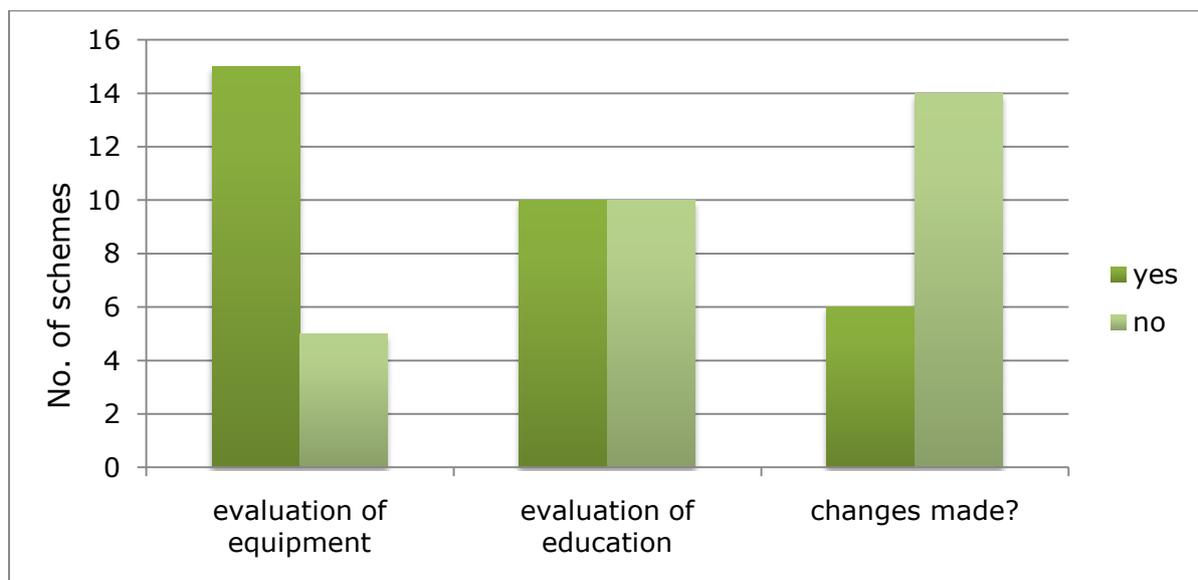
Comments provided by parents indicated the value placed on the installation component:

"Brilliant, time and date was arranged over phone and as a single mother of 3 the gentleman who came FITTED my stairgates, cupboard locks and fire guard which I'm extremely grateful for"

4.8.3.8 Local evaluation of schemes

Case study sites were more likely to have conducted a local evaluation of the equipment provision element of the scheme as opposed to the educational aspect. Figure 32 shows the number of schemes conducting evaluations and also gives an indication of how many subsequently made changes based on the feedback received. A number of schemes said that they hadn't received any negative feedback from their evaluations therefore no changes were needed to the way in which they operated.

Figure 32 Number of schemes conducting local evaluation, focus of evaluation and number of schemes making changes subsequently



A range of methods were used to evaluate the schemes locally, the most popular being to distribute questionnaire surveys. Methods reported included the following:

- Questionnaire surveys
- Collection of accident data from sources including Accident & Emergency, hospital admission data, and Public Health data
- Telephone interviews
- Cost benefit analysis
- Collection of quantitative data
- Collection of anecdotal evidence from professionals making referrals
- Evaluation visits conducted with a sample of families in receipt of scheme
- Impact assessments
- Structured interviews

Target groups included families in receipt of equipment, families receiving education and professionals associated with the scheme. Feedback from the evaluation sometimes resulted in changes being made to the operation or delivery of the scheme. For example:

- Reducing the length of staff training sessions

- Reducing the delay between home safety check and equipment installation
- Seeking permission from landlord before equipment is fitted
- Reducing the length of assessment forms to ease the pressure on health visitors referring into scheme

A considerable number of schemes identified a lack of resources to support local evaluation. These included limited time available amongst the staff involved in scheme delivery, and a perceived lack of knowledge/skills regarding the development and implementation of appropriate evaluation methods and tools. Several comments were made suggesting that an evaluation template would have been helpful in overcoming some of this.

4.8.3.9 *Successes and challenges*

In the view of those representing the case study sites, the most effective outputs of Safe At Home were:

- Education
- Awareness raising
- Holistic approach
- Installation of equipment
- Home safety check
- Opportunity for further discussion beyond home safety
- Referral to other agencies
- Opportunity to assess general state of the home
- Accompanying resources provided
- Range of equipment on offer
- Enhanced partnership working
- RoSPA knowledge and support
- Training - providing a focus for staff
- Prevents buying wrong/ineffective equipment
- Free of charge to families

Amongst those aspects that people found particularly helpful was the partnership working element and the support provided by RoSPA representatives and by Kid Rapt, the equipment supplier.

“ ...we are extremely grateful for funding from RoSPA and the communication and support has been excellent”

The overall impression of Safe At Home was extremely positive with good feedback from families, and the development of safety education which could be continued beyond the end of the national scheme. Representatives from all twenty of the case study sites without exception stated that if the national scheme were to continue, they would be keen to take part.

A number of case study sites reported experiencing “teething problems” but these were mostly resolved as the schemes became established. There were some common concerns relating to the eligibility criteria for the national scheme and the lack of flexibility within this. The cost of scheme administration and overheads was an issue for some. Safe At Home funding didn’t provide for office costs such as photocopying, printing, stationery, telephone calls etc, or for storage costs associated with equipment delivered and awaiting fitting. For rural

areas in particular, the cost of fuel and additional travel time incurred by fitters, especially where families were not available at the agreed visit time, resulted in increased local running costs. In relation to equipment fitting, the individual nature and layout of homes could present challenges, as well as the fitter sometimes having to install equipment in a location which would not be the choice of the householder, for reasons of good practice. Encountering language or cultural barriers in accessing the homes was an issue for some schemes and in one area female fitters were employed to allay the fears associated with allowing males to visit lone female occupants. The requirements of the national scheme meant that all fitters needed to have CRB clearance – this resulted in delays in set-up time for some schemes.

Several of the challenges encountered arose from internal issues within the local schemes and it is difficult to see how the national scheme could have anticipated these or assisted in overcoming them. Such problems included capacity issues, both for the home safety assessments and for equipment fitting, delays in getting the scheme established (this often involved the commitment of several agencies) and ensuring all staff knew about the scheme (communication) and had received appropriate training.

Suggestions for improving the national scheme have been summarised and fall into the following groups:

- Funding – increased funding for fitting of equipment; provision of funding to cover storage of equipment; consider funding or fast-tracking CRB process; provide money for maintenance of safety equipment; additional funding for administrative/running costs/publicity
- Training – offer cascade training for professionals to enable them to teach others; provide a DVD resource to support the professional training; offer additional training where there is high staff turnover; run central courses for training fitters; provide additional resources to support continued efforts at sustaining schemes
- Equipment – provide funding for the provision of highchairs; offer greater flexibility/alternatives for the equipment items available
- Eligibility criteria – make the eligibility criteria more explicit, particularly with regard to excluded groups, for example asylum seekers; expand the eligibility criteria; permit professional judgement to be used within local schemes with regard to the eligibility of referred families
- Extend the scope – join the Safe At Home scheme with local home maintenance and repair schemes to provide a “one-stop shop” for national child safety
- Administration – Reduce the paperwork associated with the scheme/make the forms more succinct; provide room on paperwork to address “any other issues”.

4.8.3.10 Funding and Sustainability

The infrastructure of the majority of the schemes included a co-ordinator or manager who managed the scheme. Co-ordinators were employed by a range of agencies including the local authority, Children’s Centres, a variety of different charity organisations, the Fire and Rescue Service and Primary Care Trusts. Co-ordinator posts were often funded from a similar safety equipment scheme running alongside Safe At Home, or else the individuals absorbed the work

within their existing capacity, mostly on a part-time basis. The role of the co-ordinator varied, with some focusing on the administration and management of the scheme, whilst others had been trained to conduct home safety checks and referrals and actively engaged with families. Many of the schemes relied on the health professionals and Children's Centre staff, who worked directly with families, to complete the home checks and referrals. Several of the schemes had combined the equipment installation element with the home safety check and/or family advice and information, all of which was undertaken by the fitters.

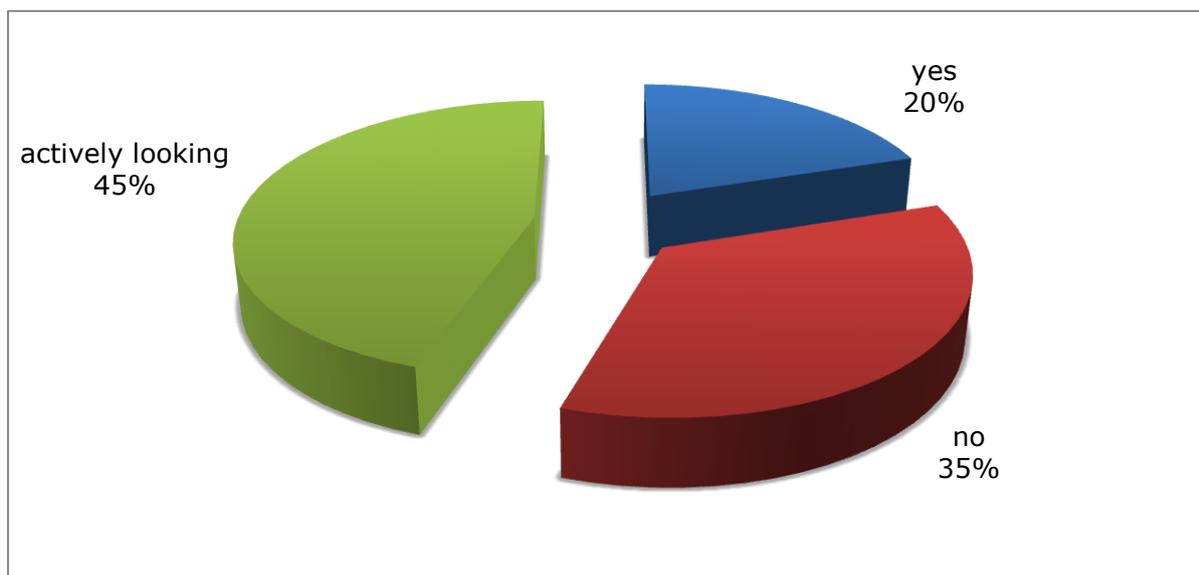
A great deal of goodwill was evident from comments made by many of the case study schemes, and it was felt that without this the operation of the scheme would have been difficult in several of the areas. Examples of resources and donations "in-kind" to support local schemes included:

- Equipment storage
- Admin support
- Provision of additional safety equipment
- Goody bags
- Printing
- CRB checks

Some areas operating a safety scheme in addition to Safe At Home were able to 'juggle' funds, paying for what was lacking in Safe At Home from funding donated by a similar scheme running alongside.

Concern over the current economic climate has led to some trepidation as to how local schemes will be funded when the national programme ends. Knowledge of the potential funding sources available locally varies between individuals. Several of the case study schemes were actively seeking funding or preparing to do so. Figure 33 shows the position regarding future funding for the case study sites (data collected between October 2010 and February 2011).

Figure 33 Funding position beyond the Safe At Home national programme (Case study sites October 2010 – February 2011).



The information collected from case study sites indicated that only 35% (7 schemes) would be able to continue safety equipment provision in their area beyond March 2011 when the national programme ends, with the remainder hoping that there would be the possibility of some further funding. Seventy per cent of case study sites (14 schemes) reported that they will continue to offer safety education to families, although some of those who report that they are unable to do so are currently not actively engaged in this aspect, (for example, the education/advice element is provided by alternative service providers within the area e.g. health visitors, Children's Centres etc).

"people do recognise the benefits of the scheme, so [we] are hoping that there may be money available in the county council budgets to help continue a similar scheme"

A considerable number of schemes reported that they were not looking for continued funding, reasons for this included hope that the national scheme would continue; lack of time to seek/submit applications for funding or uncertainty as to where to seek funds.

4.8.3.11 Lessons learned by those participating

Case study scheme representatives were asked about the lessons they had learned and advice they could share with others based on their experience as part of the national programme. A great deal of emphasis was placed on the importance of establishing and nurturing appropriate partnerships from early on in scheme development. It was suggested that additional set-up time would have been helpful as the initial start-up period took longer than expected. In relation to the practicalities of running the scheme, it was suggested that combining the home assessment and equipment installation into one visit reduces time loss to the scheme. Developing and implementing a policy regarding families not at home at the appointed visit time (for example that they will be placed back at the end of the waiting list) can also help in reducing wasted journeys and act as an incentive for families to take the scheme seriously. Emphasis was placed upon the importance of measuring the impact of the scheme and that opportunity for this had been restricted owing to the short lifespan of the national programme. The value of publicity was seen as a key factor in raising awareness about local schemes. Examples cited included advertising through Children's Centres and nurseries as well as through more general television and radio campaigns.

Feedback from the case study sites indicated overwhelmingly positive views of the national scheme, with the hope that the service provided could be continued.

"...thank you – this has been a really successful scheme in providing equipment, information and advice to families and in keeping children safe."

"...People have greatly benefitted [from the Safe at Home scheme]..."

...it's a shame it won't be continuing..."

4.8.4 Summary of key points

General feedback from the case study sites indicated a very positive response to the national scheme. Problems encountered were usually resolved through discussion with the central co-ordinating team. Some schemes reported problems which could only be addressed through negotiation with local management and which fall outside the locus of control of a national programme. The current economic climate and impending redundancies within the public sector give cause for concern regarding the transitional stage from national to locally-run schemes.

- The schemes were all extremely positive about many aspects of Safe At Home, for example, the inclusion of equipment fitting, training, family education and resources, and the central support made available to them.
- Problems encountered were in the main solved as the local schemes became established. A number of these reflected internal issues such as limitations on capacity for home safety checks or installations, the length of time taken to establish the scheme or inefficient local communication.
- Effective partnership working was viewed as critical to the successful running of schemes at a local level.
- The Safe At Home scheme provided a non-threatening opportunity for professionals to gain access to "harder-to-reach" families and could lead to referral to partner agencies and increased service engagement.
- The eligibility criteria for families referred to the national scheme resulted in some vulnerable groups and individuals being excluded. The reasoning behind this did not always appear to be communicated effectively among staff working at the local level.
- Few families refused equipment installation but amongst those that did, a common barrier was lack of permission from the landlord. This may present opportunity for educational work leading towards a national agreement which would assist future schemes.
- The majority of schemes will continue the family education aspect beyond the end of the national scheme. One-to-one education in the home was considered to be of particular value as it provides an opportunity to tailor the message and personalise it to the family concerned.
- Problems were encountered with local evaluation reflecting the lack of available and accessible injury data and insufficient knowledge/skills amongst programme staff. These limit the opportunity to conduct robust evaluation on injury outcomes which could support schemes in securing future funding.
- Local schemes may have borne some of the "hidden cost" of participating in the national programme. Sharing resources between pre-existing schemes and the national programme provided a solution for some areas. Consideration in future could be given to provision of funds for administration, equipment storage, publicity, personnel costs and CRB checks for home visitors.
- Future funding for schemes is uncertain, in part because of the current economic climate and restructuring within some of the principal agencies involved in running the schemes at local level.

4.8.5 References

1. Mackay,M., Vincenten,J., Brosioni,M. et al. *Child Safety Good Practice Guide: Good investments in unintentional injury prevention and safety promotion*. Amsterdam: European Child Safety Alliance, Eurosafe, 2006.

4.9 Family Surveys

4.9.1 Introduction

The family survey aimed to look at the acceptability of and satisfaction with the Safe At Home scheme amongst parents and to examine home safety practices both nationally and in one local scheme. It is very important to find out what families think about the scheme and whether the training and support given alongside the free equipment has benefitted them and their children. The method of collecting this information was a questionnaire mailed out to a random sample of families receiving equipment.

4.9.2 Method

A postal survey was used to capture information from families accessing the scheme. A specifically designed questionnaire was sent to two groups of families. The first group comprised a random sample of 1000 families receiving equipment via a specific local scheme in the North East. The second group were sent the same questionnaire but comprised a random sample of 1000 families receiving equipment nationally. This was followed by up to 4 reminders and the response rate was enhanced by the use of a monetary incentive.

4.9.2.1 Development and piloting of the questionnaire

The questionnaire was designed to assess family satisfaction with and acceptability of the Safe At Home equipment scheme and to report on some home safety practices. It was designed using questions taken from similar questionnaires previously developed and validated by the evaluation team at the University of Nottingham.

A pilot of the questionnaire amongst 5 families with children under 5 years of age was carried out to check face validity. Respondents were asked to comment on the overall presentation of the questionnaire and ease of completion. Content validity was assessed by 5 professionals within the team with experience of conducting questionnaire surveys. The questionnaire was designed to look as friendly and non-threatening as possible using pictures and appropriate wording. (A copy is available at Appendix K of the separate Research Tool Supplement).

4.9.2.2 Selection of participants

Participants for both samples were selected from a list of names and addresses provided by the RoSPA Safe At Home team. The samples were obtained using a random sample generator within the statistical computer program SPSS.

For the national survey clustering of families by local scheme was accounted for in the calculation of sample size. Based on there being 120 active schemes across the country (as at October 2010), an estimation of 50% to within 4.8%,

based on a 95% confidence interval for an outcome such as “% satisfied with the scheme”, would require an average of 4 responses per scheme, assuming an intraclass correlation coefficient (ICC) of 0.05. The total responses needed would therefore be 480 (4 responses x 120 schemes) and assuming a 50% response, 960 questionnaires would need to be sent out.

For the local scheme survey, based on a total of 1260 families, then with a sample size of 500, we could estimate a proportion of 50% to within 3.4%, based on a 95% confidence interval. Assuming a 50% response we would need to send out 1000 questionnaires.

For the organisation and tracking of the survey, all 2000 families were logged in the same database and were sent the same questionnaire packs. They were differentiated by the local scheme families having a study number pre-fixed with a W, the national sample families having a study number pre-fixed with an N.

4.9.2.3 *Ethics*

The protocol for the family survey was submitted to the University of Nottingham Medical School Ethics Committee along with the study documentation. Approval was obtained before the study commenced.

4.9.2.4 *Questionnaire mail-out*

An initial mail-out of 2000 questionnaires was sent first class in early November 2010. In addition to the questionnaire the packs included a prepaid return envelope, an information leaflet and an incentive of a £3 shopping voucher on completion. The outer envelope was stamped with the School of Nursing address for any return-to-senders.

This initial mail out was followed up with up to four reminders between the end of November 2010 and mid February 2011 whereby non-responders were sent another copy of the questionnaire and response was further encouraged with the inclusion of a free pen. The outer envelope was stamped with “Help prevent child accidents” in order that families would be more likely to see the pack as non-threatening and open the envelope.

For the fourth and final reminder the monetary incentive was increased to £5 in order to enhance the response rate as much as possible.

4.9.2.5 *Data collection*

Questionnaire returns were logged in an organisational database in MS Access to enable the response rate to be calculated. This database also allowed the organisation of sending vouchers on return of the questionnaires and recording return to senders and families who self-withdrew. The raw data from the questionnaires was entered into a separate Access database, participants being identified by study number only.

4.9.2.6 Double entry

The first 50 questionnaires were double entered and the two databases compared using a data comparison program within Epi Info¹. At the end of data entry a 10% sample of responses at that point (n=880) were selected randomly and double entered. Table 11 shows the error rate for double entered data.

Table 11 Error rates for double entered data

	Number of fields compared	Number of errors	Error rate
Initial data check n=49	2744	3	0.1%
Final data check n=88 (approx 10% of total)	4664	8	0.2%

4.9.3 Results

For the purpose of this report discussion of the results will focus on satisfaction with the scheme. Results from the questions relating to safety practices will be reported elsewhere in forthcoming publications.

4.9.3.1 Response Rate

Questionnaires were returned by 930 families as shown in Table 12 below. Envelopes marked "Return to senders" were noted and the response rate adjusted accordingly.

Table 12 Family survey response rate

	Number of questionnaires sent out	Number returned	Number returned to sender	Number self withdrawing	Response rate
National sample	1000	461	39	2	48.0%
Local Sample	1000	469	49	2	49.4%
Total	2000	930	88	4	49.0%

The response rate for the survey was 49% overall. Given the fact that all of the families sampled come from deprived areas where it is known that response rates are poor^{2,3} this is an extremely good result. Responses were received from 81% of the scheme areas targeted (60/74 schemes), with 46% of these areas attaining a minimum response rate of 50%. Efforts were made to improve the response rate by offering a monetary incentive, including free pens and by making the documentation as friendly and non-threatening as possible⁴. The

questionnaires were on the whole well completed and many participants responded to the open questions relating to their likes and dislikes of the scheme.

4.9.3.2 National vs. Local Scheme

The national survey was conducted to give an indication as to how well the scheme was received by families and to find out about some of their safety practices. The local survey was carried out to find out how well the scheme was received by families within one scheme. For the purpose of this section, results from both schemes have been presented. The main discussion however, will focus on the national sample. The local scheme results are discussed in section 4.9.4. The case study profile relating to the local scheme surveyed can be found at Appendix I - Whoops! Child Safety, Gateshead.

4.9.3.3 About the Safe At Home Scheme

Most of the families surveyed had heard of Safe At Home although a slightly higher percentage reported having had equipment fitted by the scheme. As there were already schemes running to help families keep their children safe at home, it's possible that parents were unaware of what this specific scheme was called. 10% of the questionnaire responses reported not having had equipment fitted by Safe At Home. As the names and addresses were taken from a RoSPA list of families who had received equipment this result was surprising. However, some of the families on the list may have received the home safety check but have still been awaiting equipment installation. Another likely scenario is that families may have moved to a different address with the survey being completed by the new tenant/occupier. Eighty-eight questionnaires were received marked "return to sender", the usual reason being addressee gone away. This points to the population sampled being quite a mobile one which may explain our results. Table 13 below summarises the responses and identifies safety equipment items fitted.

Table 13 About Safe At Home

Comments/equipment	National	Local
	n (%)	n (%)
Heard of Safe At Home [18,12]	403 (91.0%)	403 (88.2%)
Had equipment fitted by SAH [19,11]	407 (92.1%)	425 (92.8%)
Safety gates	374 (81.1%)	403 (85.9%)
Window restrictors	144 (31.2%)	32 (6.8%)
Fire guard	214 (46.4%)	221 (47.1%)
Corner cushions	186 (40.3%)	264 (56.3%)
Cupboard locks	320 (69.4%)	341 (72.7%)
Bath mat	319 (69.2%)	367 (78.3%)
Cord shortening device	81 (17.6%)	122 (26.0%)
Number of items fitted per family		
0	34 (7.4%)	34 (7.2%)
1	13 (2.8%)	6 (1.3%)
2	56 (12.1%)	47 (10.0%)
3	107 (23.2%)	92 (19.6%)
4	123 (26.7%)	135 (28.8%)
5	82 (17.8%)	107 (22.8%)
6	32 (6.9%)	37 (7.9%)
7	14 (3.0%)	11 (2.3%)

(Numbers in square brackets [] denote missing values throughout)

The most frequently installed item of equipment was safety gates (over 80%) with cupboard locks and bath mats being installed in 70% of family homes. The item least frequently installed was the blind-cord shortening device (this was introduced mid-way through the intervention which may in part account for the lower installation rate). The most common number of total items installed was 4. Very few families received only 1 item and similarly, very few families had more than 5 items fitted. The items fitted in each family home were determined by the home safety check and may not always have reflected the preference of the family. When the families were asked if there was anything they disliked about the scheme, a common theme was that they didn't get the equipment they wanted. Whilst this may have been a cause of frustration for the families involved, the equipment chosen by the scheme was done so based on the best available evidence of effectiveness to ensure the greatest protection for children in the home.

4.9.3.4 Views about Safe At Home

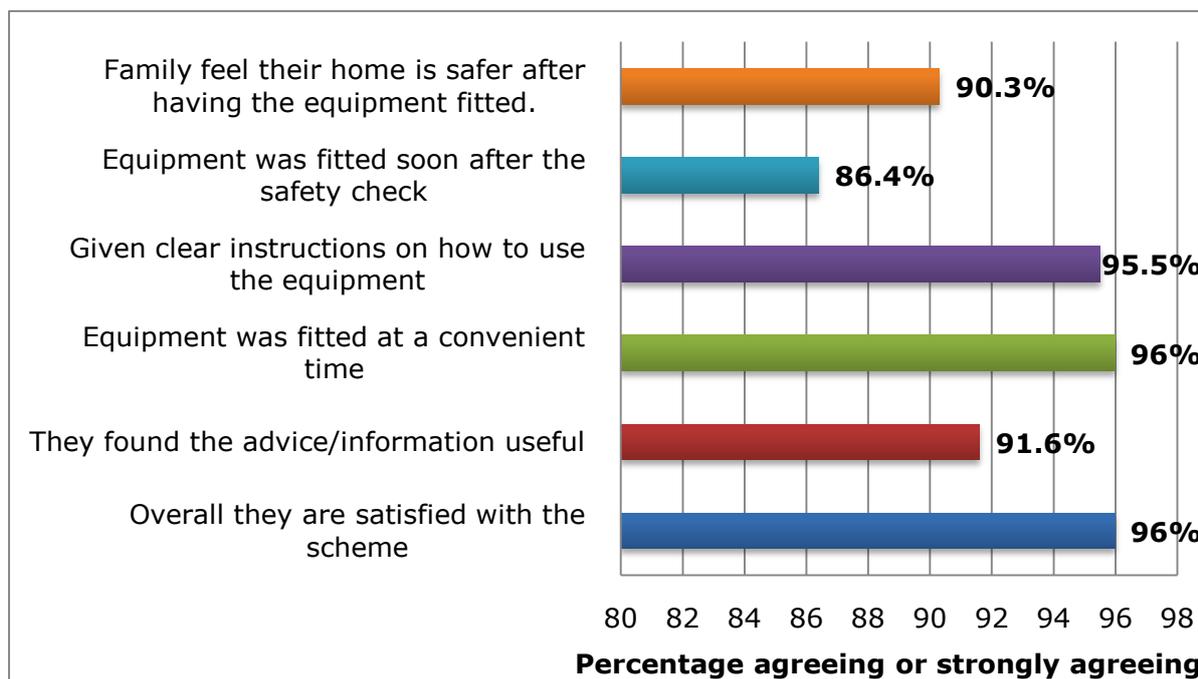
Views about the Safe At Home scheme from the families were overwhelmingly positive. Over 95% agreed or strongly agreed that they were satisfied with the scheme and similarly high numbers of families found the advice/information useful, were given clear instructions on how to use the equipment and felt their home was safer after having the equipment fitted. Most families said that the

equipment was fitted at a convenient time although slightly fewer families said that the equipment was fitted soon after the home safety check. Fifteen families reported a long delay between the safety check and getting the equipment when they were asked what they disliked about the scheme. In reality this is a small number of families who may have unfortunately encountered a delay due to individual schemes struggling to keep up with the demand. The majority of families felt that the equipment was fitted quickly after the home safety check. Table 14 shows the number of families from each survey who reported having received home safety information/advice. Figure 34 summarises views relating to various aspects of the scheme (national survey).

Table 14 Number of families receiving home safety information/advice

Received home safety advice/information [32,32]	National	Local
	n (%)	n (%)
	337 (78.6%)	327 (74.8%)

Figure 34 Views about Safe At Home (national survey)



4.9.3.5 What families liked about Safe At Home

A total of 283 families took the time to write down things that they liked about the Safe At Home scheme (see Table 15). The most common things mentioned were that it was helping to keep their children safe, that staff were very helpful and that the equipment was fitted for them.

Table 15 Things families said they liked about the scheme

Comment	National n (%)*	Local n (%)
The fitters were very helpful	60 (13.0%)	61 (13%)
It helps keep my children safer	50 (11%)	49 (10.4%)
The equipment was fitted for me	34 (7.4%)	27 (5.7%)
Liked everything about the scheme	33 (7.2%)	20 (4.3%)
It was free	32 (7.0%)	36 (7.7%)
High quality equipment	31 (6.7%)	21 (4.5%)
The equipment was fitted quickly	30 (6.5%)	32 (6.8%)
It was beneficial to low income families	25 (5.4%)	25 (5.3%)
I got training around home safety	14 (3.0%)	26 (5.5%)
Liked specific pieces of equipment	8 (1.7%)	9 (1.9%)
Made me more aware of safety issues	6 (1.3%)	15 (3.2%)
Total	461(100%)	469 (100%)

* Percentages calculated from total number of questionnaires returned

"I liked everything I had, it has made my home safer and more child friendly"

"The fact that the safety equipment was fitted so I knew it had been done properly"

"The gentleman who fitted it was friendly and well informed. Could tell he loved what he was doing. Very nice!!"

The fact that the equipment was fitted free was also mentioned a number of times.

"It provided me with the equipment to keep my child safe that I otherwise couldn't afford."

"I liked the overall idea because I'm on a low income and I was desperate for things fitted but it would have costed me a lot"

Other points mentioned included the quality of the equipment, the fact that parental awareness had been raised regarding child safety and that the scheme was beneficial to low income families.

"I like the fact that the scheme is all about the safety and protection of children in the home. It raised safety awareness and

helped remove doubts or fears concerning the kids safety in the home.”

“The help and advice given before the safety fittings”

4.9.3.6 *What families said they didn’t like about Safe At Home*

Conversely, families also reported things that they didn’t like about the Safe At Home scheme. Far fewer people responded to this question (83/461, 18% in the national survey) and a common theme was that they didn’t get the equipment they wanted or that they would have liked more than their allocation. Scheme equipment was selected by RoSPA based on evidence of effectiveness in preventing injuries. Whilst the choice of equipment may have been a cause for dissatisfaction for some families, this may have reflected a misunderstanding as to what was on offer. The responses are summarised in Table 16 below followed by some supporting quotes.

Table 16 Things families said they didn’t like

Comment	National n (%)	Local n (%)
Family didn’t get the equipment they wanted	20 (4.3%)	21 (4.5%)
The equipment broke or was unsuitable	18 (3.9%)	13 (2.8%)
Family didn’t receive enough equipment	11 (2.4%)	15 (3.2%)
Stair gates came away from the wall	11 (2.4%)	8 (1.7%)
Long delay in getting the equipment fitted	15 (3.3%)	2 (0.4%)
Equipment was fitted incorrectly	3 (0.7%)	4 (0.9%)
Total	461 (100%)	469 (100%)

(*percentages calculated from total number of questionnaires returned)

Some of the things that families said they didn’t like are shown below.

“I have 3 kitchen cupboards that needed locks on but only got 2 locks. You should be given what you need.”

“I think there should be more (equipment) available like cupboard locks that fit on single doors.”

“It takes a long time from putting in the referral”

A very small number of families complained that the equipment wasn’t fitted properly or was broken. Whilst this is of concern, it is impossible to deduce from this survey where the fault for this lies. Results of the formative interviews of

fitters showed that there were sometimes problems with the quality of the walls and fittings in the houses which made it difficult to fit the equipment safely. In some instances fitters had to buy extra equipment not covered by the Safe At Home budget to ensure that the equipment was installed correctly.

Anecdotal evidence from scheme leaders and fitters earlier in the evaluation also raises the issue of how the equipment is treated and used within the home. If the equipment is used incorrectly then it cannot be expected to provide the protection intended (e.g. older children swinging on stair gates).

Despite complaints from a small number of families, the overwhelming majority would recommend the scheme to a friend. This supports the view that overall the scheme has been extremely well received by families. Table 17 shows the percentage of families from both national and local surveys who would recommend the scheme to others.

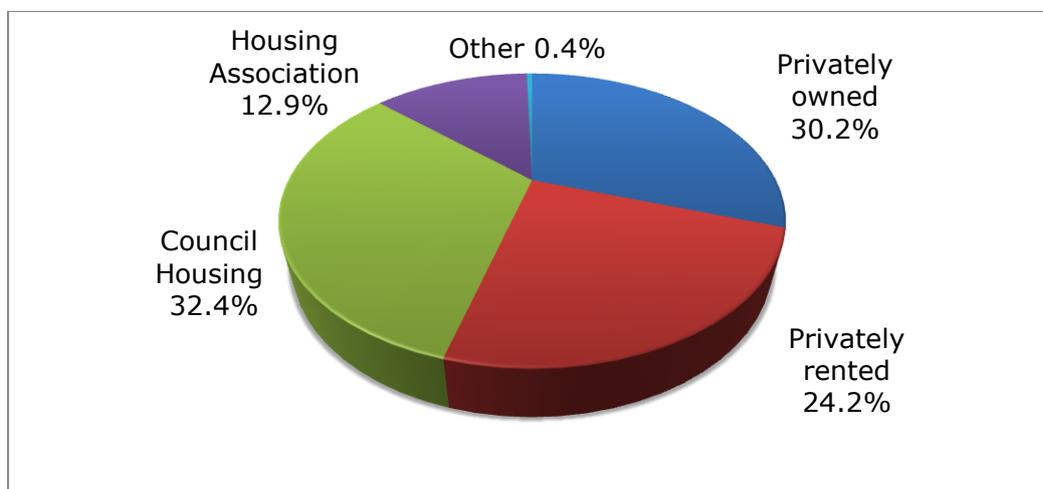
Table 17 Percentage of families that would recommend the scheme to a friend

	National	Local
	n (%)	n (%)
Families that said they would recommend the scheme to a friend [39,32]	407 (96.4%)	418 (95.7%)

4.9.3.7 Demographics

The main focus of the national Safe At Home scheme was to provide home safety equipment to the most disadvantaged families in areas with the highest accident rates. Our survey looked at a selection of demographic variables to create a profile of the families responding. Home ownership is illustrated in Figure 35 below.

Figure 35 Home ownership of respondents (national survey)



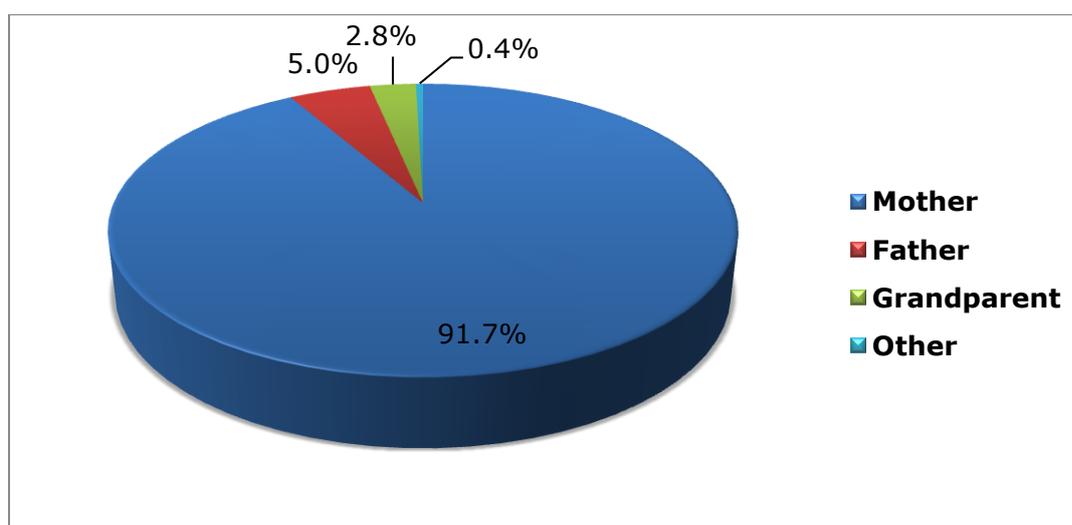
The majority of families reported living in rented accommodation either privately or through the council/housing associations. Whilst 30% reported living in privately owned accommodation it is possible that some of these families accessing the scheme are living with family members.

Table 18 Number of people in household and adults in paid employment

Category	National	Local
Number of adults [8,6]	n (%)	n (%)
1	158 (34.9%)	212 (45.8%)
2	248 (54.7%)	223 (48.2%)
3	28 (6.2%)	22 (4.8%)
4+	19 (4.2%)	6 (1.2%)
Number of children [12,6]		
0	2 (0.4%)	0 (0.0%)
1	172 (38.3%)	226 (48.8%)
2	154 (34.3%)	127 (27.4%)
3	74 (16.5%)	74 (16.0%)
4+	47 (10.5%)	36 (7.8%)
Number of adults in paid employment [40,38]		
None	209 (49.6%)	273 (63.3%)
1	138 (32.8%)	98 (22.7%)
2	67 (15.9%)	55 (12.8%)
3+	7 (1.6%)	5 (1.1%)

Table 18 above shows the number of people resident within the households responding to the national and local surveys, and the number of adults in paid employment. One third of the families responding to the questionnaire are living as single parent families – this is higher than the national average of 24%⁵. Almost a third of families had three or more children. Half of the families in our national survey have no adults in employment in the household. There are however a large number of missing values for this question where the respondent hasn't told us how many adults are in employment. It is possible that they have left this question blank because no adults are in employment but this cannot be assumed. In most cases, the questionnaire had been completed by the child(ren)'s mother, as Figure 36 illustrates.

Figure 36 Relationship of respondent to the child(ren)



Findings from our national family survey show that 72.3% of respondents were White British. This is lower than the UK population figure of 92%⁶ suggesting that we have a higher ethnic mix amongst our families. This reflects the fact that ethnic minority families are more likely to live in areas of deprivation and therefore would have been targeted by the Safe At Home scheme. Table 19 below gives a breakdown by ethnic group.

Table 19 Ethnic group of respondents

	National n (%)	Local n (%)
Ethnic group [9,5]		
White or White British	327 (72.3%)	450 (97.0%)
Black or black British	21 (4.6%)	5 (1.1%)
Asian or Asian British	96 (21.2%)	6 (1.3%)
Mixed	5 (1.1%)	1 (0.2%)
Chinese	3 (0.7%)	2 (0.4%)

4.9.4 Responses to local family survey

4.9.4.1 Introduction

A survey of one local scheme operated by the Whoops! Child Safety Project in the North East of England was carried out to obtain feedback from families. Whoops!, Gateshead is a well established scheme which was among the first to become operational for Safe At Home. Subsequently Whoops! took on the management role for seven areas operating schemes in the surrounding localities. The case study profile for Whoops! is available at Appendix I. The Whoops! programme was chosen for the family survey to give an insight into a scheme which was working well.

4.9.4.2 Method

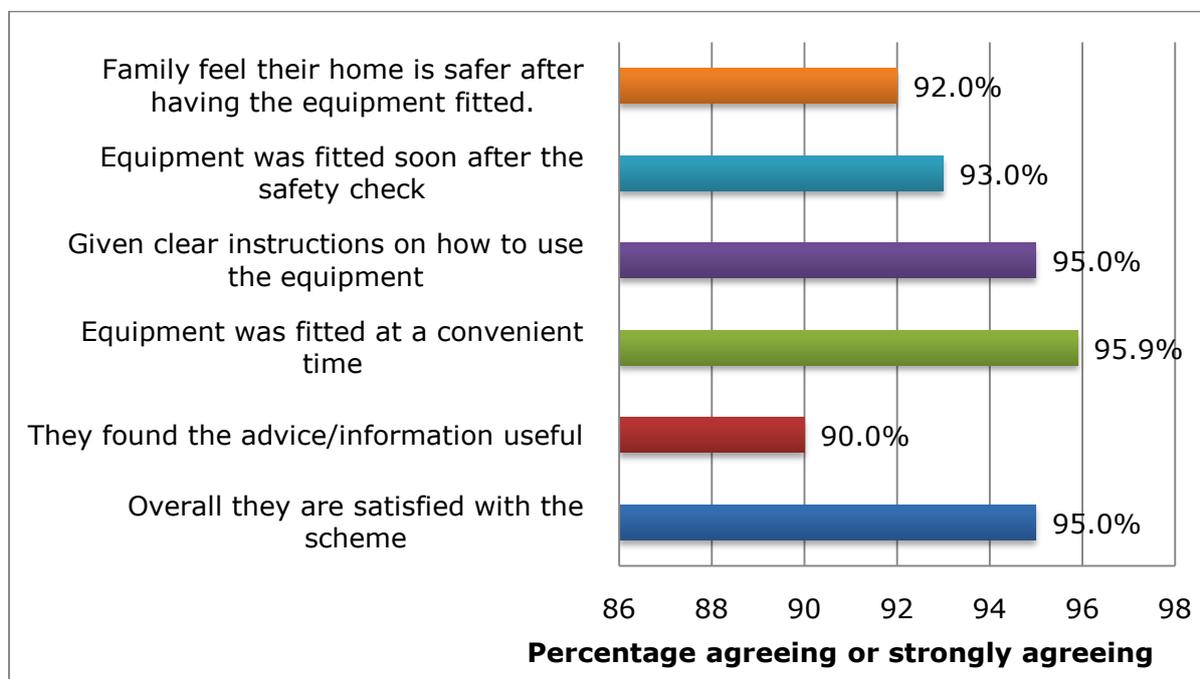
A sample of 1000 families was surveyed using the method described in section 4.9.2. This survey was carried out alongside the national family survey and full results for both surveys are reported earlier in this section (4.9.3).

4.9.4.3 Results

Questionnaires were returned by 469 families between October 2010 and March 2011 giving a response rate of 49.4%. This was marginally better than the response rate achieved for the national sample. Results of the survey were remarkably similar to the results of the national survey. A slightly lower percentage had heard of Safe At Home but that may be because they knew the scheme as Whoops! which was running child safety projects in the areas before Safe At Home. The population was also demographically different, the most notable difference being that 97% of the sample was white British as opposed to 72.3% of the national sample. There were also a lower percentage of privately owned homes in the Whoops! sample.

Families from the Whoops! survey were extremely positive about the Safe At Home scheme. A higher percentage of families than in the national survey agreed that the equipment was fitted soon after the safety check reflecting perhaps that this scheme was well established with good organisation in place.

Figure 37 Views about Safe At Home



Families in the Whoops! scheme reported the same likes and dislikes about Safe At Home as families nationally, the exceptions being that less people complained about the length of time it took and slightly more families said they didn't get

enough equipment. As with the results of the national survey there were far more positive comments than negative.

Some of the responses the families gave about the scheme are shown below.

What families liked about Safe At Home from the Whoops! survey

“Prompt flexible service provided by friendly knowledgeable people”

“It provides safety equipment free of charge that is costly for parents”

“Brilliant, time and date was arranged over phone and as a single mother of 3 the gentleman who came FITTED my stair gates cupboard locks and fire guard which I’m extremely grateful for”

“Advice during the home visit about potential accidents I was not aware of”

“How friendly the people are and also how efficient the scheme is”

What families didn’t like about Safe At Home from the Whoops! survey

“I needed a gate for the staircase. They advised me they could not legally fit the gates they had available but they didn’t suggest an alternative”

“Gates don’t work very well”

“We received one cupboard lock would have liked more”

“I did not like that they would not fit a safety gate at the top of the stairs. I was told this was against health and safety but I have had to install one myself and I do not trust its safety”

A few comments from families related to safety gates at the top of the stairs. It is Whoops! Policy not to install gates directly at the top of the stairs, but as an alternative they will fit these near to the top of the stairs to block access to the stairs, or across the child’s bedroom door. This may explain the reason for some of the above complaints when families have a preference that gates should be fitted at the top of the stairs. Comments relating to specific items of equipment may not have been raised with the central co-ordinating team to enable a satisfactory resolution.

4.9.4.4. Summary of key findings from the local survey

- Results of the Whoops! survey were remarkably similar to the results of the national survey despite differences in demography and location
- Overall the scheme was very well received by parents as evidenced by lots of positive comments

- The few negative comments focussed on the equipment more than the running and organisation of the scheme
- Things which families reported liking about the scheme included that it was free, equipment was fitted for them and that it kept their children safer
- Most families would happily recommend the scheme to a friend

4.9.5 Summary of key findings from the national survey

- ⇒ Almost half of the families surveyed returned a completed questionnaire
- ⇒ Feedback from the family survey was overwhelmingly positive
- ⇒ Over 90% of Safe At Home families were satisfied with the scheme, found the advice useful and were given clear instructions on how to use the equipment
- ⇒ Families felt that the equipment made their home safer
- ⇒ Things which families reported liking about the scheme included that it was free, equipment was fitted for them and that it kept their children safer
- ⇒ Most of the comments reporting dislikes about the scheme referred to not getting the equipment they wanted or that insufficient equipment was supplied
- ⇒ Most families would happily recommend the scheme to a friend.

4.9.6 References

1. Epi Info™ Statistical software package
2. Erlewyn-Lajeunesse M, Edmondson-Jones P (2003) Prevalence of asthma in schoolchildren underrepresents those from socially deprived areas Health Education Research 18 (1) 119-120
3. Drukker M, Kaplan C, van Os J (2005) Residential instability in socioeconomically deprived neighbourhoods, good or bad? Health and Place 11 121-129
4. Edwards PJ, Roberts I, Clarke MJ et al (2009) Methods to increase response to postal and electronic questionnaires (Review) Cochrane Library Issue 3
5. Office of National Statistics (2007) General Household Survey 2007 Overview Report
6. Office of National Statistics (2004) UK Snapshot on Ethnicity and Identity. Census 2001.

4.10 Examination Of Costs

4.10.1 Introduction

An examination of the costs of Safe At Home was conducted to help inform decisions about the use of resources for future schemes.

4.10.2 Method

We present a cost description of Safe At Home including total costs and final numbers for key events. Using this data we then consider the per item costs for particular items and events. Data used in this analysis, including financial data, was received from the Safe At Home Project Manager or taken from either the Safe At Home database (February 2011) or Safe At Home Monthly reports. Cost data for the Safe At Home scheme covered three periods January to March 2009, April 2009 to March 2010 and April 2010 to March 2011.

4.10.3 Results

4.10.3.1 *Total costs*

Total costs for the two-year scheme were just over £11m (Table 20).

From April 2009 to March 2010, over 60% of the total annual costs were for equipment and storage. Almost all of the equipment costs were incurred in the first 14 months of the scheme. Equipment and storage costs represented approximately 46% of total costs. The majority of installation costs were incurred in the second year of operation. Equipment and installation costs together represented almost 80% of total costs.

As with equipment costs, the majority of training costs were also incurred in the first 14 months. Both the training and evaluation costs represented approximately 4% of total costs while staff costs represent approximately 12% of total costs.

Table 20 Safe At Home costs (January 2009 to March 2011)

	Total	Set up costs	Staff and recruitment	Equipment and storage costs	Workshops training and development of resources	Installation	Evaluation and research
January 2009 - March 2009							
Total annual costs	£1,016,303	£50,820	£93,556	£807,507	£63,820	0	£600
VAT	£152,440	£7,623	£14,033	£121,121	£9,573	0	£90
Cost incl VAT	£1,168,743	£58,443	£107,589	£928,628	£73,393	£0	£690
April 2009 - March 2010							
Total annual costs	£5,588,479		£645,303	£3,557,242	£307,441	£855,250	£224,243
VAT	£907,273		£100,774	£575,420	£47,341	£145,196	£38,542
Cost incl VAT	£6,495,752		£746,077	£4,132,662	£354,782	£1,000,446	£262,785
April 2010 - March 2011							
Total annual costs	£3,143,283		£465,681	£109,651	£41,846	£2,451,100	£75,005
VAT	£563,061		£84,382	£20,533	£7,323	£436,759	£14,064
Cost incl VAT	£3,706,344		£550,063	£130,184	£49,169	£2,887,859	£89,069
Total costs							
Total ex VAT	£9,748,065	£50,820	£1,204,540	£4,474,400	£413,107	£3,306,350	£299,848
Total VAT	£1,622,774	£7,623	£199,189	£717,074	£64,237	£581,955	£52,696
Total inc VAT	£11,370,839	£58,443	£1,403,729	£5,191,474	£477,344	£3,888,305	£352,544

4.10.3.2 Staff training costs

Costs for training staff to deliver the home safety education for Safe At Home totalled £273, 363 (inc VAT)(Table 21).

Table 21 Costs for training Safe At Home staff

	Number	Unit cost	Total
Training days for staff	269	£212	£57,028
Training days for Associate trainers	106	£300	£31,800
Training packs	4903	£7	£34,321
Lunches	6743	£7	£47,202
Development of materials			£14,866
Administration costs			£47,432
Total costs (ex VAT)			£232,649
VAT			£40,714
Total costs (inc VAT)			£273,363

4.10.3.3 Items of equipment supplied

Almost 600,000 items of equipment were supplied to families (Table 22). Data from the Safe At Home Project Manager indicates that over 66,000 sets of equipment were installed. A total of seven items of home safety equipment was available and families received items of equipment according to their need. Most families received two safety gates and one fireguard and up to 13 cupboard locks and 14 cord winders.

Table 22 Total number of each item of equipment supplied

Item of equipment	Data from KidRapt final database
Safety gate	110,079
Window restrictors	120,000
Bath/shower mat	59,000
Fireguard	43,420
Cupboard locks	104,610
Corner cushions (packs of 4)	92,300
Cord winders (packs of 2)*	68,368
Total	597,777

*item added part way through two year programme

Window restrictors were the most common item supplied with safety gates and cupboard locks each making up approximately 20% of the items supplied.

4.10.3.4 Families receiving equipment

Data supplied by the Safe At Home Project Manager indicates that 66,127 families received equipment sets. In the RoSPA database of February 2011 there is data available on 53,115 families. These families have a total of 49,842 children aged under 2 years (missing data for 4810 families) and 26,134 children aged 2 to 5 years (missing data for 11,675 families). From this we can

estimate that the 53,115 families had a total of 75,976 children aged 0 to 5 years, representing an average of 1.43 children aged 0 to 5 years per family (this is as underestimate as we do not know the number of children within the families for which there is missing data). Assuming that the 66,127 families had a similar proportion of children aged 5 years and under, this means that a total of 94,588 children resided in families receiving sets of home safety equipment.

4.10.3.5 Families receiving home safety information

Data supplied by the Safe At Home Project Manager indicates that almost 300,000 families received home safety information. Assuming as above that each family had an average of 1.43 children aged 0 to 5 years, it is estimated that 429,000 children may have benefitted from better informed parents.

4.10.3.6 Costs per item or event

Using the above data we considered the cost per item for a number of events (Table 23).

Table 23 Cost per item or event

	Number	Total Cost		Cost per item/event	
		ex VAT	inc VAT	ex VAT	inc VAT
Families receiving safety equipment*	66,127	£7,780,750	£9,079,779	£117.66	£137.31
Items installed*	597,777	£7,780,750	£9,079,779	£13.02	£15.19
Children aged 0 to 5 (based on data available from 53,115 families in Safe At Home database February 2011)*	94,588	£7,780,750	£9,079,779	£82.26	£95.99
Families receiving home safety information	300,000	£143,343	£168,428	£0.48	£0.56
Staff trained (includes packs, lunches, staff delivery costs)	4331	£232,649	£273,363	£53.72	£63.12

*costs of equipment and installation

With over 66,000 families receiving sets of equipment, costs per set installed were calculated at £117.66 (ex VAT). Fireguards and safety gates might be expected to be the most expensive items in the sets.

Data shows that families received a total of 597,777 items of equipment representing a cost per item of £13.02 (ex VAT)(based on equipment and storage costs). We do not have any data on the cost of repairing and maintaining equipment, or replacing faulty items.

Assuming that 94,588 children aged 5 years and under resided in families receiving sets of home safety equipment, the cost of supplying and installing a set of equipment for each child is estimated at £82.26 (ex VAT). Using total scheme costs of just over £11m, the cost per child was £120.21 (inc VAT). These costs are an overestimate as we do not have complete data on the number of children in every household.

Almost 300,000 families received home safety information. Given that the total cost of resources to educate families was £168,428 (£143,343 ex VAT), the cost to educate one family was 56p (inc VAT). Assuming that there were a total of approximately 429,000 children, within the 300,000 families, who may have benefitted from better informed parents, the cost per child was 39p (inc VAT).

In terms of staff training, costs per member of staff trained were £63.12 (inc VAT).

4.10.4 Summary of key findings

The majority of the Safe At Home budget was spent on the purchase and installation of equipment benefitting over 90,000 children aged 0 to 5 years. It was estimated that equipment purchase and installation costs per child were £95.99 (inc VAT). These costs are an overestimate as we do not have complete data on the number of children in every household. However, this cost compares very favourably with the estimated costs per home accident for an average non fatal, hospital treated cost for a 0 to 4 year old of £10,600.[1]

The costs incurred in purchasing and installing equipment items can be seen as a medium to long term investment bringing benefits to children outside the two year timeframe of the scheme, with the following caveats. Although equipment has been delivered and where necessary installed in families' homes, we do not know how many items of equipment are in use or for how long. We also do not know how many items are being used in the way that they were intended to promote home safety. Some items of safety equipment will be of benefit to children yet to be born while others will become obsolete as the current under 5's grow up.

Training of staff and provision of DVDs and flip charts can be seen as longer term investments, allowing a better informed staff to provide safety education to other families in the future, beyond the lifetime of this evaluation. We are unable to quantify accurately how many families and children have already benefitted from better trained and informed staff and how many families will benefit from this in the future. Messages will need to be continually reinforced and since children are continually growing and developing new skills, education sessions will be required on a regular basis to inform parents of new risks as the child develops. Having well trained staff will obviously bring benefits to families beyond the two year time frame of the scheme but staff would also benefit from refresher sessions and natural staff turnover will mean new staff will require training scheme.

The costs above include evaluation costs in accordance with good practice which would recommend an evaluation component for any future scheme.

The costs presented here should be viewed with some reservation. The data taken from the RoSPA database have been supplied by 129 local schemes and the data is likely to be of variable quality. In addition, we do not have details of any possible additional costs incurred by local schemes as a result of being part of the national scheme which they have funded themselves. Some local schemes may have received additional support, not necessarily financial and perhaps from

partner organisations, which enabled them to take part in the national scheme. We are unable to calculate these costs.

4.10.5 References

1. Walter, LK. Re-valuation of home accidents Published project report PPR 483 Transport Research Laboratory 2010

4.11 Reviews Of International Experts

4.11.1 Introduction

Many of the component parts of the evaluation of Safe At Home seek the views of parents and those involved in the delivery of the safety equipment schemes. These findings are supplemented by the observations and views of the independent evaluation team from the University of Nottingham. It was considered pertinent that the evaluation should also include independent views of Safe At Home from further afield.

4.11.2 Method

Views were sought from four injury experts: two from the UK and two from North America. Experts were sought who would bring a range of experiences to this part of the evaluation and who would thus view Safe At Home from different perspectives. These contributors have considerable experience of local, national and international initiatives to reduce injuries in children.

The experts were provided with background information: the evaluation team's interim reports; the evaluation plan and a proforma containing questions for recording their views (a copy is available at Appendix L of the Research Tool Supplement). Document reviews took place between December 2010 and February 2011.

4.11.3 Results

A summary of the experts' opinions for each question is given below, with quotes taken from their reports to support the findings.

4.11.3.1 *To what extent do you think Safe At Home has achieved its aims and objectives?*

Experts were of the opinion that the national scheme had performed well in terms of Key Performance Indicators (KPI) with some KPIs reached or exceeded at the time of the expert review.

"The scheme was established very quickly and good progress was made on the number of locality schemes that have been set up and the number of home safety equipment sets installed in homes. Progress on the indicators of 'number of families receiving home safety information' and 'number of staff trained' was also very good".

"...the capacity to run schemes at the local level has been built."

They also commented on the evaluation itself.

"The evaluation reports utilise a mixed method approach to collecting evidence of effectiveness and acceptability of the scheme, including surveys of scheme leaders, surveys of families, case studies of local schemes, assessment of the training which has taken

place, interviews with personnel and review of documentation. This range of methods should be able to capture and assess the strengths and weaknesses of the programme.”

In addition, they mentioned the difficulty of definitively showing improvements in certain injury outcomes.

“without a before-after comparison or use of a non-intervention comparison group”.

4.11.3.2 *To what extent has Safe At Home influenced access to home safety equipment in targeted areas?*

Typical comments were:

“Safe at Home has significantly influenced access to home safety equipment in the targeted areas.”

“The evaluation reports provide evidence that families in the areas targeted had received home safety equipment.....The targeted areas are those where there are vulnerable families, who are often ‘hard to reach’.”

4.11.3.3 *What impact has Safe At Home had on those determinants of unintended injury which are amenable to change through the provision of home safety equipment?*

Generally, the reviewers were of the opinion that the Safe At Home scheme had the potential to impact on certain determinants. Two typical comments were:

“Certainly a critical determinant, access to safety products, is being well addressed by the schemes. The case studies should provide more information on other determinants that might be influenced by the program....”

“The Safe at Home scheme has the potential to improve safety behaviours in vulnerable families and to reduce unintentional injuries.”

They also mentioned that the educational element was an important part of the scheme that would benefit families.

4.11.3.4 *What impact do you think Safe At Home has had on raising awareness of home safety for the under 5’s among vulnerable families?*

In terms of raising awareness of home safety for the under 5’s among vulnerable families, reviewers suggested that the scheme had succeeded in providing advice to vulnerable families which will be of benefit to them. They commented

on the one to one advice, website and national publicity as being positive. However, the view was expressed that:

“restriction of national publicity for the scheme may reduce the overall impact and means that the messages are not reinforced in different contexts”.

One reviewer also mentioned that perhaps only certain groups would use the website to gain information.

Reviewers also mentioned that the accurate assessment of changes in parental awareness would require additional components to be added to the evaluation.

4.11.3.5 What impact do you think Safe At Home has had in preventing unintentional injuries?

Views were expressed that it might be expected that the impact of Safe At Home:

“would be positive on behaviour change and injury reduction, though it may take some months before the impact could be demonstrated”.

Experts highlighted the fact that the items of safety equipment being distributed are those with **“good evidence of effectiveness”**.

It was suggested that any change in unintentional injuries should be assessed by examining injury trends.

4.11.3.6 What impact do you think Safe At Home would have on reducing unintended injuries for children under 5 years if continued long term?

Generally, reviewers were of the opinion that if the Safe At Home scheme were continued in the longer term there is **“strong likelihood”** that it would reduce the number of injuries in children due to the distribution and use of **“proven effective safety products”**. One reviewer stressed that as:

“education alone is rarely effective..... the inclusion of installation of safety devices clearly strengthens the chances that the intervention will be beneficial”.

In addition, injuries are likely to be reduced due to:

“the development of local expertise [which] would allow local schemes to increase their reach, particularly in the most vulnerable populations”.

4.11.3.7 *Do you consider the model of a national equipment scheme to be an effective way of addressing home safety?*

There were different views about this issue. One expert stated:

“Yes I believe that this model of a national equipment scheme is an effective way of addressing home safety and this view is endorsed by NICE guidance¹, which was published in November 2010.”

Another stated:

“Whether the national level has to be responsible for implementation and oversight at the local level is a different question that depends on what the usual approach is in your country. I do think, however, that there is sufficient evidence to support the need to provide low cost or free products to low income families if we want to be successful. Education is necessary but not sufficient to get families with limited incomes to adopt the use of safety products. If government pays for health insurance, it makes sense that they could be asked to pay for life saving safety products as well, given the health burden caused by preventable injuries.”

Positive points about the scheme were detailed:

“The model is based on training of professionals and developing expertise and capacity related to injury prevention, targeted one-to-one advice and broader publicity. The fact that the equipment is fitted in the homes means that it is installed correctly. A national scheme should allow economies of scale relating to the purchase of equipment and to training of professionals. It also stimulates the development of local capacity, which allows the local schemes to be tailored to local circumstances.”

Also, additional initiatives that are needed were suggested:

“...it seems like a useful component to a broader effort that is directed at decision makers (e.g., policy about safe home environments) and landlords who control many of these environments, coupled with adequate policy enforcement strategies.”

4.11.3.8 *Other comments*

Reviewers commented on several issues. One reviewer expressed concern that the scheme was finishing at the end of March 2011:

“There is evidence of considerable energy in establishing local schemes in the past two years and I am concerned that this momentum and some expertise will be lost”.

Reviewers also mentioned the need for the evaluation to continue over a longer time period. In addition they suggested that injury outcome data should be studied over a period extending a few years beyond the end of the intervention.

Positive points about the evaluation were made, for example:

"Kudos to everyone involved in this enormous effort! The multiple methods of evaluation being undertaken are important and will yield a comprehensive assessment of the lessons learned."

In addition, there were positive points about the scheme:

"The scheme has shown flexibility in responding to new hazards (injuries from cords of blinds) and there have also been the unintended consequences of the scheme because professionals have been able to gain access to homes."

Reviewers also stressed the need for long term sustainability to be addressed and the importance of participation by members of the target group (vulnerable families) in the development and implementation of schemes.

Finally one expert stated the need for, and importance of, dissemination of the findings to different audiences including domestic and international.

4.11.4 Summary of key findings

International child injury prevention experts considered that the Safe At Home scheme had been successful in terms of setting up local schemes and thus promoting the distribution of equipment. Experts were of the opinion that Safe At Home had influenced access to home safety equipment in targeted areas and that Safe At Home had the potential to impact on those determinants of unintended injury amenable to change. The scheme is likely to have raised awareness of home safety for the under 5's among vulnerable families. However, the experts also mentioned difficulties of attribution.

In addition, whilst experts felt that Safe At Home has the potential to reduce unintentional injuries, they felt that this impact could not be assessed in the lifetime of the current evaluation. Experts generally agreed that the evaluation should extend for a longer period and should include injury outcome data.

4.11.5 References

1. National Institute for Health and Clinical Excellence. *Preventing unintentional injuries in the home among children and young people aged under 15: home safety assessments and providing safety equipment*. London: NICE, 2010. www.nice.org.uk/guidance/PH30

5. DISCUSSION

5.1 Introduction

In this section we bring together the findings from the component studies and discuss these in relation to each of the evaluation objectives. In addition, we briefly discuss both the strengths and weaknesses of the intervention and the external evaluation.

5.2 Objective A

To evaluate the processes of: establishing Safe At Home; working with partners; identifying and targeting existing schemes; supporting the development of new schemes; training providers; educating families in keeping their children safe at home; increasing the availability of home safety equipment; increasing opportunity for families in disadvantaged areas to keep their children safe at home.

The national Safe At Home scheme has made good progress in all of these areas as outlined below.

5.2.1 Establishing Safe At Home

The establishment of the Safe At Home scheme was reliant on progress within two areas. First, the “inward processes”, that is those processes that built, nurtured and maintained the Safe At Home scheme. Second, the “outward work” which included the ways in which the work of the national scheme was publicised externally, how links were built with local providers and the way in which the scheme was perceived by others.

Evidence of progress in relation to the “inward processes”:

- Development of Targeting and Distribution Strategy within first month of operation (February 2009)
- Contract with equipment supplier (April 2009)
- Central co-ordinating team appointed and CRB-checked (July 2009)
- External evaluation team appointed (December 2009)
- Production of monthly management reports for DfE
- Monthly Keep-in-Touch meetings with key contacts such as Kid Rapt and DfE

Evidence of progress in relation to the “outward work”:

- Safe At Home website launched (June 2009) – consistently high level of visits
- National conference held (March 2010)
- Press releases reporting progress issued throughout intervention period

- Presentations made at World Conference (September 2010)
- Exceeded KPI for professional training in (September 2010)
- 129 active local schemes covering 130 of the original 141 identified (March 2011)
- 66,127 homes received fitted safety equipment (April 2011)
- 282,000 families received home safety information (February 2011)
- Feedback received on Safe At Home from all participant perspectives was very positive

The national safety equipment scheme became established quickly and achieved a great deal in a short space of time. Much of this success was due to the commitment and enthusiasm of the central co-ordinating team whose support received high praise from professionals working in the local schemes. Initially Safe At Home met with resistance from potential providers in some areas, perhaps expecting greater flexibility and control over the way in which funding could be used in their own locality. The national launch of Safe At Home was supported by a series of information workshops, all of which received positive feedback from those who attended.

The rapid progress made in establishing the scheme and working towards achievement of the KPIs was noted by the international experts. Tracking performance in relation to KPIs over time shows slower progress in the early months. This is to be expected since it takes time for new programmes to become established. Some of the areas eligible to take part in the national scheme may, by their nature, have been less active in relation to injury prevention. Identifying and establishing contact with an appropriate individual who could take the scheme forward locally was a challenge in some areas, requiring considerable effort on the part of the central team. Comments from local scheme staff indicate that for some, the process from registration to establishing an operational scheme was slower than expected, however, some of the barriers encountered in the process were not within the control of the national scheme. Local staff absences and redundancies, local organisational issues and negotiations between parties may all have resulted in delays to scheme start-up.

5.2.2 Working with partners

The development of effective working partnerships at both national and local level has been an essential component of Safe At Home. Central to this is the working relationship between RoSPA and Kid Rapt, the equipment supplier. The mutually supportive nature of the partnership was apparent in interviews with key stakeholders. Local scheme staff spoke highly of both Kid Rapt and RoSPA in the formative interviews (April/May 2010) and in the later stage process evaluation (October 2010). Evidence from the case studies reinforced the positive views of the RoSPA/Kid Rapt partnership, with some schemes identifying it as one of the key elements in the success of their local scheme.

In terms of partnership working between RoSPA and the local schemes, whilst some professionals reported teething problems following registration with the national scheme, the vast majority of these appear to have been resolved following discussion. The flexible approach adopted by RoSPA meant that in response to local co-ordinator comments, modifications were made to the scheme paperwork and professional training sessions were reduced from three days to two and one where appropriate.

At a local level, partnership working featured strongly as one of the most important factors required for establishing and sustaining a scheme. Evidence from both the scheme leader survey and the case studies suggested that establishing local schemes created a sense of community in some areas, with agencies pulling together with a common aim and individuals contributing time, energy and skills in a spirit of goodwill. This is a common and often productive approach in partnership working, but it can result in the true monetary costs of an intervention being difficult to identify. Findings from the case studies suggest that where local partnerships were already in existence the scheme appears to have progressed quicker and more smoothly than in those areas where new alliances had to be formed and nurtured. Evidence from the literature also highlights the importance of partnership working as a facilitator in the delivery of home safety equipment schemes¹.

5.2.3 Identifying and targeting existing schemes and supporting the development of new schemes

The Targeting and Distribution Strategy identified 141 local authorities eligible to participate in the national scheme using a formula based on above average injury admission rates to hospital for children under 5 years of age. Emphasis was placed on registering those schemes representing the 70 local authorities where injury admissions were highest in relation to the national average (88.82 per 100,000 population 0-5 years of age). This placed 70 local authority areas in the first year priority group regardless of whether they operated an existing scheme or not. Where schemes were in existence, it proved easier for the central co-ordinating team to identify an appropriate contact person for discussion regarding the national scheme. In areas without a scheme this process was more challenging and time-consuming.

In the two years that the national scheme operated, 129 local schemes were active, covering 130 of the original 141 local authority areas identified at the outset. (This takes account of schemes which covered several areas and areas which operated multiple schemes). Eleven of the original areas identified opted not to participate. Information from the evaluation as to reasons for non-participation is limited, although it appears that for some areas where equipment allocation was small, the potential benefits of the scheme were not thought to offset the local investment required. Findings from the formative interviews

indicated that for some areas registered with Safe At Home where pre-existing equipment schemes were in operation, there had been concern over potential loss of local funding. This may have deterred other areas from joining.

In the survey of scheme leaders one third of respondents reported that an alternative safety equipment scheme operated in their area alongside Safe At Home. The operation of two schemes concurrently in the same area but with different eligibility criteria could result in tensions for the staff concerned as reported in the formative interviews. However, evidence from the case studies where half of the 20 schemes ran Safe At Home concurrently with another equipment scheme indicated that the two can dove-tail well with sharing of scheme infrastructure, resources and experience resulting in a more comprehensive service. This is an interesting finding since one of the main criticisms of the national scheme, identified in the formative interviews, case studies and scheme leader survey, related to the "hidden costs" payable locally for involvement in Safe At Home. Examples cited included administrative overheads, equipment storage costs, fuel and travel.

Feedback from the professionals was positive with regard to the central support provided by the national scheme irrespective of whether the area operated a new scheme or was building upon a scheme already in existence. The website was viewed as a useful source of information for professionals, containing all the appropriate paperwork and background to the national scheme. The value of networking and sharing ideas amongst individuals with different levels of experience in the delivery of safety equipment schemes was observed by the evaluation team at the national conference. This concept could have been usefully developed into a discussion forum for the website.

One aspect found to be particularly helpful to those working in the local schemes was the role of the regional co-ordinators. Findings from the formative interviews and case studies indicated that co-ordinators were a valuable source of support in the initial stages of applying and registering with the national scheme. Subsequently they provided local advice on an "as needed" basis and were helpful to the central team in identifying potential barriers to progress and in monitoring schemes once they were operational.

5.2.4 Training providers

Evidence of achievement in the provision of professional training was outstanding. Training for professionals involved in the delivery of local schemes was a key component of Safe At Home ensuring consistency of approach and an understanding of the key principles of the national scheme. Over 4,000 staff completed the training, including health visitors and family support workers. To assist in monitoring the implementation of the national training programme, participant feedback from the training sessions was reviewed. The evaluation

team also conducted observations of training sessions held at venues around the country. The feedback from both sources was extremely positive with 98% of participants rating the relevance, content and delivery very highly. This consolidated views expressed in the earlier formative interviews. Participants praised the way in which information was tailored to meet diverse needs within the group and reported an increase in post-training confidence in implementing key aspects of the scheme. Training sessions initially took place over 3 days. This was subsequently and correctly reduced following participant feedback that the time commitment was too great.

Several resources were made available to professionals to support the delivery of education to families. These included a DVD, height chart and a flip chart. Evidence from professionals indicated that the resources were valued and well used by staff working in local schemes.

5.2.5 Educating families in keeping their children safe at home

The national scheme offered safety education and advice to parents in receipt of equipment, as well as to families with children under 5 residing in scheme areas but who did not fulfil the equipment eligibility criteria. Local schemes delivered education to families on a one-to-one basis or within a group setting and reported using a range of techniques in order to access families, many of whom did not readily engage with service providers. Successful strategies used included gaining support from those with specialist knowledge of a particular community, for example a gypsy liaison worker or seeking assistance from bilingual/deaf/disabled advocates. The opportunity to deliver education in the home setting was seen as particularly valuable since it enabled advice to be tailored to the specific requirements of the family concerned. Several schemes reported having trained equipment fitters to conduct home safety checks and to provide advice so that these components, along with equipment installation could be delivered in one home visit.

Two of the outputs of Safe At Home will be the large number of professional staff who have been trained and the supporting educational resources that were produced. Education is known to be more effective when the messages are reinforced over time. Opportunity exists to build on the current level of knowledge amongst families and to provide them with age-appropriate updates as their child develops.

By March 2011, 282,000 families had received home safety information and advice through the national scheme. This proved to be one of the more difficult performance indicators for local schemes to monitor, but with the time-lag in reporting it is likely that the target of 300,000 families educated will be exceeded. In the national survey of families receiving equipment, 92% of respondents reported that they found the safety information and advice which

they received to be useful. The distribution of supporting resources was extensive, with 7,881 DVDs, 3,885 flipcharts and 568,000 height charts being provided to schemes to assist in family education throughout the two-year programme.

5.2.6 Increasing the availability of home safety equipment

The home safety equipment items supplied were selected on the basis of best available evidence of effectiveness. Evidence has also shown that barriers to the installation of home safety equipment are cost and inability to install the equipment correctly¹. Safe At Home addressed these by providing equipment and installation free of charge to eligible families.

Final performance figures (April 2011) showed that 66,127 families have received equipment through the scheme; the most frequently provided items identified in the family survey being safety gates (81.1%), cupboard locks (69.4%) and bath mats (69.2%). The family survey indicated that 96% of families were satisfied with the scheme. In addition, over 91% felt that their home was safer after having the equipment fitted. Additional comments from parents indicated the high value they placed on the installation element of the scheme.

The safety equipment provided was generally considered to be suitable by both families and professionals. Comments received from fitters, scheme coordinators and families indicated that greater flexibility in the choice of some of the items available would have been appreciated. This was particularly the case in relation to specific items, such as the cupboard locks which were not suitable for use on single cupboards. Finding a satisfactory balance between locally identified needs and the consistency of standards required to operate the scheme on a national basis presented an ongoing challenge.

Some schemes reported that a small number of families eligible for equipment elected not to take up the offer. Whilst a variety of reasons was cited for this, concern over the potential appearance of some items, for example fireguards and window locks, and the necessity for permanent fixings to be installed for these, was an oft-mentioned disincentive to families. The need to obtain the landlord's permission for the installation of equipment in rented properties presented a barrier for some families (over three quarters of the families in receipt of equipment lived in rented accommodation). Although good progress appears to have been made through local schemes in reaching agreement with housing associations, this is not reflected in the private rented sector.

By the end of March 2011, all items of equipment purchased by Safe At Home had been distributed to local schemes. Surplus stocks of some items were

provided to those schemes which had shown their efforts to be sustainable beyond the end of the national scheme.

5.2.7 Increasing opportunity for families in disadvantaged areas to keep their children safe at home

Safe At Home has addressed a number of the factors recognised as barriers to home safety for those families living in disadvantaged areas. The scheme raised awareness of home safety amongst the target group, assessed the need for equipment amongst eligible families, increased access to free safety equipment, and ensured professional installation of equipment in homes. This approach is in line with that advocated in the guidance produced by NICE, 2010². The potential for increased effectiveness within home safety programmes which employ a combination of approaches to address injuries is well documented in the literature^{3,4} and was highlighted by comments from the external experts.

Evidence from the case studies highlighted schemes which had taken additional steps to meet the specific needs of individual families in their community: examples included engaging female fitters to visit homes where a male visitor may be seen as a threat and working alongside interpreters or those with specialist knowledge, such as a gypsy liaison officer. These approaches are likely to have reduced the number of eligible families who were excluded from the scheme.

Professionals working within local schemes identified a number of unintended benefits of Safe At Home which extend beyond the field of unintentional injury. Several case study sites and respondents to the Scheme Leader survey felt that the non-threatening nature of the intervention had encouraged families to take part who otherwise may not have engaged with service providers. Examples were cited where families had been referred on to other services for assistance when problems had come to light during the home safety visit. In this way, Safe At Home has widened the opportunities for engagement with harder-to-reach families and it would be hoped that this contact, once established will benefit them in other areas of health promotion.

5.3 Objective B

To determine changes in provision of home safety equipment in targeted areas. Did the home safety equipment reach the most disadvantaged families?

Mapping the postcodes of those families in receipt of equipment confirmed that 70% resided in the most deprived areas of England. The family data available to us at the time of the evaluation confirmed that 98.8% indicated being in receipt of social benefits. The information in the remaining cases was not

recorded. These give a clear indication that the safety equipment did reach some of the most disadvantaged families. The proportion of families recorded as being of 'Asian-Pakistani' ethnicity, (the second largest group after 'White-British') was 11.4% in those households in receipt of equipment compared to 1.4% from the national census, 2001⁵. With families of minority ethnic origin more likely to reside in socially deprived areas, this reinforces the likelihood of appropriate targeting of the scheme⁶.

The application of eligibility criteria for those areas permitted to register with the national scheme and for individual families to receive equipment meant that some disadvantaged families were excluded from participating. Evidence from a number of schemes suggests that a variety of innovative methods were used in an attempt to support some of these families.

5.4 **Objective C**

To determine changes in numbers of qualified staff working to support families keep their children safe at home.

The Safe At Home programme provided professional training for staff involved in running the local schemes: they included scheme leaders, those conducting home safety checks, those installing equipment and those providing safety advice and information to parents. A total of 4,331 staff completed the training, an enormous achievement within the two-year timeframe of the national scheme. This represents a considerable increase in injury prevention capacity at local and national level and affords the potential for continued safety work with families. The potential exists for cascade training to other local staff. However, since the workforce is one with a high level of mobility, refresher courses would also be of value.

The evidence for this objective would have been improved if the qualifications of staff at baseline and post-training had been collected to assess change. Owing to practical limitations this was not possible.

5.5 **Objective D**

To evaluate the impact of Safe At Home on those determinants of unintended injury which are amenable to change through the provision of home safety equipment.

The determinants of injury operate at different levels, including those of the individual, family and community. At a "lower" level they encompass the knowledge, skills and resources of families. At the "higher" level, factors pertinent to the socio-cultural environment come into play. Safe At Home could only target determinants at some of these levels.

Several of the component studies indicate an increase in local capacity for injury prevention which may impact on the determinants at a later stage: -for example, levels of professional training suggest a better informed workforce with the skills to educate families about injury risk minimisation. In turn, families receiving education may be better informed, which may result in positive changes in attitudes and safety practice. Similarly, the additional volume of safety equipment supplied, fitted and used correctly may lead to reduced risk of injury in the home environment in those communities where the scheme was operational. Although over 66,000 sets of equipment were installed in homes, we have no evidence as to whether the equipment was used correctly or for how long, limiting assessment of the impact of the scheme.

Safe At Home specifically targeted those families at greatest risk of childhood injury using a combination of approaches so as to maximise the effectiveness of the intervention. Whilst the programme had the potential to impact on the determinants of unintended injury, a lack of baseline data meant that it cannot be concluded that this was the case. A more accurate assessment of the impact of a safety equipment scheme on determinants of injury would require collection of data pre and post implementation or with the inclusion of a control group.

5.6 **Objective E**

To evaluate the impact of Safe At Home on raising awareness amongst vulnerable families.

Evidence from the international literature indicates that the provision of targeted information and advice, in combination with the provision of safety equipment can show a positive effect on hazard reduction and safety practices^{7,8}. The international experts supported this approach, however they expressed concern as to how any health gain would be sustained once the national scheme comes to an end.

During the two year period of operation, the national scheme provided safety education to 282,000 families, amongst whom injury prevention awareness is likely to have been raised. Respondents to the family survey indicated that they felt their knowledge and awareness of injury prevention had improved as a result of participation in the scheme. This view was supported by professionals indicated by findings from the case studies and the scheme leader survey.

A more accurate evaluation of the impact of Safe At Home on raising awareness amongst families, would require assessment of knowledge and safety practices pre and post scheme implementation.

5.7 Objective F

To estimate the contribution of Safe At Home to reducing injury outcomes for children aged 0-5 years if continued long term.

International experts and experts within the evaluation team were of the view that if continued in the long term, the national programme showed potential to reduce injuries, through the use of effective safety equipment and free installation, in combination with targeted education. This is in line with recent NICE guidance². In addition there was agreement that the two-year intervention period was very short for a national project of this scale.

Within the initial proposal this evaluation included a component to assess the effect of the national programme on injury outcomes. This element was removed from the brief following restrictions on Central Government funding. Current evidence of effectiveness in terms of injury reduction is limited, and it is unfortunate that the opportunity to contribute to this body of knowledge was not possible within the final remit of this evaluation⁹.

Amongst scheme leaders there was considerable agreement that should the national scheme continue, they would be keen to remain involved. It is clear from several of the component studies that the national scheme has been well received and was valued by all participants. The economies of scale in respect of purchasing equipment and the high profile afforded by a national initiative are two of the obvious benefits in co-ordinating safety equipment schemes across the country. Findings from a few professionals and families indicating that participation in the national scheme resulted in limited flexibility around elements of equipment choice and eligibility should however be noted.

5.8 Objective G

An examination of costs

An examination of the costs incurred in establishing and running Safe At Home over a two-year period identified that 80% of the total budget was used for equipment and installation costs, in approximately equal proportions. Professional training and the evaluation component accounted for approximately 4% each of the total budget. The cost of equipment provision for each child aged 0-5 years in receipt of the scheme was £95.99 per head. This compares very favourably with the estimated cost for the treatment of a non-fatal home injury to a child aged 0-4 years of £10,600 based on 2010 estimates¹⁰.

The Evaluation Team were unable to undertake a comparative economic evaluation of five local schemes due to a lack of financial data at this level. Local schemes operated within a variety of different infrastructures and received a range of "support-in-kind" from partner agencies making it difficult to accurately assess the costs involved.

5.9 Strengths and weaknesses of the intervention

5.9.1 *Strengths of the intervention*

Safe At Home was based on evidence of good practice in the design and delivery of safety equipment schemes^{2,8,10}. Elements identified as being of importance in the effectiveness of such schemes include conducting home safety assessments, free provision of equipment, installation by trained professionals and employing a combination of approaches involving education and small-scale environmental change.

The national scheme was designed to target those families living in areas of England where the injury rate for young children was higher than the national average, thereby targeting finite resources at those in greatest need. One hundred and thirty local authority areas participated in the scheme affording considerable opportunity for contact with families and professional staff.

The host agency, RoSPA, have a wealth of experience in accident prevention and safety and a well-established infra-structure with which to support a national initiative such as Safe At Home. It is reasonable to assume that the regard for RoSPA and the high profile which it has amongst the professional injury prevention community will have encouraged participation in the national scheme. It is important to note that Safe At Home benefited from a dedicated and highly motivated central co-ordinating team, led by an enthusiastic individual with extensive knowledge of home safety and partnership working.

A good relationship existed between RoSPA and Kid Rapt (the equipment supplier) in terms of accessibility, support and efficiency in dealing with issues.

Professional training was an integral part of the intervention programme. The majority of professional training was delivered by RoSPA representatives using a centrally designed resource pack to ensure consistency of content. The method of delivery permitted some flexibility on the part of the trainer to adapt the content to meet the needs of those participating.

Supporting resources developed for parents and professionals, some available in languages other than English, were distributed extensively to reinforce key messages.

5.9.2 *Weaknesses of the intervention*

A major weakness of Safe At Home was that limited funding restricted the intervention period to 26 months. This gave a very tight timeframe within which potential schemes were required to register, have professionals attend training and implement the programme within their locality.

From the inception, Safe At Home was expected to deliver against pre-identified Key Performance Indicators with no lead-in time to allow the programme to become established.

The initial budget for the national programme was reduced in May 2010 with a further reduction in August 2010, thereby bringing down the original equipment allocation from 100,000 sets to 60,196. This change in budget was also reflected in the other performance indicators and necessitated revisions to the Business Plan and to operating procedures for the host agency.

In adhering to the eligibility criteria for families, the national scheme focused on pre-defined groups within society who would qualify for equipment provision. Conversely, those groups and individuals who did not meet the criteria, but may have been at similar high risk of injury, were excluded automatically from the scheme. The eligibility criteria for participating schemes meant that those areas which fell outside of the original 141 authorities identified based on higher hospital admission rate (as identified from HES data) were excluded from registering with the national scheme. Given the lack of availability of injury data sources it was not possible to devise a more sensitive measure of injury rates.

The national funding allocated to local scheme providers primarily covered the installation of equipment. No allowance was made to address costs incurred in the co-ordination or administration of the schemes.

As part of the registration process, local providers were required to commit to undertake their own evaluation of the scheme in their area. Local providers would have benefitted from central support and evaluation skills training to enable this to be conducted in a meaningful way.

5.10 Strengths and weaknesses of the evaluation

5.10.1 *Strengths of the evaluation*

The evaluation was based on some of the principles outlined by the World Health Organisation¹¹, for example the use of multiple methods and participation. Surveys and interviews were designed to be as inclusive as possible to give a fair voice to participants and key stakeholders.

The use of an independent, external team to conduct the evaluation enabled progress to be assessed objectively. The multi-disciplinary evaluation team comprised researchers with experience in injury prevention and in the evaluation of complex interventions. Team members collaborated on component parts of the evaluation thereby reducing the potential for researcher bias.

The views of international experts in injury prevention were sought to assess whether the Safe At Home programme had achieved its objectives. This additional dimension enriched the evaluation and further reduced the potential for bias within the evaluation.

The evaluation consisted of several interlinked component studies, each of which fed into the objectives. The different components were rigorously designed and implemented: for example the family surveys were piloted, used reminders, employed double data entry and data were analysed by one researcher and checked by a second.

Although the evaluation had a set number of component studies, flexibility was allowed in order to give consideration to unexpected outcomes and unanticipated benefits of the intervention.

To maximise the opportunity to learn from the evaluation, two interim reports were produced for the central co-ordinating team at RoSPA. These enabled formative findings to be acted on where appropriate and gave opportunity to reflect on progress and to improve current practice.

5.10.2. Weaknesses of the evaluation

The evaluation began eight months after the start of the intervention programme. Best practice advises that evaluation should be an integral part of the planning process. Both the evaluation and the intervention ended in March 2011, giving no opportunity to assess the effect of Safe At Home in the medium-long term.

The current evaluation is limited to assessing mainly process and impact measures during the implementation of the national scheme, leaving the impact on injury rates unknown. This is unfortunate as the scale of the national programme would have facilitated the measurement of injury outcomes and may have made a valuable contribution to current knowledge on the effectiveness of home injury prevention programmes for children under 5 years.

The collection of baseline data, for example relating to equipment use in the target areas prior to the implementation of the intervention program, would have strengthened the impact evaluation. As the evaluation did not commence until after the intervention programme was in place, this was not possible.

Attempts were made to collect economic data from a sample of local schemes to enable cost comparisons to be made. Problems were encountered in obtaining data at this level and this element of the evaluation is restricted to cost description of the national scheme.

Since the intervention was delivered within a social context, those areas opting to register with the national home safety scheme were not precluded from running their usual safety initiatives, or from enhancing these in order to support Safe At Home. In addition other home safety initiatives may have been in operation. The limitations on budget and timescale for the evaluation made it difficult to assess the effects of Safe At Home in isolation from other home safety interventions which may have operated during the same period and influenced the knowledge, attitudes or behaviours of the target group.

Validation of the findings from some of the component studies would have been strengthened by holding discussion workshops with participants. Restrictions on time made this impossible and alternative methods of validation were used, for example having participants verify interview transcripts or producing summative comments to obtain their views.

Obtaining views from those localities and families eligible to participate in the scheme but who chose not to would have strengthened the evaluation. Restrictions on time made this difficult and the information from non-participants is limited.

The World Health Organisation recommends that for Health Promotion interventions 10% of the budget should be set aside for evaluation¹¹; this evaluation had a far smaller budget of approximately 4%. With the recommended budget and an opportunity to extend beyond the 2008-2011 funding timeframe, the evaluation could have occurred over a longer period and investigated HES data.

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Safe At Home Business Plan 2010-2011

Safe At Home: Refocusing the Business Plan for 2010-11

Safe At Home Staffing Update and Review – June 2010

Safe At Home Exit Strategy – January 2011

Safe At Home monthly manager's report – April 2009 – March 2011

6. RECOMMENDATIONS

6.1 Policy

- For many public health interventions there is frequently a considerable time gap between the implementation phase and important outcomes. Organisations setting up future interventions should consider planning in enough time so that longer term outcomes can be assessed.
- The national scheme was successful in reaching those families in need and may be an effective way of helping to reduce inequalities in health. In order for current local schemes to survive and new ones to develop there will need to be support from national and local public health policies. (Further guidance on who should take action is provided by NICE - Public Health Guidance 30).

6.2 Practice

- This is the first national safety equipment scheme and so far considerable interest has been shown both from within this country and further afield. The lessons learned should be promoted amongst practitioners and policy makers. This could include the production of journal articles, conferences and other events.
- The literature review and the findings from this evaluation indicate the importance of using a combination of injury prevention approaches, specifically the provision of education, home safety check, equipment and installation. Future schemes should base their interventions on such practice.
- The evaluation team witnessed an increase in capacity for injury prevention. To achieve the greatest benefit from this increase in capacity, then support is required to assist local schemes with ongoing needs. This should include continued training and the provision of supporting resources.
- Evidence from this evaluation indicated that some local schemes were still adjusting to the transition from national to local co-ordination and delivery. This will need to be supported.
- The evaluation team observed excellent staff training that covered topics including: the importance of child injury, recent research evidence and safety equipment schemes. This was all in line with recent NICE guidance (PH29). This type of training should be made available to practitioners on a periodic basis.
- This study identified that many schemes encountered difficulties in implementing local evaluation. Any future training should include evaluation as a key component. Supporting resources might include a central website/discussion forum, case studies from the national evaluation and an evaluation toolkit for practitioners.

- To assist in the running of current home safety schemes and the establishment of new ones a “Good Practice Guide” should be produced. This should be based on the expertise that has been developed, the findings from this evaluation and recent NICE guidance (PH30).

6.3 Research and evaluation

- The impact of Safe At Home is likely to extend beyond the end of March 2011. Consideration should be given to conducting a further evaluation in order to capture some of the medium-long term effects of the intervention.
- This evaluation did not directly investigate the effect of the national scheme on injury rates. By studying Hospital Episode Statistics over a suitable period, the question “*Did the scheme reduce accident rates among young children?*” could be further investigated. Consideration should be given to instigating such a study.
- Injury surveillance is needed at national and local levels in order to assist with planning, targeting those in greatest need and to support evaluation. (Further guidance on who should take action is provided by NICE – Public Health Guidance 29). The information collected should include both positive and negative health indicators.

7. CONCLUSIONS

Safe At Home was the first national home safety equipment scheme and was established to help families in those areas of England with the highest injury rates in children under the age of 5 years. Establishing the national scheme and attaining Key Performance Indicators within the timeframe set presented a major challenge.

The evidence gathered from a range of sources and perspectives has been very positive with regard to the implementation and value of the scheme. This included feedback from professionals and from families within the target group. The national co-ordination and management of the scheme was a key part of its success.

The national scheme was based on evidence of best practice and has the potential to improve safety behaviours in vulnerable families and to reduce unintentional injuries. As local capacity for professional training, equipment provision and family education has been increased it is likely that current and future families may benefit from the scheme. However, the short term nature of the funding for this national scheme has been its greatest weakness. There was evidence of considerable energy in establishing local schemes, and as schemes seek alternative sources of funding to sustain their efforts, it is important that the momentum and expertise gathered is not lost.

Unintentional injury continues to be a major cause of death, ill health and long-term disability in childhood. It is a public health problem of such magnitude that it merits a significant response. Continued support will be needed at national and local levels if the benefits resulting from the Safe At Home scheme are to be sustained.

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APPENDICES

- Appendix A: Local authority targets for Safe At Home
- Appendix B: Eligibility criteria for local schemes
- Appendix C: Eligibility criteria for families
- Appendix I: Case study profiles
- Appendix J: Summary table of case study characteristics

APPENDIX A

The following table shows the **approximate** allocation of Safe At Home resources, expressed in terms of the number of average sets of equipment that Participating Schemes in each area are expected to receive **dependant on local needs and already existing resources**.

(source: Safe At Home Targeting and Distribution Strategy, 20th February 2009)

LA Code	LA Name	Number of Excess Admissions 0-5	Approximate total allocation of sets	Approximate allocation of sets 2009-2010	Approximate allocation of sets 2010 -2011
00CN	Birmingham MCD	121.7	7,435	3,717	3,717
00BN	Manchester MCD	105.5	6,445	3,222	3,222
00CX	Bradford MCD	93.9	5,736	2,868	2,868
00BY	Liverpool MCD	71.2	4,352	2,176	2,176
00DA	Leeds MCD	48.0	2,933	1,466	1,466
00AM	Hackney LB	44.4	2,712	1,356	1,356
00GL	Stoke-on-Trent UA	38.0	2,322	1,161	1,161
00CJ	Newcastle upon Tyne MCD	36.3	2,216	1,108	1,108
00FN	Leicester UA	35.5	2,168	1,084	1,084
00BQ	Rochdale MCD	34.9	2,133	1,067	1,067
00FY	Nottingham UA	32.8	2,002	1,001	1,001
00CM	Sunderland MCD	30.9	1,889	944	944
00BB	Newham LB	30.3	1,854	927	927
00BL	Bolton MCD	28.8	1,761	881	881
00BP	Oldham MCD	24.6	1,502	751	751
00BG	Tower Hamlets LB	23.0	1,408	704	704
00EX	Blackburn with Darwen UA	22.5	1,373	686	686
00CZ	Kirklees MCD	21.8	1,335	667	667
00CS	Sandwell MCD	21.5	1,316	658	658
30UD	Burnley CD	21.1	1,292	646	646
00CF	Rotherham MCD	20.8	1,269	634	634
00FA	Kingston upon Hull, City of UA	20.5	1,255	627	627
00AU	Islington LB	18.2	1,110	555	555
30UJ	Pendle CD	17.9	1,096	548	548
00CB	Wirral MCD	17.6	1,077	538	538
00MW	Isle of Wight UA	17.4	1,066	533	533
00AB	Barking and Dagenham LB	17.4	1,062	531	531

00AP	Haringey LB	17.1	1,047	524	524
00BH	Waltham Forest LB	16.7	1,020	510	510
16UB	Allerdale CD	16.4	1,002	501	501
00BR	Salford MCD	16.4	999	500	500
00CU	Walsall MCD	15.8	965	482	482
00EC	Middlesbrough UA	15.4	943	472	472
18UC	Exeter CD	14.7	899	449	449
00EY	Blackpool UA	13.9	851	426	426
30UM	Rossendale CD	13.9	846	423	423
00BT	Tameside MCD	13.8	844	422	422
00CE	Doncaster MCD	13.5	822	411	411
00MS	Southampton UA	12.8	780	390	390
00KA	Luton UA	12.6	772	386	386
00CA	Sefton MCD	12.5	763	382	382
00CH	Gateshead MCD	12.4	757	379	379
00EB	Hartlepool UA	12.4	757	378	378
33UD	Great Yarmouth CD	12.3	753	377	377
00CR	Dudley MCD	12.1	740	370	370
00BZ	St Helens MCD	12.0	734	367	367
30UN	South Ribble CD	11.8	722	361	361
35UD	Blyth Valley CD	11.2	684	342	342
00EF	Stockton-on-Tees UA	10.5	639	319	319
29UG	Gravesham CD	10.4	636	318	318
13UD	Crewe and Nantwich CD	10.4	636	318	318
00EU	Warrington UA	10.2	623	312	312
39UE	Shrewsbury and Atcham CD	9.9	607	304	304
30UG	Hyndburn CD	9.6	586	293	293
30UK	Preston CD	9.4	576	288	288
21UD	Hastings CD	9.3	571	285	285
41UE	Newcastle-under-Lyme CD	8.9	543	272	272
24UH	Havant CD	8.2	499	250	250
00HN	Bournemouth UA	8.0	492	246	246
20UG	Sedgefield CD	8.0	491	246	246
24UF	Gosport CD	8.0	486	243	243
00EE	Redcar and Cleveland UA	7.9	485	242	242
00ET	Halton UA	7.8	479	239	239
34UF	Northampton CD	7.7	473	237	237

00BX	Knowsley MCD	7.7	473	236	236
00BE	Southwark LB	7.2	437	219	219
16UD	Carlisle CD	7.1	434	217	217
15UD	Kerrier CD	7.0	429	214	214
19UJ	Weymouth and Portland CD	6.9	422	211	211
00MR	Portsmouth UA	6.9	419	209	209
30UH	Lancaster CD	6.7	407	204	204
00HG	Plymouth UA	6.6	404	202	202
00HH	Torbay UA	6.3	387	193	193
33UG	Norwich CD	6.3	385	193	193
00CL	South Tyneside MCD	6.3	385	193	193
47UG	Wyre Forest CD	6.3	382	191	191
00FK	Derby UA	5.9	360	180	180
32UD	Lincoln CD	5.9	359	179	179
00BW	Wigan MCD	5.8	351	176	176
13UE	Ellesmere Port and Neston CD	5.7	345	173	173
39UB	Bridgnorth CD	5.6	341	170	170
35UG	Wansbeck CD	5.5	333	167	167
44UC	Nuneaton and Bedworth CD	5.4	328	164	164
00MC	Reading UA	5.3	323	162	162
00FC	North East Lincolnshire UA	5.2	319	160	160
20UJ	Wear Valley CD	5.1	314	157	157
17UK	South Derbyshire CD	4.6	280	140	140
37UE	Gedling CD	4.2	254	127	127
46UD	Salisbury CD	4.1	249	125	125
36UE	Richmondshire CD	4.0	246	123	123
00AK	Enfield LB	3.9	238	119	119
00MD	Slough UA	3.9	238	119	119
11UB	Aylesbury Vale CD	3.9	237	119	119
37UB	Ashfield CD	3.8	235	117	117
00BF	Sutton LB	3.7	226	113	113
29UE	Dover CD	3.5	215	108	108
00ML	Brighton and Hove UA	3.5	212	106	106
43UH	Spelthorne CD	3.4	209	104	104
22UJ	Harlow CD	3.4	206	103	103
33UE	Kings Lynn and West Norfolk CD	3.3	201	101	101

39UC	North Shropshire CD	3.2	195	97	97
40UD	South Somerset CD	3.2	194	97	97
39UF	South Shropshire CD	3.1	192	96	96
38UC	Oxford CD	2.8	171	86	86
18UE	North Devon CD	2.8	170	85	85
20UB	Chester-le-Street CD	2.8	170	85	85
20UF	Easington CD	2.8	168	84	84
19UG	Purbeck CD	2.6	156	78	78
31UE	Hinckley and Bosworth CD	2.5	151	75	75
26UE	Hertsmere CD	2.4	147	74	74
11UF	Wycombe CD	2.4	144	72	72
24UJ	New Forest CD	2.1	128	64	64
00BA	Merton LB	2.1	128	64	64
30UQ	Wyre CD	2.0	124	62	62
32UF	South Holland CD	1.9	117	59	59
42UF	St Edmundsbury CD	1.9	114	57	57
16UF	Eden CD	1.8	112	56	56
17UJ	North East Derbyshire CD	1.8	109	54	54
15UC	Carrick CD	1.7	103	52	52
09UE	South Bedfordshire CD	1.7	102	51	51
00CK	North Tyneside MCD	1.5	91	46	46
30UF	Fylde CD	1.4	88	44	44
20UE	Durham CD	1.4	87	44	44
41UG	Stafford CD	1.4	83	42	42
46UB	Kennet CD	1.3	80	40	40
37UF	Mansfield CD	1.3	78	39	39
21UG	Rother CD	1.2	73	37	37
47UC	Malvern Hills CD	1.1	68	34	34
15UF	Penwith CD	1.1	67	34	34
00AL	Greenwich LB	1.1	67	33	33
00CW	Wolverhampton MCD	1.1	66	33	33
35UF	Tynedale CD	1.1	64	32	32
00CY	Calderdale MCD	0.8	50	25	25
32UB	Boston CD	0.7	44	22	22

24UL	Rushmoor CD	0.7	42	21	21
13UG	Macclesfield CD	0.6	38	19	19
19UD	East Dorset CD	0.6	38	19	19
09UD	Bedford CD	0.5	28	14	14
23UG	Tewkesbury CD	0.4	26	13	13
47UD	Redditch CD	0.4	24	12	12
00KF	Southend-on-Sea UA	0.3	20	10	10

APPENDIX B

Criteria for acceptance into the scheme

(source: Targeting and Distribution Strategy February 2009)

To participate in Safe At Home, local home safety equipment schemes must:

1. Operate in one of the targeted areas in the list above (except where a decision has been made to allow schemes from other areas to participate).
2. Work in partnership with local stakeholders.
3. Provide the equipment received from Safe At Home to families on a loan and return basis, and ensure that families sign up to a loan agreement.
4. Recognise that support and equipment from the national scheme is not to replace existing funding.
5. Agree to monitor and evaluate the local effectiveness of their scheme. Data must be collected before and during implementation of the scheme, measuring the impact of the scheme on accident rates within the target population. This will include HES data, local A & E and anecdotal data from client families.
6. Ensure equipment is correctly installed.
7. Ensure that the person in charge of the Participating Scheme and all staff who carry out home checks, either:
 - Has attended Level 2 accredited home safety training within the last three years;
 - Can demonstrate to the satisfaction of RoSPA prior learning and experience, which is equivalent to this training; or
 - Has attended training provided by Safe At Home.

This training will be provided at no cost to the scheme but a local venue will have to be provided.

8. Visit the homes of potential recipients and carry out a home check to establish what safety equipment each family needs.
9. Agree to the monitoring processes
10. Provide home safety advice while visiting potential recipients.
11. Provide home safety information sessions for parents/carers with children aged 0-5 years of age in their area.
12. Cover the costs of their own administrative processes.
13. Adhere to the maximum/minimum equipment ordering limits.
14. Fit equipment within 20 working days of receipt from Safe At Home.
15. Ensure all paper used in production of reports, documents and other materials arising from the scheme consists of a minimum of 60% recycled content, of which 75% is post consumer waste.

APPENDIX C

Criteria for family eligibility

(source: Targeting and Distribution Strategy, February 2011)

Which families can benefit?

To receive equipment under the national scheme families must:

1. Be living in an area covered by a Participating Scheme
2. Be unable to afford home safety equipment because they are unemployed or on very low income. Therefore they must be in receipt of one of the following benefits:
 - a. Income support
 - b. Job seeker's allowance (income based)
 - c. Income based Employment and Support Allowance¹
 - d. Tax credits – one of the partners receives tax credit and have a valid NHS tax exemption certificate
 - e. Disability living allowance care or mobility component for a disabled child
 - f. Housing benefit
 - g. Council tax benefit (not council tax discounts)
3. Have child/children aged 0-5 years of age.
4. Be prepared to agree to:
 - Attend information sessions run by the local home safety equipment scheme.
 - Allow their local home safety equipment scheme to complete a home check to establish what safety equipment they may need.
 - Make a commitment to act on advice given to them by the local home safety equipment scheme.
 - Make a commitment to use the home safety equipment appropriately and take reasonable care of the equipment.
 - Return the home safety equipment on request from the local scheme (e.g. stair gates once the youngest child is older than 24 months).
 - Keep appointments with the local home safety equipment scheme.
 - Take part in any monitoring processes as part of the scheme evaluation.

Participation in Safe At Home does not prevent schemes from providing equipment, at their own expense and on their own terms, to families who are not eligible to receive equipment under Safe At Home.

APPENDIX I

Allerdale, Carlisle and Eden Contact: Tracy Andrew Riverside Housing Tracy.Andrew@riverside.org.uk	SETTING	Mostly urban
	GEOGRAPHICAL AREAS	Allerdale, Carlisle, Eden
	EQUIPMENT ALLOCATION	947
	LEAD AGENCY	Partnership – Riverside Housing, Barnardo’s
	KEY FEATURES	Led by a partnership between housing association and children’s charity.

Background

The opportunity to register with Safe At Home was identified by Barnardo’s children’s charity. Riverside Housing was approached to provide installation services and the scheme was approved in early 2009. Prior to this Surestart had run some local schemes, but these did not include fitting. The majority of referrals are in urban areas with a low proportion of residents from black and minority ethnic backgrounds. The scheme initially served Carlisle and Allerdale and was extended to Eden at a later stage.

Staffing/Partner agencies

Each of the partner agencies has a nominated scheme manager. The majority of referrals come in from Children’s Centres, in addition families can self-refer. Home assessments were initially undertaken by Family Support Workers, although most of these are now carried out by the fitters. Family education sessions based on the SAH resources are carried out by Barnardo’s. Statistical returns are completed by Riverside Housing.

Key aspects of the scheme

- The scheme operates as a partnership with each of the two partner agencies having responsibility for discreet aspects.
- Home assessments are conducted by the fitters at the same time as equipment is installed. Safety advice is also provided to the family at this visit, including an information pack.

Facilitators

- Riverside Housing had been running Safe As Houses – a repair scheme for older people and were able to adapt and build on this for delivery of Safe At Home.
- Barnardo’s have an extensive family contact database. Newsletters to these clients (2-3 per year) provide a mechanism for publicising the scheme locally.
- All landlords in the scheme areas are signed up to an agreement for installation of safety equipment where appropriate.
- The experience and professionalism of the fitters is credited for much of the scheme’s success.

Barriers

- A minority of families will not take up the opportunity of educational sessions. Including advice at the home visit is one way of ensuring that they do not totally miss out on this element.
- The administrative process of applying for CRB clearance for the fitters caused considerable delay in the early stages.

Evaluation

No formal evaluation is currently undertaken. There have been difficulties in accessing local data – the Public Health Observatory charge for this service.

Sustainability

The continuation of the scheme is dependent on finding a local source of funding. There is the potential to offer the equipment service at a cost to those families who can afford to pay and use the proceeds to subsidise a scheme similar to SAH providing free equipment.

Lessons learned

- There is potential in combining SAH with the Safe As Houses scheme to provide a “one-stop” safety service.
- SAH provides a non-confrontational “way-in” for Family Support Workers and an opportunity to then move on to address other issues.

<p style="text-align: center;">Ashfield</p> <p style="text-align: center;">Contact: Sharon Cox</p> <p>ashfieldhomesafety@tiscali.co.uk</p>	SETTING	Urban and rural
	GEOGRAPHICAL AREAS	Sutton, Kirkby, Hucknall, Underwood, Jacksdale, Selston, Stanton Hill, Huthwaite and Skegby
	EQUIPMENT ALLOCATION	351
	LEAD AGENCY	Ashfield Home Safety Project
	KEY FEATURES	One charity runs the scheme, referrals come from the health visitors, child health practitioners etc

Background

The Sutton in Ashfield Safe at Home Scheme is run by a charity organisation called The Ashfield Home Safety Project. They have been running the Safe at Home scheme since March 2009, however they have solely been running similar schemes in the area since 1998. Referrals come from health professionals working with families in the area and the safety equipment is installed by their own fitter. The areas in which the scheme operates are both rural and urban. Demographics – less than 5% BME, families often move around within the area, therefore they offer a service to refit the equipment.

Staffing/Partner agencies

There is a part time Co-ordinator at Ashfield Home Safety who runs all of the home safety schemes in this area, including Safe at Home. The Co-ordinator has worked for this organisation, on similar home safety projects, for 10 years. She is also involved in fundraising activities which enables them to offer additional safety items to families as well as helping to ensure the continuation of the scheme in the area. Referrals come via Health Visitors, children's health practitioners and staff nurses who also complete the home safety checks. The co-ordinator makes appointments for the fitter to then attend the properties to fit the equipment. The charity has two part time volunteers who help with, amongst other things, administration and evaluations.

Key aspects of the scheme

- Small, charity run organisation
- Health professionals complete home safety checks and refer eligible families to the Ashfield Home Safety Project to co-ordinate the paperwork, ordering of equipment, fitting and general management of the scheme. This system works well
- Safety education training is completed by Health Visitors at the babies 9 month health check
- Equipment training is completed by the fitter at the point of fitting

Facilitators

- The scheme has very good links with community health professionals within the community who provide them with the referrals and home safety training

Barriers

- Have had problems with the families not being at home when the fitter arrives to install the equipment
- Families are often difficult to contact, for example when trying to make another appointment if they missed their first visit.

Evaluation

Ashfield Home Safety Project provide a questionnaire to each family that receives equipment. A percentage of families also receive telephone calls from one of the volunteer staff to complete a further evaluation about the equipment fitted and how it has helped.

Sustainability

Co-ordinator involved in seeking funding and fundraising activities to help sustain home safety projects in the area.

Lessons learned

- The scheme fitted well into the organisation as a similar scheme has been running for a number of years, therefore many problems already addressed.

<p>Bradford</p> <p>Contact: Davina Hartley Davina.Hartley@bradford.gov.uk</p>	SETTING	Urban and rural
	GEOGRAPHICAL AREAS	Bradford
	EQUIPMENT ALLOCATION	5,736
	LEAD AGENCY	Bradford Safeguarding Children's Board
	KEY FEATURES	Co-ordinated by the Bradford Safeguarding Children's board (multi-agency) through 41 Children's Centres.

Background

Bradford registered with the national scheme in April 2009 and was up and running by August 2009. The scheme is co-ordinated by the Bradford Safeguarding Children's Board which is a multi-agency partnership board. This has made the process of rolling the scheme out easier as there was no one agency dominating. Prior to Safe At Home there was a comprehensive scheme in place for some areas of the District which included fitting of equipment. This was discontinued in December 2008 due to lack of funding. Some cost price equipment was offered on an ad-hoc basis in the interim. Twenty-two per cent of the population are from BME communities and the population is younger than the national average with a higher than average birth rate. There is a significant traveller community and a large number of immigrants from the EU.

Staffing/Partner agencies

The scheme is co-ordinated by the Bradford Safeguarding Children's Board but involves 41 Children's Centres, Health and social care staff, the Family Nurse Partnership and the Family Intervention Programme. Crestra are used as the fitting agency. RoSPA provided the initial training sessions but this information was cascaded, with some sessions being led by the scheme co-ordinator. A local charity "Artworks" was used to give professionals ideas on engaging families.

Key aspects of the scheme

- Uses multi-agency partnership working
- The scheme has had a lot of success in targeting hard to reach families.
- Installation is the most beneficial aspect of the scheme.

Facilitators

- The holistic nature of the scheme, i.e. offering equipment, fitting, home safety check, information and advice has been beneficial.
- Multi-agency partnerships have been very effective in getting the scheme rolled out and also in targeting families.

Barriers

- Bradford encountered some problems with equipment fitting due usually to old housing stock.
- Some very vulnerable families were missed due to the strict eligibility criteria.

Evaluation

A local evaluation will be carried out after March 2011. This will incorporate A&E data, hospital admissions data and local Children's Centre data.

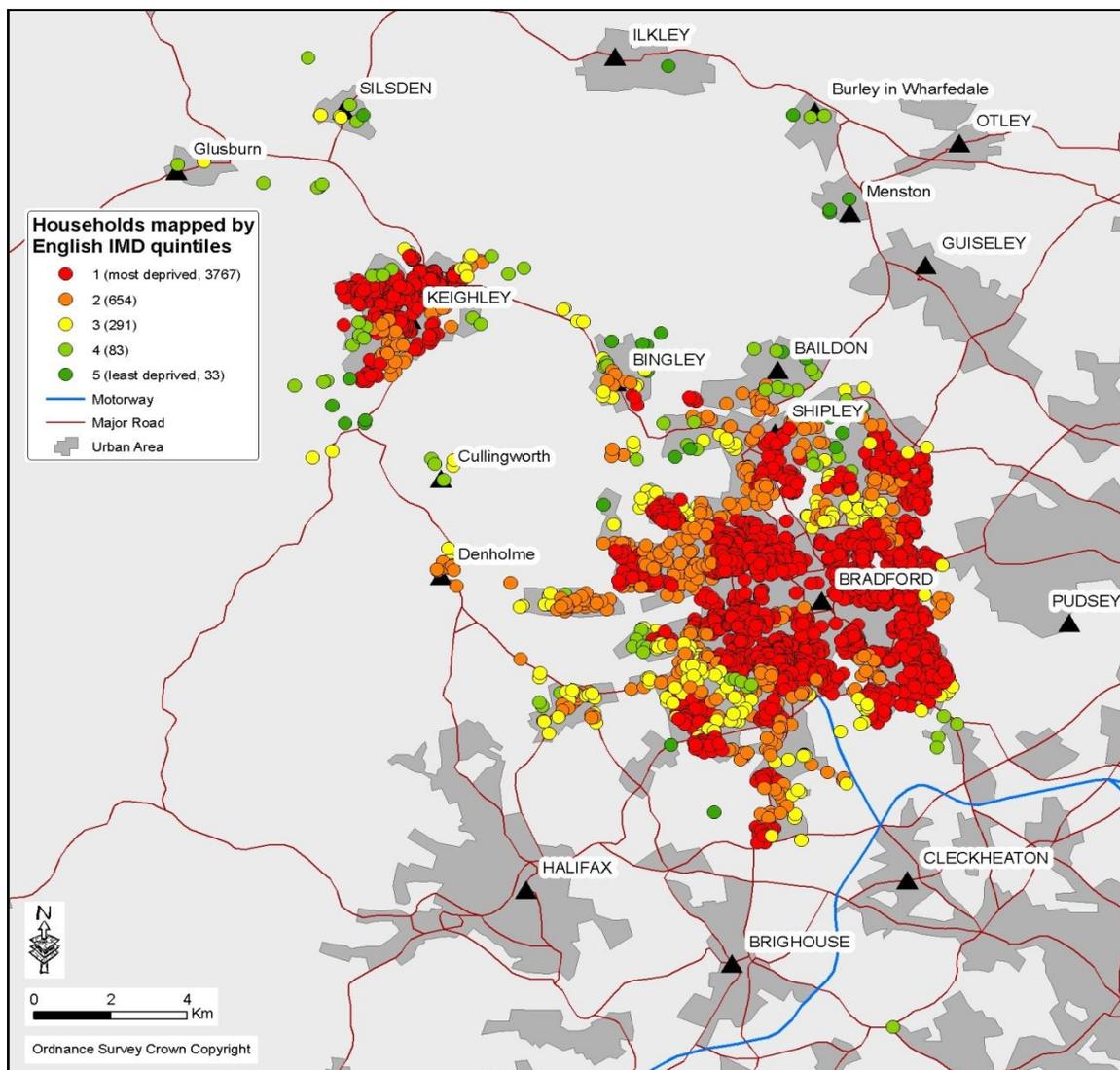
Service user experience has been evaluated via a telephone interview of every 20th family recruited to the scheme.

Sustainability

Papers outlining potential future plans have been submitted to local strategic groups. There are plans to embed the home checks and information-giving into mainstream Children's Centre practice.

Lessons learned

- Local learning needs to be shared to benefit the whole scheme.
- This has been a really successful scheme in providing equipment, information and advice to families and in keeping children safe.



<p>Brighton and Hove</p> <p>Contacts: Terri Fletcher – Director Eleanor Davis – Co-ordinator info@safety-net.org.uk www.safety-net.org.uk</p>	SETTING	Mixed urban and rural
	GEOGRAPHICAL AREAS	Approx. 13 estates and 14 Children’s Centres in Brighton and Hove
	EQUIPMENT ALLOCATION	424
	LEAD AGENCY	Safety Net
	KEY FEATURES	Home visit combines assessment, equipment installation and one-to-one advice. SAH runs alongside a pre-existing equipment scheme.

Background

The scheme registered with the national network in October 2009. Prior to this a low cost equipment loan scheme had been in operation. The Safe At Home scheme now runs alongside this, serving a mix of urban and rural areas, with most of the referrals coming from more outlying areas and relating to teenage parents.

Staffing/Partner agencies

The scheme is co-ordinated by a staff member of Safety Net, a youth and community organisation initially established to address issues of child protection. Home safety checks are conducted by Safety Net, health visitors, neighbourhood wardens and In Touch (a local care and repair scheme). A local agency fitter installs equipment. Family education takes place at home visit and in group sessions (approx. 6 per year) run by Safety Net.

Key aspects of the scheme

- Safe At Home runs alongside a previously existing equipment scheme. This has enabled families who do not qualify for SAH to benefit from equipment from the alternative scheme.
- Home assessments and equipment installation occur at the same visit – opportunity used to provide advice to families.

Facilitators

- Flexible working pattern adopted by fitter – paid by the hour from RoSPA funding.
- Administrative support for SAH provided by parallel local scheme – this assists enormously in keeping costs down. Co-ordinator paid from alternative source.

Barriers

- Difficulties in accessing local travelling families. Links not well established, practical considerations e.g. personal safety of workers (dangerous dogs on site, hostility).
- Little flexibility on equipment choice with national scheme (e.g. width of safety gates).

Evaluation

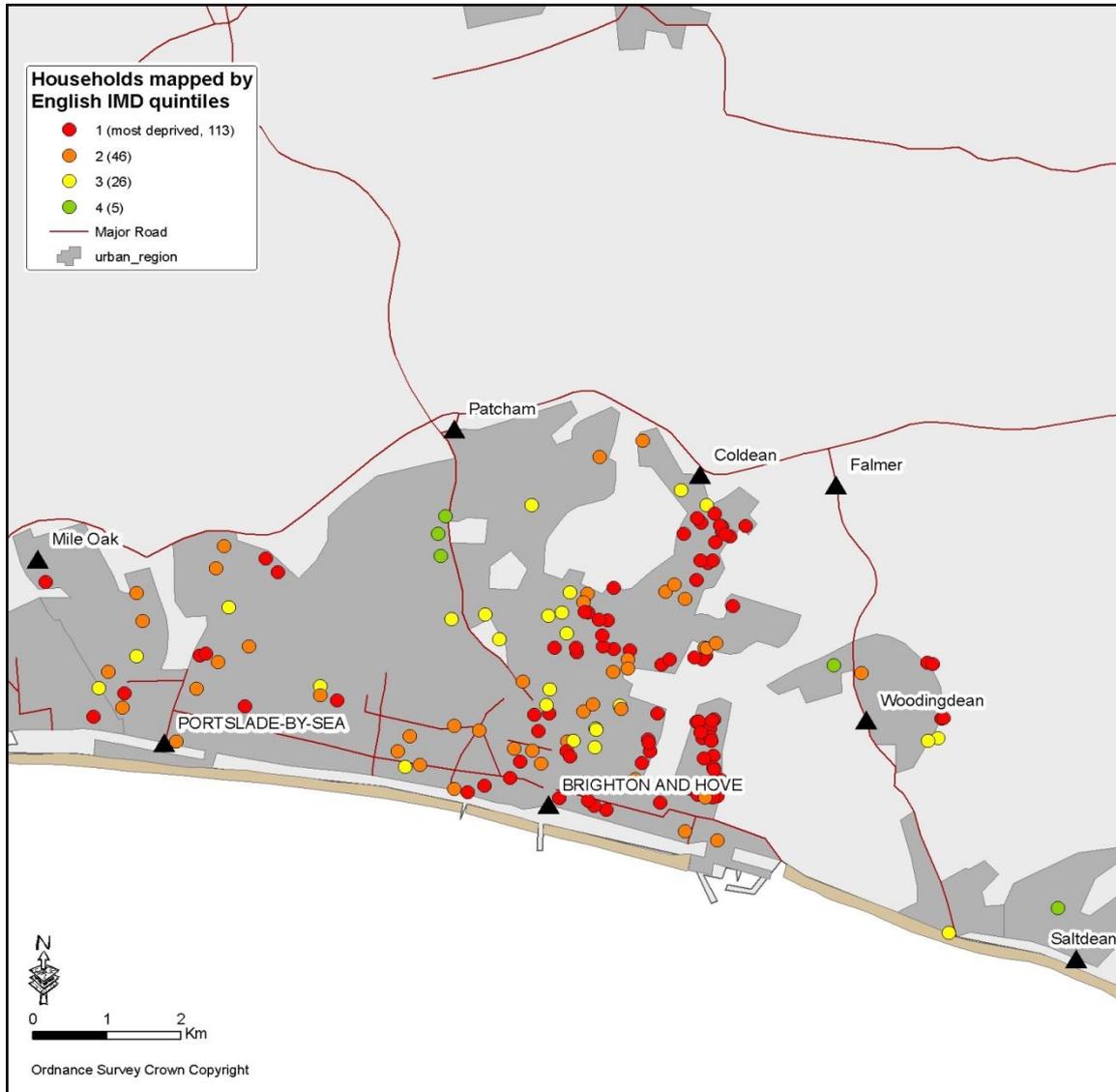
Anecdotal feedback from scheme participants generally positive. No formal evaluation yet undertaken.

Sustainability

The funding received for pre-existing local scheme was reduced when the area registered with SAH. It is hoped that this will be increased when the national funding comes to an end, enabling the previous scheme to continue.

Lessons learned

- Combining home assessment, equipment installation and one-to-one education in one visit has worked well. Reduces contact time required for each family.
- Workshop sessions with young children present can be a challenge because of the potential distraction and disruption to participants.



<p style="text-align: center;">Cornwall</p> <p style="text-align: center;">Contact: Beth Beynon beth.beynon@ciospct.cornwall.nhs.uk</p>	SETTING	A mixture of urban and rural settings
	GEOGRAPHICAL AREAS	Cornwall, Carrick, Kerrier, Penwith and the Scilly Isles
	EQUIPMENT ALLOCATION	615
	LEAD AGENCY	NHS Cornwall and Isles of Scilly
	KEY FEATURES	NHS led scheme operating through Health Visiting and Children's Centres.

Background

The RoSPA-funded Safe at Home scheme in Cornwall launched in February 2010 and operates across 3 districts in the West of the county. Local, self-funded support extends the scheme to a further four districts covering Cornwall and Isles of Scilly. The scheme operates across a large geographic area which is mainly rural but dispersed with a number of large towns, villages and isolated hamlets with known pockets of multi-deprivation, unemployment and child poverty. There was no home safety scheme in operation before the national scheme was implemented.

Staffing/Partner agencies

Home safety checks are mainly carried out by health visiting support staff and family support workers. Three different handyperson services are responsible for equipment fitting. The local scheme includes partnership working with the Fire Service, Road Safety, Police, Trading Standards and charitable organisations.

Key aspects of the scheme

- Referrals come through a variety of sources including Children's Centres, Health Visiting, Young Parent's Groups, Children's Social Care and Self-referrals.
- 6 staff training sessions were delivered by RoSPA up-skilling over 80 local children's workforce staff. Local match-funding enabled the training to be expanded to staff not covered by the RoSPA scheme.
- home safety advice is incorporated into existing structures.
- The scheme also works closely with Family Learning tutors to deliver bespoke sessions for groups on a request basis.

Facilitators

- Safe at Home "is a good way to get your foot in the door and build relationships".
- Equipment being installed for the family has been critical to success.

Barriers

- There was no funding to support scheme administration which has been extremely time consuming.
- Major cuts to local budgets and organisational restructures present ongoing challenges to achieving a multi-agency funded and staffed scheme.
- There were more referrals than front line staff had the capacity to cope with resulting in additional expense to employ a home safety checker
- Some families didn't fit the nationally set eligibility criteria yet were in need of equipment. These families were helped through the locally funded scheme.
- Availability of alternative equipment if supplied equipment doesn't fit properly.

Evaluation

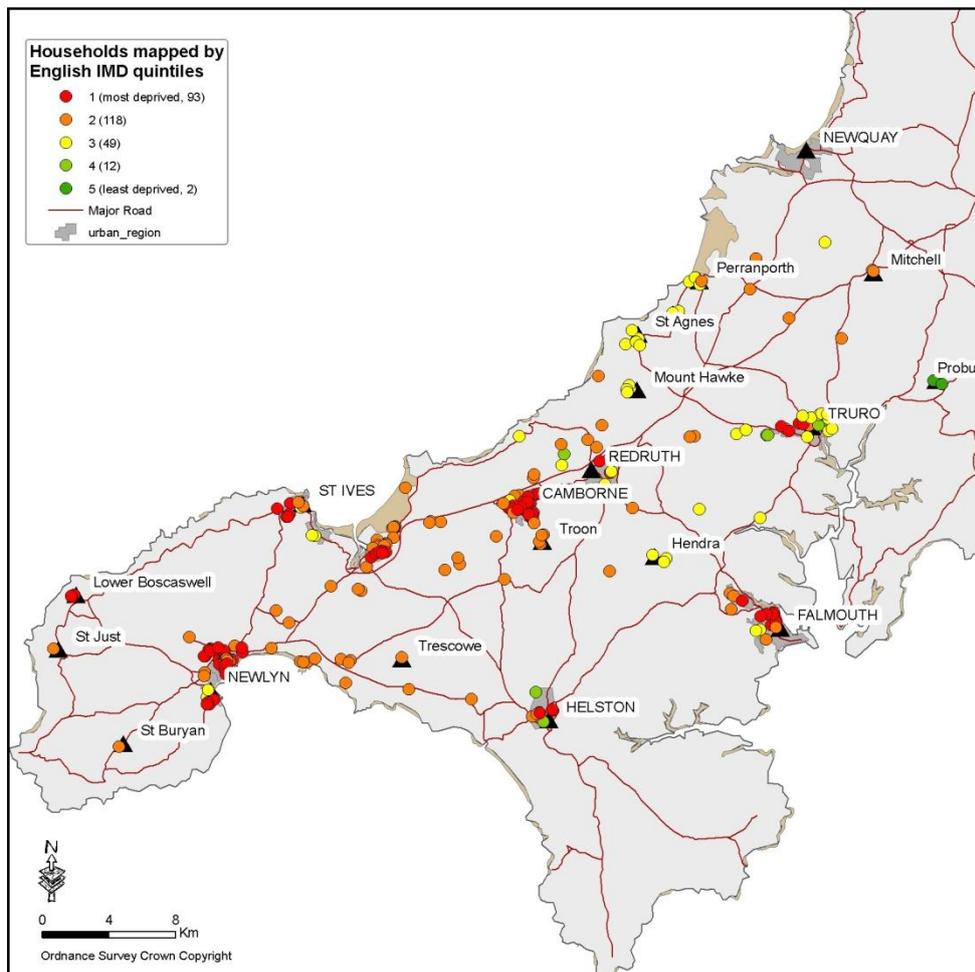
In Cornwall, 10% of families who have been through the entire process of referral through to fitting are evaluated via a telephone interview. There is some follow-up of fitting by the handyman services.

Sustainability

A business case has been made with 4 options for sustainability, but the uptake will be a multi-agency decision that in the current financial climate is unlikely to produce the required funding for equipment. However, the education aspect will continue through the mapping of key messages to the local Healthy Child Programme. Continuation of the full scheme would require key elements of the national model to be streamlined and the eligibility criteria tightened.

Lessons learned

- The national model is extremely resource intense; both in terms of administration and financial investment required.
- Greater recognition and flexibility at the national level of local issues / geographic variations, would enable local areas to more effectively tailor and deliver their schemes to local needs.
- The scheme has received positive feedback from clients and multi-agency staff. Parents reported being more aware of things to look out for and many having actively made changes around their homes to improve their children's safety following the advice given by trained staffed.



<p style="text-align: center;">Dudley</p> <p>Contact: Dolores Nellany dolores.nellany@dudley.gov.uk</p>	SETTING	Urban
	GEOGRAPHICAL AREAS	Borough of Dudley – Dudley Metropolitan Borough Council
	EQUIPMENT ALLOCATION	740
	LEAD AGENCY	Dudley Borough Council
	KEY FEATURES	Run by the Environmental Health Department of Dudley Borough Council.

Background

The Dudley scheme was the first scheme to get approval for the Safe At Home funding and started running in April 2009. There was a pre-existing scheme running since 2002 which provided free fitted equipment. The area has quite high levels of deprivation with several wards in the top 10% of the most deprived wards in the country. There are also pockets of affluence. Relatively low numbers of BME communities are resident in the area (6% of total residents).

Staffing/Partner agencies

Unlike most other schemes, Dudley is led by the Environmental Health Department of the Borough Council. Referrals come from Health Visitors and Children’s Centre staff. A fitter is employed by the lead agency who also carries out home safety checks along with some of the Children’s Centre staff. No home safety checks are carried out by Health Visitors. Some of the installations are carried out by Birmingham & Sandwell Homestart. There is a good partnership running with the Fire Service and fire safety checks are often carried out at the time of equipment installation. Training and information is delivered by Health visitor’s and Children’s Centre staff and has been provided to an average of 830 families per month.

Key aspects of the scheme

- Home safety checks and installation are carried out at the same visit.
- A translator is available to help engage families who would otherwise not have accessed the scheme.
- The introduction of Safe At Home has enhanced the engagement of Children’s centre staff.
- There are strong partnerships working together.

Facilitators

- Close links with the Fire Service have improved the service to families. Similarly, increased and enhanced partnership working with Children’s Centre’s has been beneficial.
- The equipment is fitted by someone knowledgeable and trained.

Barriers

- The paperwork was seen to be onerous although changes were made by RoSPA in response to feedback.
- There were problems relating to policy on asylum seekers and eligibility criteria in general.

Evaluation

All families are sent a questionnaire when their youngest child reaches 2 years. This asks for feedback on the scheme and how the equipment has helped them. A before and after survey is also carried out with 1 in 20 randomly selected

families. Future evaluations on referrers are planned along with accident data analysis.

Sustainability

There is a possibility that Children's Centres may fund the scheme in the future although this will depend on the budget. PCT funding will cover 25% of the costs but this will only be released if the remaining 75% has been covered. The scheme leader is trying to access other sources of funding.

Lessons learned

- The scheme was used as an example of good practice and wrote a paper to help other local authorities apply for funding.
- Partnership working helps to include as many families as possible.
- Enhanced partnership working with Children's Centres has been a major lesson for the scheme.

Heart of Birmingham (HoB) Contact: Jed Parsons jed.parsons@hobtpct.nhs.uk	SETTING	Urban
	GEOGRAPHICAL AREAS	Heart of Birmingham Primary Care Trust
	EQUIPMENT ALLOCATION	2,000
	LEAD AGENCY	Heart of Birmingham PCT
	KEY FEATURES	One scheme, 25 children's centres run through one central co-ordinator.

Background

Heart of Birmingham Scheme is run via the PCT and registered with the national Safe At Home programme in October/November 2009. A basic scheme was in place prior to Safe At Home, where limited equipment was available to families in the area which was provided by Homestart. The areas in which the scheme operates are all urban. Demographics – very diverse and multicultural, a lot of areas of poverty and deprivation. There is a relatively large transient population with many asylum seekers and refugees. There are health inequalities and language barriers.

Staffing/Partner agencies

There is an overseeing Co-ordinator and an Assistant to help run the scheme with 44 professionals from the PCT and local Children's Centres trained to carry out home assessments. Home Start are the installation agents. They have partnerships in the local area which are extremely important in supporting their local families e.g. fire brigade. Extensive training takes place in the area, approximately 500-600 families receiving home education sessions and advice every month via workshops in local Children Centres and on a 1-to-1 basis from health visitors.

Key aspects of the scheme

- 25 children centres in the HoB area are managed by a co-ordinator centrally located at the PCT, there is also an assistant who deals with referrals and manages the paperwork
- Heart of Birmingham PCT staff complete the home assessments
- There are 44 trained staff, 20 of which complete referrals on a regular basis
- Workshops delivered within children centres with health visitors completing 1-to-1 sessions with families.

Facilitators

- The scheme has very good links with Safe Side, an interactive scenario based learning centre which includes safety training in everyday activities at home as well as in public places www.safeside.org.uk

Barriers

- Some language barrier problems due to the number and variety of languages spoken in the area.
- Some of the Children's Centres prefer to work alone rather than as part of the co-ordinated team which made the management of the scheme a little difficult at times.

Evaluation

The equipment scheme and training are evaluated in this area through evaluations forms and 3 month follow ups. They also have accident data, before and during, which suggests a decline in accidents of under 5's in their area.

Sustainability

Seeking funding to continue a similar scheme.

Lessons learned

- Found that it was so important to meet new partnerships and work together on the scheme
- Try to keep all of the children's centres working together with one central management and administrative structure

<p style="text-align: center;">Hull</p> <p style="text-align: center;">Contact: Geoff Martindale geoffm@surestart-rainbow.co.uk</p>	SETTING	Urban
	GEOGRAPHICAL AREAS	City of Hull
	EQUIPMENT ALLOCATION	1,254
	LEAD AGENCY	Hull City Council
	KEY FEATURES	Scheme operates through Children's Centres across the city.

Background

The Hull scheme joined Safe At Home in April 2010 and started to operate shortly after that. There was already a free equipment scheme running in the area funded by a Surestart grant and a matched NHS grant but the equipment wasn't fitted for families. This scheme runs alongside the Safe At Home scheme and is open to families who fall outside the RoSPA eligibility criteria. The Safe At Home scheme operates through Children's Centres across the city. Hull was a place of urban regeneration but the funding for this has been pulled.

Staffing/Partner agencies

The Lead Officer co-ordinates the scheme which is run by Surestart Children's centres. Home assessments are conducted by Children's Centre staff and Health Visitors. Equipment is fitted by 3 different fitting agencies including voluntary organisations. Education is delivered through various means including one to one advice, special events and via "Home Safety Champions". Administration costs are taken from the pre-existing scheme. There is partnering with the fire service for some safety sessions.

Key aspects of the scheme

- Safe At Home runs alongside the pre-existing equipment scheme
- Families are identified at birth visits, via referrals from Health Visitors or Children's Centre staff, and via self referrals.
- Home Safety Champions (usually Health Visitors) are employed to go into families homes and into Children's Centre sessions.
- There is a strong success rate at identifying families which resulted in extra equipment being ordered to meet demand.

Facilitators

- The fitting process and free installation was a key element as this would not have been affordable on the existing budget.

Barriers

- The only barrier identified was the cost of administration of the scheme. It was felt that this was due to the scheme being so successful. It was also identified that more training would be helpful.

Evaluation

Evaluation is run through a questionnaire as part of a sampled follow up. Feedback is also obtained from the Home Safety Champions after their visits to homes, centres and events.

Sustainability

Funding for the Scheme Leader's post will not be there at the end of the scheme. Hull are very keen to continue the scheme but funding is paramount. It will depend on the city council budget as to whether or not aspects of the scheme will continue.

Lessons learned

- The Safe At Home scheme has prompted work to be carried out alongside other safety focussed agencies resulting in shared goals.
- The scheme is tremendous value for money and being able to call on extra resources and national expertise was particularly helpful.

Kirklees & Calderdale Contact: Deborah Kiernan Deborah.Kiernan@nccuk.org.uk	SETTING	Predominantly Urban
	GEOGRAPHICAL AREAS	Kirklees & Calderdale
	EQUIPMENT ALLOCATION	1,267
	LEAD AGENCY	National Children's Centre (NCC)
	KEY FEATURES	Co-ordinated through NCC but involving staff from Children's Centres, Health Visiting teams and Homestart.

Background

The Kirklees and Calderdale scheme was one of the first schemes to register (September/October 2009). There was already a home safety equipment scheme running as part of the child safety scheme which ran concurrently with SAH supplementing it. This was a loan scheme, unfitted equipment with a flexible approach to eligibility criteria. Surestart also have had funding in the past to provide equipment only for families. There are high numbers of BME communities concentrated in pockets around the area, and high levels of teen pregnancy. The locality has areas of deprivation with some Super Output areas in the top 10% nationally.

Staffing/Partner agencies

The Injury Prevention and Reduction Co-ordinator from the National Children's Centre (local charity organisation) project manages the safety schemes and they have a fitter to install the equipment. Partnerships include HV teams, Family Nurse Partnership, Homestart co-ordinators who do referrals and give safety advice.

Key aspects of the scheme

- A local charity, the National Children's Centre, runs the SAH Scheme in this area
- The project manager was trained by RoSPA and now is the main trainer for front line staff in the area.
- The fitter is employed through the National Children's Charity

Facilitators

Warehouse space is provided as a goodwill gesture from another project run via NCC, they also support the drivers and fitters and do checks on the vans.

Barriers

Some of the equipment is not always suitable as not all homes have standard size areas e.g. safety gates, window locks. Problems with the practicalities of training partner-agency front-line staff due to their already demanding commitments. Modified the 2-day training to a more acceptable half day. Considerable administrative work involved, no funding from SAH for this.

Evaluation

They currently ask referrers for anecdotal evidence. Received very positive feedback from referring agencies regarding the scheme. Also referrers found that the free equipment gave a means to talk to families about home safety. There are plans in place to send evaluation questionnaires to referrers. Some families will also be contacted.

Sustainability

A scheme ran alongside SAH, currently there are plans to seek funding in order to have a home safety scheme in the future.

Lessons learned

- A longer period of time is required to set up the project.
- Making the referral a part of the work carried out already by practitioners because the system in place needed too many visits to the family home and was a little impractical.
- Manage the families expectations of delivery and fitting timeframe of the equipment
- Intense administrative input

<p>Leicester</p> <p>Contact: Jim Oram (safestart- homesafetyproject@talktalk.net)</p>	SETTING	Urban and rural
	GEOGRAPHICAL AREAS	Leicester City, Hinckley and Bosworth
	EQUIPMENT ALLOCATION	2,268
	LEAD AGENCY	Safe Start
	KEY FEATURES	Scheme run through Safe Start Home Safety Project, who co-ordinate, complete home assessments, stores, assembles and fits equipment for the whole area

Background

The Safe at Home Scheme has been running in the Leicester area since June 2009, initially run through the council, however, since September 2010, the council no longer run the scheme. It is now solely run by the original manager at the council, through the Safe Start home safety project. A free scheme was already in place prior to Safe At Home, with this scheme, equipment is free, fitted and home safety assessments and packs are given to eligible families. The areas in which the scheme operates are both rural and urban. Demographics – very diverse and multicultural area.

Staffing/Partner agencies

Since the council stopped the scheme, the co-ordinator left and has since set up the scheme himself which he runs from his home. The scheme is completely self contained, families are initially referred by health visitors, the Safe Start co-ordinates the scheme and paperwork, completes home assessments, stores, assembles and fits all of the equipment as well as giving 1 to 1 training to all of the families at the point of fitting. Group training for families currently not available due to time and financial constraints.

Key aspects of the scheme

- Safe at Home is available in the Leicester city, Hinckley and Bosworth areas
- The scheme has, in effect, started again after the council could no longer support the scheme.
- The co-ordinator, originally employed on the SAH scheme at the council now runs the scheme by himself in these areas
- If family aren't in at the first planned visit, they write, text and occasionally cold call at the property to try to fit equipment. After 3 attempts families are referred back to the children's centres.

Facilitators

- The scheme leader receives referrals from health visitors and children's centres then completes all other aspects alone
- The Scheme Leaders family help support the scheme

Barriers

- The main barrier has been the funding cuts to local councils, this has meant the scheme could no longer be supported by the local council
- Jim has since set up Safe Start and has to work alone, only relying on people referring families. This seems to be running very smoothly

Evaluation

When the scheme was run with support from the council satisfaction forms were supplied to families. Since Safe Start have formed to support the scheme this has not been possible due to time and financial constraints.

Sustainability

Seeking funding to continue a similar scheme.

Lessons learned

- Getting the right equipment fitted at the right time with regard to the age of the child, i.e. no need to fit safety gates until approx 6 months
- Using a '3 strikes' policy where families continually not at home when appointments are made.

<p style="text-align: center;">Liverpool</p> <p style="text-align: center;">Contact: Claire Campbell claire.campbell@liverpool.gov.uk</p>	SETTING	Urban
	GEOGRAPHICAL AREAS	33 wards in the city of Liverpool
	EQUIPMENT ALLOCATION	4,352
	LEAD AGENCY	Liverpool City Council
	KEY FEATURES	The scheme operates through 26 Children's Centres across the city

Background

The Liverpool scheme registered with the national Safe At Home programme in the Autumn of 2009. Equipment distribution began in January 2010. Prior to the national scheme, some Children's Centres were providing individual home safety schemes but there was nothing area wide. Safe At Home operates through 26 Children's Centres across the city. Liverpool is an area of urban regeneration and is also a very multicultural city.

Staffing/Partner agencies

Merseyside Fire Service were a key partner in delivering Safe At Home and were involved in completing some of the home safety checks and all of the fitting. Key referrers and checkers were the Children's Centre staff, midwives and Health Visitors. There was a lot of outreach work carried out and fun events in the community which aimed to identify families who don't access resources.

Key aspects of the scheme

- The Liverpool scheme operates in collaboration with the Merseyside Fire Service.
- Large numbers of families were given education sessions and advice (13,222 in a 6 month period)
- Partnership working has been mutually beneficial particularly with regard to getting access to services for ethnic minority families.
- Equipment being fitted by the Fire Service has maximised the opportunity for giving advice and education to families.

Facilitators

- The strong partnership with the Fire Service.
- Equipment fitting maximised the opportunity for giving advice and education.

Barriers

- One of the hardest tasks in the operation of the scheme was breaking down language barriers.
- Initially the wrong professionals were informed about Safe At Home which meant that opportunities were missed in getting the scheme underway earlier.
- It was felt that the referral pathway was too rigid. Certain vulnerable groups weren't included within the eligibility criteria such as grandparents, asylum seekers and refugees.
- Some Health Visitor's embracing the scheme and others not was a problem. More success may have been achieved if the scheme had been endorsed by the Health Visitor body as a whole.

Evaluation

A cost-benefit analysis is underway but is not yet completed. Delivery of home safety advice/information to families is evaluated via questionnaires pre and post session.

Sustainability

It is hoped that the cost benefit analysis will provide the evidence needed to secure further funding. The Fire Service is interested in continuing the scheme so meetings will take place to plan for future provision.

Lessons learned

- It would have been helpful if the correct professionals had been identified in the initial targeting so that the scheme could have got underway more quickly.
- Overwhelmingly positive feedback was obtained from staff involved in the scheme and partnership working has proved mutually beneficial.

<p style="text-align: center;">Luton</p> <p style="text-align: center;">Contact: Elaine Ainsworth – elaine.ainsworth@bedspsla.org</p>	SETTING	Urban
	GEOGRAPHICAL AREAS	Luton
	EQUIPMENT ALLOCATION	772
	LEAD AGENCY	Pre-School Learning Alliance (PSLA)
	KEY FEATURES	One scheme, 25 children's centres run through one central project co-ordinator

Background

The Luton Scheme registered with the national Safe At Home programme in September 2009, and commenced in their area by January 2010. There was no scheme in place prior to Safe At Home, however, some of the children's centres were able to operate a safety gate loan scheme, though these were not fitted professionally. The areas in which the scheme operates are all urban, in and around the city centre. Demographics – very diverse and multicultural with a lot of areas of deprivation. There is a high Asian community with an escalating European population (e.g. Polish, Albanian). There is also a high population of young parents (under 20yrs) and single parents.

Staffing/Partner agencies

The scheme co-ordinator was recruited in January 2010, specifically to manage the scheme in the Luton area via the Pre-School Learning Alliance. They have recruited 41 'RoSPA trained' assessors to carry out home safety referrals/checks from a variety of partnerships across the area, including health team, children centres, outreach workers, social services, midwives and the local council. Equipment is fitted by the local Fire Service whom, concomitantly, are able to complete fire safety checks within these homes. The scheme co-ordinator delivers home safety sessions to children centre staff, and partnerships, as well as education and advice sessions to parents through a mix of group and one-to-one sessions across Luton.

Key aspects of the scheme

- One agency manages scheme covering 25 children centres in Luton
- One co-ordinator takes the lead role
- Staff involved in home checks work in the community and with families eligible for equipment/training.
- Training provided by the scheme co-ordinator who trains on a one-to-one basis, or at group sessions within the community.
- They offer an assorted 'goodie bag' to families, though this is funded by other sources.

Facilitators

- They have an excellent relationship with their local fire service who fit the equipment and complete fire safety checks at families homes.
- The co-ordinator also has developed an excellent working relationship with health visitors, children's centres, gypsy liaison officer, and social services, many of which have undertaken the professional training via RoSPA or the scheme co-ordinator and are now completing home assessments, supporting the scheme and referring eligible families they encounter to the co-ordinator.

Barriers

- Team often find it quite difficult to ensure the family is home for the scheduled appointment. Families are offered 1 installation visit, if this is missed with no valid reason, they will forfeit application
- Some families may pressure the home checkers/or installer for more equipment than necessary, this is not permitted without prior agreement
- Language/Culture eg. Ensuring sound understanding of scheme or advice provided, and families not allowing assessor to view all of house due to multiple occupancy or traditions

Evaluation

All families are given an evaluation questionnaire regarding fitting and training. They are encouraged to return it to the fitters either at the fitting, or via a freepost envelope. They get a good response rate.

Sustainability

Seeking funding to continue schemes locally for co-ordinator post, equipment, fitting and training.

Lessons learned

- The scheme has provided a 'two way street' for partnerships, where families are referred to SAH via partnerships, or partnerships are referred to families via SAH, this works extremely well and gives families the best opportunities for signposting to all services within Luton.
- As fitting is completed by the fire service, a fire safety check is completed at each fit and smoke alarms provided if required

Newcastle upon Tyne Contact: Jeff Wrightson Jeff.wrightson@yhn.org.uk	SETTING	Urban
	GEOGRAPHICAL AREAS	Central Newcastle
	INITIAL 2-YEAR EQUIPMENT ALLOCATION	2,770
	LEAD AGENCY	Your Home Newcastle
	KEY FEATURES	Staff have previous experience of running home safety equipment scheme.

Background

The Newcastle scheme registered early with Safe At Home and began installations in September 2009. A previous scheme was in existence offering similar equipment to tenants of local authority housing. This was in part funded by the PCT. Registration with the national scheme enabled the service to be extended to include those in privately-owned properties.

The geographical areas covered by the scheme have remained the same. These areas have been subject to regeneration but high levels of social deprivation persist. A large proportion of the local population are of black and minority ethnic backgrounds.

Staffing/Partner agencies

Your Home Newcastle take the lead in scheme administration and equipment installation. This organisation developed from a furniture rental and garden maintenance scheme for local authority tenants. The Service Delivery Manager takes overall responsibility for the daily running of the scheme, assisted by an administrator. Two fitters are involved in equipment installation. Home safety checks are conducted by health visitors and Children’s Centre staff. These staff, along with housing officers, refer families into the scheme. Family education is provided by health visitors.

Key aspects of the scheme

- Staff have experience of running a similar scheme prior to SAH. This, along with pre-existing relationships e.g. with Kid Rapt (equipment supplier) has been valuable.
- High capacity for installation – fitted 900 items over a 6-month period.

Facilitators

- Central support provided by RoSPA and Kid Rapt.
- Professional attitude of fitters – refer on to other agencies where appropriate.
- Where a family falls outside the inclusion criteria for SAH, funding from an alternative local source has enabled equipment to be supplied and fitted.

Barriers

- Language and cultural barriers may have restricted extent to which some families have become engaged.
- A small number of eligible families have not had equipment installed because of reluctance to spoil the decor in their home, or because of the landlord refusing permission.

Evaluation

Families are asked to complete a satisfaction questionnaire once the equipment is fitted.

Sustainability

Reverting to original scheme will result in restricted provision of equipment to local authority tenants only. Local funding negotiations are underway.

Lessons learned

- Although the manufacturer's recommendations state not to fit safety gates where the child is over 2 years of age, in practice exceptions have been made based on the circumstances of individuals.
- Have the capacity to take on additional installations. Would be able to manage schemes across several areas in the same way as the model demonstrated by Whoops! (Gateshead).

<p>Norfolk</p> <p>Contact: Sarah Brett</p> <p>Sarah.brett@norfolk.gov.uk</p>	SETTING	urban
	GEOGRAPHICAL AREAS	Norfolk, Great Yarmouth, Norwich, Kings Lynn
	EQUIPMENT ALLOCATION	838
	LEAD AGENCY	Norfolk County Council
	KEY FEATURES	Co-ordinator and administrator runs the scheme via the county council with multi-agency partnerships

Background

The Norfolk Scheme is run by Norfolk County Council, Children's Services, Early Years team. and has been running since March 2010. Home safety checks and referrals come via health professionals working with families in the area and the safety equipment is installed by Crestra. The areas in which the scheme operates are both rural and urban. Demographics – higher numbers of BME communities in Great Yarmouth and Kings Lynn compared with Norwich. Some regeneration money for the area, mainly in support of asylum seekers.

Staffing/Partner agencies

There is an overseeing Co-ordinator/administrator co-ordinates home visits and referrals from health professionals e.g. family support workers, health visitors, community paediatric nurses, children's centre and liaises with the fitting agency, Crestra, to fit the required equipment. Education and advice is delivered by the referrer on a one to one basis at the family homes.

Key aspects of the scheme

- Run via the county council through children's centres, Primary Care Trusts and community hospitals.
- Crestra store and install the equipment
- Referrers carry out home checks and complete one to one training with the families
- Feedback forms are given to families, as yet not evaluated

Facilitators

- The scheme has very good links with community health professionals within the community who provide them with the referrals and home safety training
- RoSPA staff have been valuable in helping the children's centres engage more families, helping them understand eligibility.

Barriers

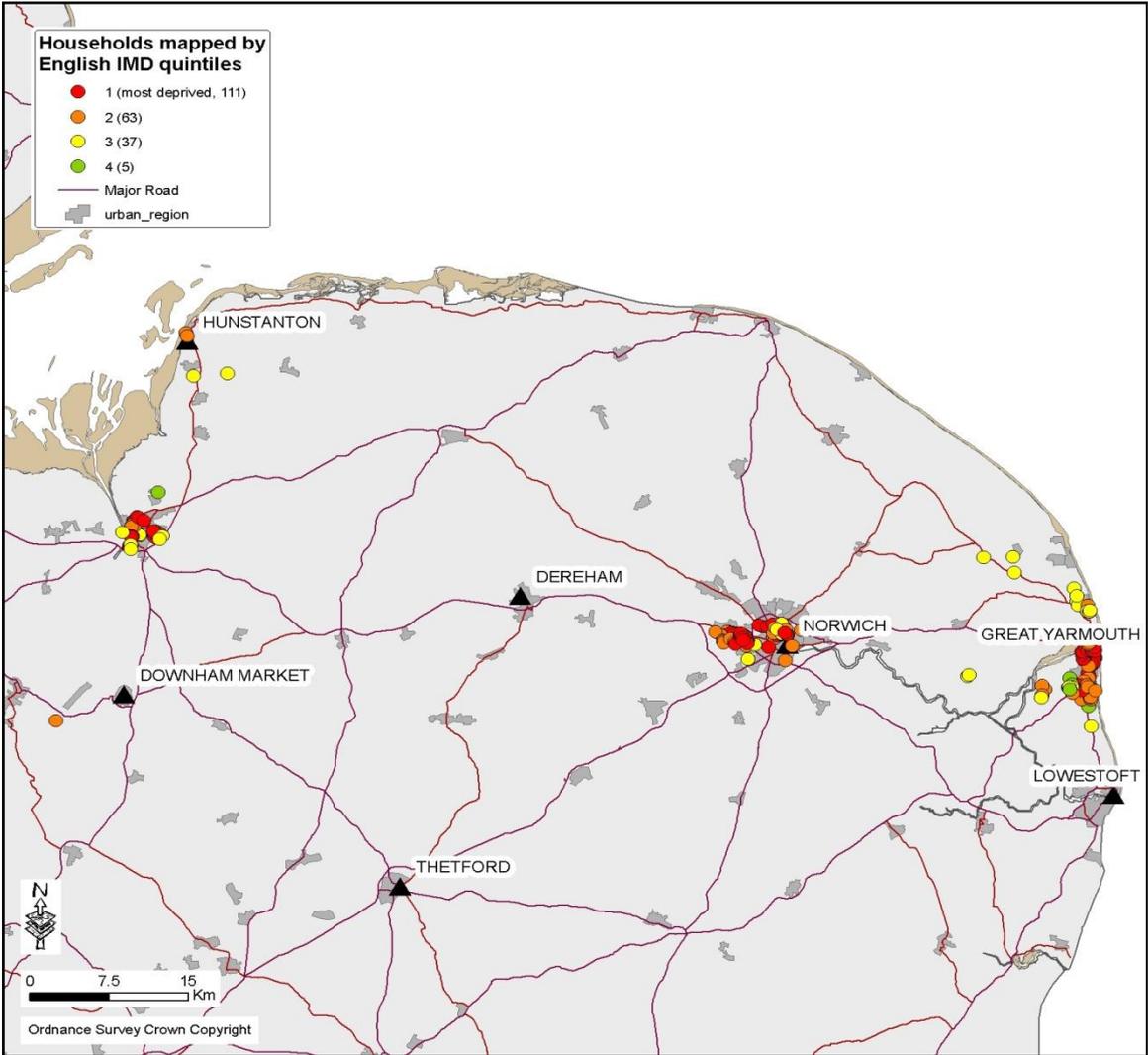
- Change of co-ordinator since the initial application has lead to a little difficulty with the programme due to lack of knowledge of the scheme and handover from original scheme leader

Evaluation

Feedback forms are given to families which are returned to the referrers.

Sustainability

Currently there are no plans to seek more funding



Sustainability

The initial county-wide low-cost scheme, providing a smaller range of equipment, will continue to operate post March 2011. Fitting of equipment can be undertaken in extreme circumstances where a need is identified by the family Social Worker or Health Visitor.

Lessons learned

- The scheme has provided a positive approach for Children's Centre staff to work with families.
- Access to homes as part of the scheme provides opportunity to discuss safety in the whole house, with the checklist for guidance.
- Families are signposted to other services/agencies by the professionals involved in the home visits.
- A system has been introduced establish contact with families. This involves an initial telephone call and follow-up letter with appointment date and time. Families not available at the agree time of the visit are put back to the bottom of the waiting list.

<p>Plymouth</p> <p>Contact: Julie Roberts julieroberts_917@hotmail.com</p>	SETTING	Urban
	GEOGRAPHICAL AREAS	Plymouth City
	EQUIPMENT ALLOCATION	808
	LEAD AGENCY	LARK Children's Centre
	KEY FEATURES	One scheme, available through 16 children's centres run via one central co-ordinator

Background

The Plymouth Scheme registered with the national Safe At Home programme in September 2009. They have a scheme, which still runs concurrently with the Safe at Home scheme, whereby local families can have subsidised equipment, however, this is not fitted by trained professionals. The areas in which the scheme operates are all urban, in the city centre. Demographics – there are pockets of ethnic diversity and areas of regeneration within the local communities.

Staffing/Partner agencies

The Safe At Home scheme is co-ordinated in the Plymouth area through the Manager of the LARK Children's Centre. The scheme is supported by partnership agencies including the Police, fire brigade, health visitors, family nurses and family health workers. Equipment is fitted by a local fitting service, Care & Repair. Extensive training has taken place with 38 staff and partners who undertake home assessments and provide education/advice to parents through a mix of group and one-to-one sessions as well as child safety campaigns at various events.

Key aspects of the scheme

- One central co-ordinator takes the lead, managing the scheme which is run via the 16 children's centres in the city centre
- "Goodwill" helps to run the Safe At Home scheme, with many partnerships in the area coming together to help make the scheme successful.
- The scheme has helped to encourage more families to make contact, successfully reaching some 'harder to engage' families
- Safe at Home scheme enhances their concurrent home safety equipment (non-fitted) scheme
- Professional training provided by children centres as an integral part of the rolling programme on child safety, and health visitors on 1-to1 sessions at family homes.

Facilitators

- The scheme has a great deal of involvement from professionals such as health/child care professionals along with community support from the Police and Fire Service in the area

Barriers

- In the early stages, storage of excess equipment was problematic, but this was quickly resolved
- Fitting company's general clientele are elderly, therefore they had to overcome some issues they had no experience with e.g. families often not at home at the time of the appointment to fit the equipment.

Evaluation

The scheme does complete evaluations. They follow-up 5-10% of families with a home visit, this also helps to identify if families also need any extra assistance in general matters.

Sustainability

Plymouth are seeking more funding to continue schemes locally as they have found that people in their area "do recognise the benefits of the safety equipment schemes"

Lessons learned

- Don't work in isolation, get partnership agencies on board from the beginning

<p style="text-align: center;">Portsmouth</p> <p style="text-align: center;">Contact: Sandy Barton Sandy.Barton@portsmouthcc.gov.uk</p>	SETTING	Urban
	GEOGRAPHICAL AREAS	Portsmouth City
	INITIAL 2-YEAR EQUIPMENT ALLOCATION	314
	LEAD AGENCY	Portsmouth City Council
	KEY FEATURES	Scheme is run by "Homecheck", an independent organisation.

Background

Homecheck approached the city council to apply for Safe At Home funding for Portsmouth. The scheme was registered in March 2010. A similar scheme which targeted families in receipt of benefits in the most deprived areas ran until 6 months before Safe At Home started to operate. Homecheck still run their own scheme alongside Safe At Home which provides equipment at minimal cost to families who fall outside the RoSPA criteria. Funds for this are limited. Portsmouth has very high levels of deprivation and a high immigrant population. Some areas of the city have a transient population.

Staffing/Partner agencies

The scheme leader has overall responsibility for Safe At Home but Homecheck have responsibility for the day to day running. Health Visiting staff carry out the home safety checks and Homecheck staff fit the equipment. Training for Children's Centre and Health care staff was delivered by RoSPA. Homecheck have their own in-house training.

Key aspects of the scheme

- On a day to day basis the scheme is run by an independent organisation. Their existing scheme runs alongside Safe At Home.
- Much of the training and advice for parents happens in the Children's Centres and via Health Visitors.
- "Safety Weeks" provide an opportunity to engage families.

Facilitators

- The referral process has been beneficial as it allows further discussion about safety in general.
- RoSPA provided good levels of support in the early stages particularly in relation to setting up the order and delivery process.

Barriers

- Dealing with vulnerable families who don't fit the Safe At Home eligibility criteria was a problem.
- Paperwork was onerous with forms having to be filled in more than once. Portsmouth felt that the amount of paperwork and admin involved was under-sold. In reality it took a minimum of 1.5 days per week to keep on top of paperwork. This was a factor in the late start of the scheme as the Health Visitors were reluctant to take on this extra layer of admin on top of their normal paperwork.

Evaluation

10% of families are followed up via a structured telephone interview to assess client experience of the scheme. Some qualitative data has been gathered to support this.

Sustainability

There are no plans to continue the scheme after March 2011. However, the home safety advice and information will continue to be offered via Children's Centres.

Lessons learned

- Paperwork and admin for the scheme was much more onerous than first thought
- For the scheme to help the most vulnerable, the referral criteria would need expanding.

Sustainability

The low-cost scheme which operated prior to Safe At Home will continue beyond the end of the national scheme.

Lessons learned

- Paperwork for referrals is scanned and e-mailed to reduce the amount of administration.
- Have used professional judgement and been flexible within the referral process. Would have loved to be able to provide the scheme universally across the borough.

<p>Shropshire</p> <p>Contact: Kay Smallbone kay.smallbone@shropshire.gov.uk</p>	SETTING	Rural
	GEOGRAPHICAL AREAS	South Shropshire, Bridgnorth, Shrewsbury and Atcham
	EQUIPMENT ALLOCATION	961
	LEAD AGENCY	Shropshire Council
	KEY FEATURES	Co-ordinated by the local council, with multi-agency input when doing home assessments, referring and fitting equipment

Background

The Shropshire scheme is run via the local authority and applied with the national Safe At Home programme in April 2009 and actually started in January 2010. A basic scheme was in place prior to Safe At Home, where some children's centres had limited equipment was available to families in the area and given out on an *ad hoc* basis. The areas in which the scheme operates are mainly rural. Demographics – low BME communities, some elderly communities, isolated communities and pockets of high levels of deprivation. North Shrewsbury has attracted some regeneration money, but not much.

Staffing/Partner agencies

The Health Development Manager, employed by the local authority, is responsible for overseeing and managing the implementation of the scheme. Health visitors, nursery nurses/assistants, housing association support workers and children centre workers are trained to carry out home assessments. Anchor Safe at Home are the installation agents who work via RoSPA. The local children's centres run a rolling programme of health promotion education sessions which include accident prevention advice for their families.

Key aspects of the scheme

- Children centres in the area that are involved in the Safe at Home scheme
- Multi-agency partnerships and relationships are fundamental to the running of the scheme
- Safety Education is generally run from the children's centres
- Targeting of teenage parents in the area for inclusion into the scheme

Facilitators

- Very good multi-agency working relationships with e.g. health visitor teams, registered social landlords, housing association support workers, children centres and fitters

Barriers

- Due to the large area that the fitters cover, there was quite a long wait between referral and fitting
- Safety gates didn't always fit
- Wasn't clear whose responsibility it was if equipment/fittings needed repair

Evaluation

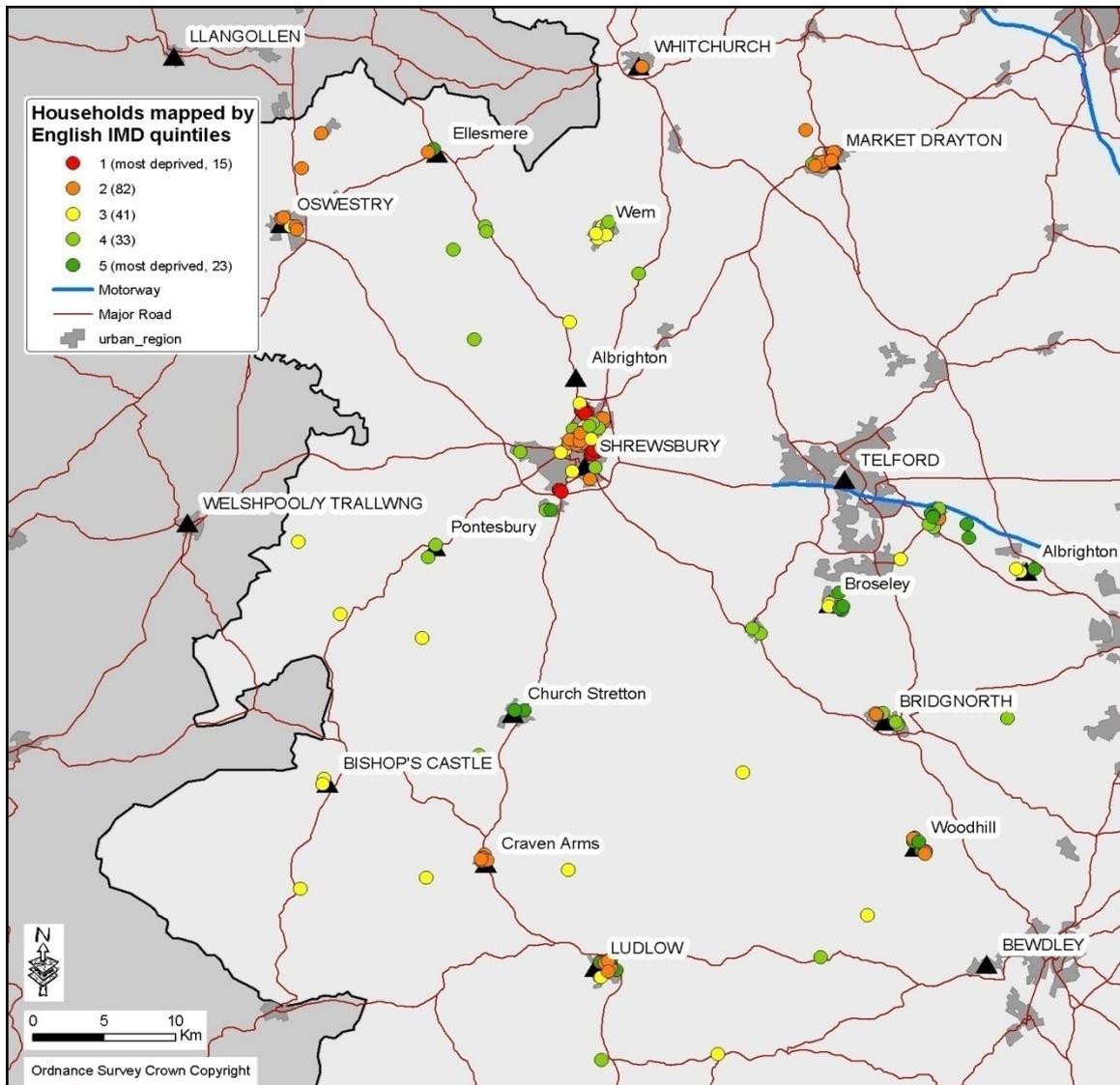
Shropshire do have evaluation forms, but quite a low response rate.

Sustainability

Unknown due to council budget cuts.

Lessons learned

- It may have been suitable to use more fitters, or to use several fitting companies more localised to specific areas
- To have the referrer present at the installation appointment to maintain communication



Whoops! Child Safety Scheme, Gateshead Contact: Carole Hewison carole@whoopschildsafety.co.uk	SETTING	Predominantly urban
	GEOGRAPHICAL AREAS	Gateshead; North Tyneside; South Tyneside; Durham; Chester-le-Street; Easington; Sedgefield/Wear Valley
	EQUIPMENT ALLOCATION	3,123
	LEAD AGENCY	Whoops! Child Safety Scheme
	KEY FEATURES	Schemes in several areas managed centrally

Background

The Gateshead scheme was one of the first local schemes to register with the national Safe At Home programme. With a local equipment scheme (Ouch!) coming to an end, the opportunity for national funding was timely. Subsequently, the scheme co-ordinator made application to run the scheme in neighbouring areas, some of which had previously operated local schemes from Children's Centres. The areas in which the scheme operates are mainly urban, with some outlying rural communities. Demographics – approximately 10% of the communities served are asylum seekers, mainly from eastern Europe.

Staffing/Partner agencies

Whoops! manager co-ordinates the scheme, with part-time administrative support provided from Whoops! team. Home assessments conducted by Whoops! staff, equipment is fitted by local handymen contracted to the scheme. Extensive training has taken place with PCT staff (health visitors) who provide education/advice to parents through a mix of group and one-to-one sessions.

Key aspects of the scheme

- One agency manages schemes operating in several areas – overheads are shared.
- Administrative role taken on by students on placement has led to raised self-esteem and career progression for individuals.
- Staff involved in home visits have ID cards and wear scheme-logo on shirts – cost implication but provides scheme identity.
- Professional training provided by Whoops! as an integral part of a the rolling programme on child safety.

Facilitators

- Worked at developing good relationship with health visitors which encouraged uptake of professional training and support for scheme.

Barriers

- Difficulty in accessing some of the families referred. System introduced whereby families unavailable at agreed appointment time and unobtainable at follow-up may lose their place on the list.

Evaluation

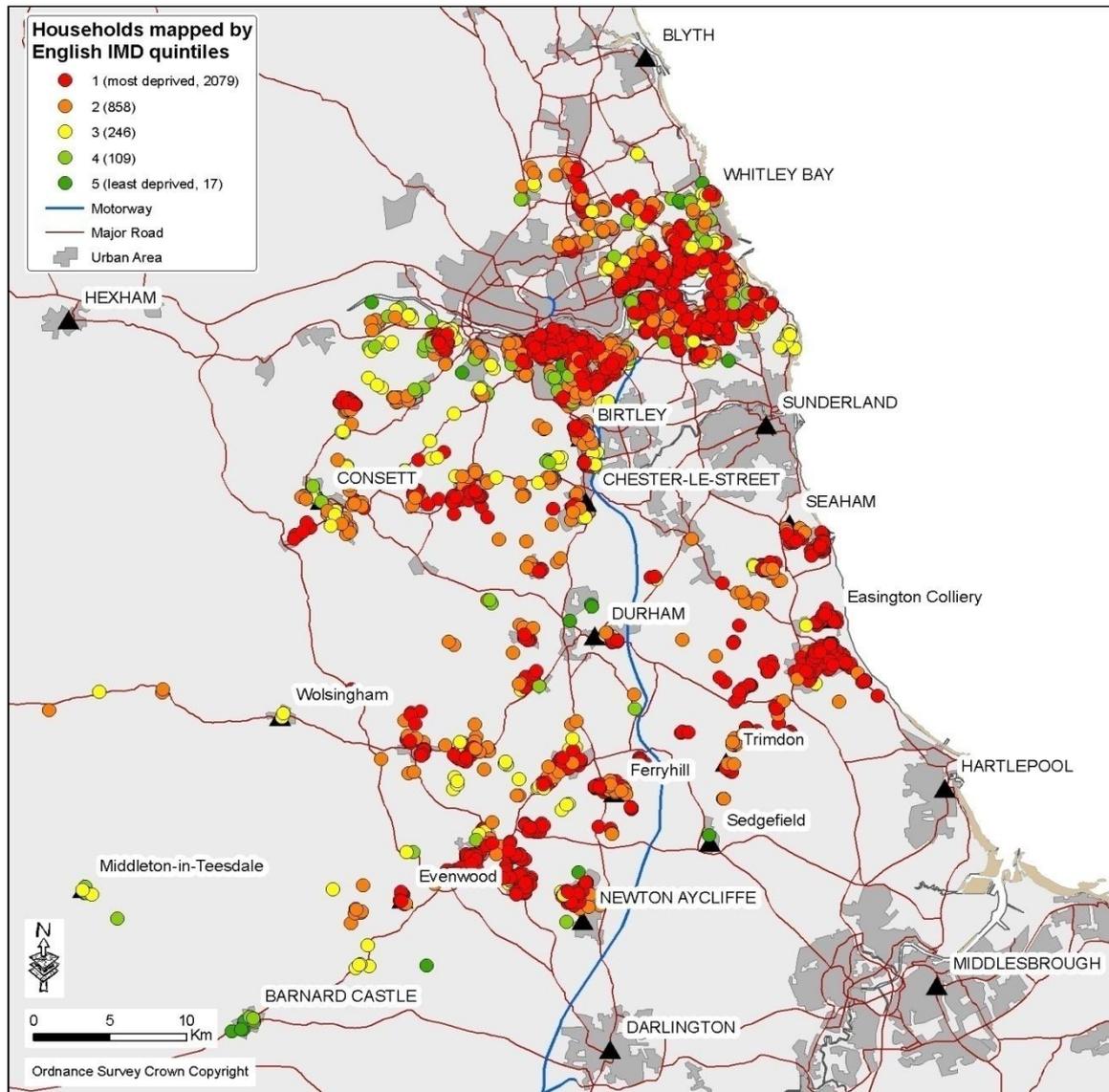
North Tyneside – follow up on 10% (n = 16) families receiving equipment reflected a positive experience. Continued use of equipment was variable. Some suggestions that family education not universally addressed.

Sustainability

Seeking funding to continue schemes locally. Also exploring provision of a similar scheme at a cost (£25) to families who can pay.

Lessons learned

- Administrative burden of running scheme – lots of paperwork, necessitated recruitment of P/T post.
- The scheme has provided opportunity for referral to other agencies and allows access to areas of the home not usually seen by professionals. This has enabled safeguarding concerns to be addressed.



APPENDIX J

ID No.	SCHEME NAME	URBAN/RURAL	NEW/ EXISTING	EQUIPMENT ALLOCATION	LEAD AGENCY	REGISTERED	FITTING
1	Sutton-in-Ashfield	both	existing	351	Ashfield Home Safety Project	Mar-09	local
2	Heart of Birmingham	urban	existing	2000	PCT	Sep-09	Home start
3	Bradford	both	new-had ended	5736	Bradford Safeguarding Children's Board	Apr-09	Crestra
4	Brighton and Hove	both	existing	424	Safety Net	Oct-09	local/In Touch
5	Carlisle, Eden, Allerdale	urban	new	947	Riverside Housing/Barnado's	Jan-10	local - Riverside Housing
6	Cornwall	both	new	615	NHS Cornwall/Isles of Scilly	Feb-10	3 local handypersons
7	Dudley	urban	existing	740	Dudley Borough Council	Apr-09	local fitters/ Birmingham & Sandwell Homestart
8	Kingston upon Hull	urban	existing	1254	Surestart Children's Centres	Apr-10	local fitters/Homestart
9	Kirklees and Calderdale	urban	existing	1267	National Children's Centre - charity	Sep-09	NCC
10	Leicester	both	existing	2268	was local authority, now individual	Jun-09	was local authority, now an individual
11	Liverpool	urban	existing - some areas	4352	Liverpool City Council Children's Centres	Oct-09	Fire Service
12	Luton	urban	new	772	Pre-School Learning Alliance	Sep-09	Fire Service
13	Newcastle	urban	existing	2770	Your Home Newcastle	pre-Aug 09	Your Home Newcastle
14	Norfolk	urban	new	838	Norfolk County Council - Children's Services	Mar-10	Crestra
15	Northumberland	both	existing	1104	PCT	Sep-09	local fitters
16	Plymouth	urban	existing	808	LARK Children's Centre	Sep-09	local fitters
17	Portsmouth	urban	new - had ended	314	Portsmouth City Council	Mar-10	local fitters/Homecheck
18	Redcar and Cleveland	both	existing	726	Surestart	May-09	local fitters/Coast and Country
19	Shropshire	rural	new	961	Shropshire Council	Oct-09	Anchor Safe at Home
20	Whoops (Gateshead etc)	both	existing - some areas	3123	Whoops! Child Safety Scheme	pre-Aug 09	local fitters

