



# Investigating Home Safety Amongst Young Parents

## BSure2BSafe

Levi Begg



### Abstract

The aim of this project was to gain an insight into the attitudes towards safety in the home and to gain an idea of how safety messages could be better tailored to meet the needs of teenage parents. Five focus group sessions were carried out with 28 teenage parents throughout Scotland. The sessions were evaluated with young parents responding with a high level of satisfaction. From this research we were able to conclude that educating young parents with appropriate messages is fundamental to raise awareness of potential risks and dangers associated with the home.

The ideas put forward by parents suggest that more support groups similar to those involved in this study should be made available. However, these need to be more effectively advertised. Home safety information needs to be more accessible to the target audience and further research is required to identify what more can be done to provide young parents with the support they need to address home safety issues.

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## 1. Acknowledgments

I would like to acknowledge the following people for the help and support they have shown throughout the past seven months which have made the completion of this report possible.

To RoSPA, thank you for your encouragement and giving me this opportunity to design and carry out this project.

Thank you to all the support groups:

Gingerbread, Leven  
Drylaw Neighbourhood Community Centre, Edinburgh  
Y Sort-It, Glasgow  
Wester Hailes High School, Edinburgh  
YMCA, Glenrothes

Thank you for your co-operation and dedication to the cause of the project.

To all twenty eight mothers we met throughout the five focus groups. Thank you for your time and for sharing your views and experiences with us.

To Elizabeth Lumsden and Karen McDonnell for proof reading this project, thank you for all your help and inputs that were made throughout various parts of the project.

Thank you to Jennifer Henderson for your help and support in running the session at YMCA in Glenrothes.

A special thanks to Elizabeth Lumsden for your patience, assistance and motivation throughout the seven months and also Karen McDonnell for your guidance and support. Without both of your contributions, the completion of this project and report would not have been possible.

Thank you.

Levi Begg

## **2. Introduction**

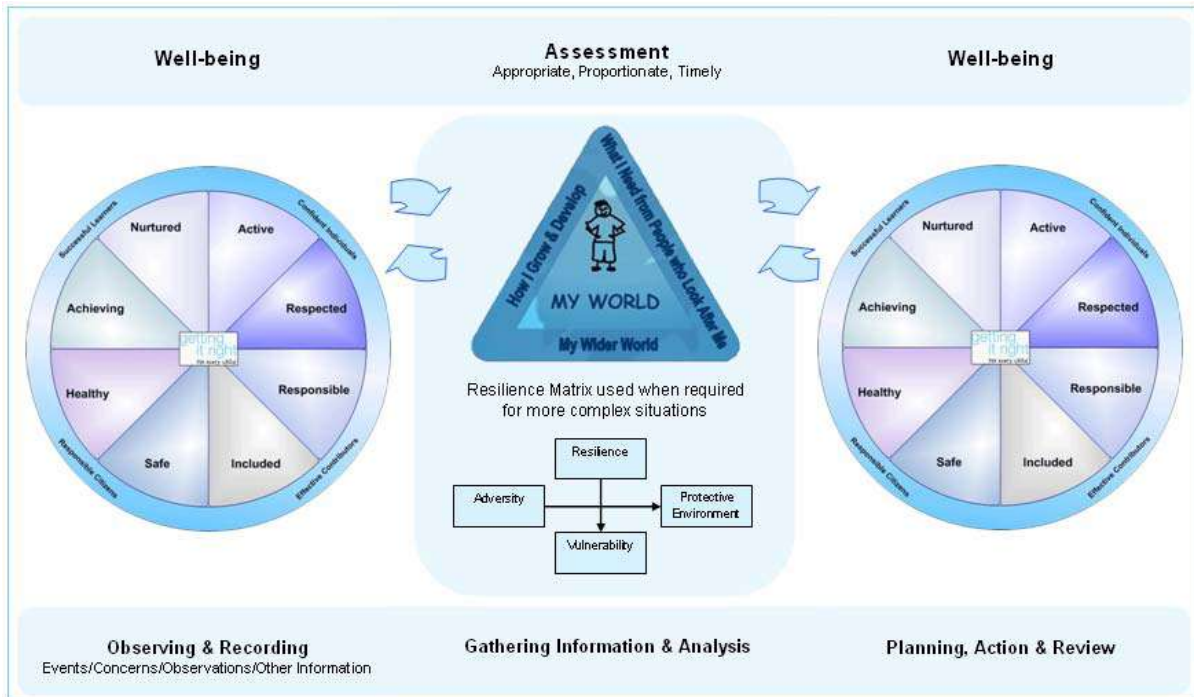
My name is Levi Begg, I joined RoSPA on a placement through the Chamber of Commerce in Edinburgh and I am undertaking an SVQ level 3 in Business and Administration. As well as studying for my qualification throughout my seven months here at RoSPA I have been carrying out research linked to a home safety project undertaken in England called Educ8 2 Keep Myn Safe. This project suggested that home safety messages needed to be tailored to meet the needs of young parents and promoted through channels which would reach this target audience. This recommendation was further developed through the BSure2BSafe project delivered in Scotland. Working in partnership with Elizabeth Lumsden, Community Safety Manager, in Scotland a BSure2BSafe project plan was developed and delivered during the period March to September 2011(Appendix 1).

### **2.1 Background**

The BSure2BSafe project was conducted to gain a better understanding of what home safety support is out there for teenage parents in Scotland. We wanted to know more about where young parents in Scotland go for help and how much they know about home safety. Those most at risk from a home accident are the 0-4 year old age group. Falls account for the majority of non-fatal accidents while the highest numbers of deaths are due to fire. Most of these accidents are preventable through increased awareness, improvements in the home environment and greater product safety. This information can be found on the RoSPA website - [www.rospace.com](http://www.rospace.com). In 2010 there were 2,093 children under the age of 5 admitted to hospital in Scotland from unintentional injuries in the home (<http://www.isdscotland.org/Health-Topics/Emergency-Care/Publications/2010-12-14/2010-12-14-unintentional-injuries-report.pdf?48807924986>). This is a huge problem with significant impact on the National Health Service that needs to be addressed. Hopefully by giving free help and advice through these small support groups we have made a difference and made each mother we met more aware of the seriousness of the problem and what control methods should be put in place.

This project supports the Scottish Government's approach to supporting and working with children in Scotland (Getting it Right for Every Child) on ensuring that children get more help where it is required for their well-being, health and development (<http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright/practical-tools>). This project also fits with the Scottish Government's national outcomes to 'live longer and healthier lives' and to 'live our lives free from crime, disorder and danger'. Through this project we are trying to help reduce the number of accidents in the home.

The My World Triangle (below), a key component of Getting it Right for Every Child, introduces a mental map that helps practitioners understand a child or young person's whole world. It can be used to explore their experience at every stage, recognising there are connections between the different parts of their world and, in assessment, can be used to explore needs and risks. I considered the content of this report prior to developing the aims and objectives of the BSure2BSafe project.



Source: <http://www.scotland.gov.uk/Resource/Doc/1141/0065063.pdf>

## 2.2 Aim

- To understand young parents' or carers' attitudes towards safety in the home
- To see how aware young parents are of the risks in the home
- To see if young parents or carers are able to receive and accept the messages relating to home safety
- To identify how best to give those messages so they are acted upon.

## 2.3 Objectives

- Run interactive/engaging focus groups (6-8 max in each group) for 20-30 young parents/carers
- Write up and present the research and findings
- Develop a workshop for young parents/carers concerning safety in the home that addresses how best messages are accepted and acted upon – suggestions for suitable resources and how best to make contact with parents/carers.

This report examines where young parents are lacking in support in regards to home safety and where more support is needed. I did a lot of background research before beginning this project to ensure I was aware of the general attitude towards these issues, how teenagers felt and where they went for advice.

Of particular interest was The Beat Project - <http://www.thebeatproject.org.uk/> which focuses on the support and development of children and young people, families and communities and those who are disadvantaged for any reason both here and abroad. They promote understanding, education, respect, personal development, unity and community spirit.

Within the 'Urban' category of projects supported is 'Ready to Roll – or not', a Pregnancy Development Programme. The focus of the project was to develop a local website - <http://www.thebeatproject.org.uk/assets/files/Urban2/> - addressing issues surrounding teenage pregnancy. This is a much acclaimed piece of work developed with young people and communities from urban wards in North Kent.

Throughout the year The Beat Project delivered a series of workshops, courses and initiatives such as a very successful schools tour and the teenage pregnancy film created by young carers which also involved many other young people from within urban wards.

In addition, the York University project 'Being a Teenage Mum in York' was very helpful as it gave me a good idea of what I wanted to ask during the focus groups (<http://www.yor-ok.org.uk/Teenage-Pregnancy/Being%20a%20Teenage%20Mum%20in%20York.pdf>). In the report 'Being a Mum in York', York University highlighted a number of areas of concern in which services in York could improve, in particular relevance to this report were:

- A clear need for support throughout pregnancy
- More help and support immediately after child birth
- (Mis) treatment by professional workers

To develop my skills and understanding of the topic area, I attended some interactive training sessions in West Lothian attended by social workers, nurse practitioners and members of the Fire and Rescue Service. I also developed my understanding of how to facilitate the focus groups through observing Jennifer Henderson, RoSPA home safety officer for Scotland.

During each training session we considered:

- Child development linked to hazards in the home
- Accident prevention
- Falls
- Burns
- Poisoning
- Drowning
- Suffocation, strangulation and choking

Linked to each type of accident we considered each preventative measure and what equipment was available for use within the home.

When agreeing the focus group question set, I reviewed the Growing up in Scotland website - <http://www.crfr.ac.uk/gus/index.html> - which mentions the importance of

informal support for young parents. Most of the young parents involved in our study mentioned the importance of informal ways to communicate. The Scottish Government has recently produced a document called Pathway for Care for Vulnerable Families (0-3) which identifies poor engagement with professionals as one of the needs/worries associated with children's health (<http://www.scotland.gov.uk/Resource/Doc/347532/0115722.pdf>), again we explored this within our focus groups.

### **3. Format**

Our target audience were existing groups offering an opportunity for young parents to come together. We identified these through web based searches, word of mouth and through existing RoSPA connections.

Five focus group sessions were delivered across Scotland:

Drylaw, Edinburgh 3<sup>rd</sup> May 2011

Gingerbread, Leven 6<sup>th</sup> May 2011

YMCA, Glenrothes 12<sup>th</sup> May 2011

Y Sort-It, Clydebank 16<sup>th</sup> May 2011

Wester Hailes High School, Edinburgh 18<sup>th</sup> May 2011

We had some difficulty finding groups to attend as many groups that were advertised on the internet no longer ran due to low numbers. Two groups that we attended I was aware of myself, and each of the other groups we attended we found out about through contacts and were not aware of them before from searching the internet. This was an advantage of years of experience and networking that RoSPA has that made it possible for us to contact local groups. This shows that the information on the internet was not sufficient and a lot more advertisement for support groups is needed.

We recorded each session with a voice recorder which was mainly to help me write it up afterwards and to ensure I got all the important points. The sessions were split into two different parts. I started off by explaining why I was there and told them a little about the project. We then went on to a question and discussion session, followed by a short presentation outlining how important this issue is. Each group had roughly 6-8 teenagers attending with a varied age group, the oldest being 25. Unfortunately we were unable to get any groups that included any fathers. Each session lasted around 90 minutes in total.

For each mother that attended the session and participated we gave them a 'goodie bag' to take away.

The contents included:

**Non slip bath mat;** non slip bath mat can prevent your child from slipping whilst in the bath and going under the water and drowning. It can also prevent your child from falling whilst in the bath.

**Corner cushions;** to help prevent children from injuring themselves on sharp corners of furniture.

**Cupboard locks;** to prevent your child from accessing medicine cupboards and poisonous substances.

**Home safety information;** we gave out several leaflets to each mother. Each one was filled with important information on how to keep your child safe. We included a 'Height Chart' for the child that gives information on accident prevention as well as



information on what to do in case of an accident. We also included the 'Good Egg Guide' to in home safety (<http://www.protectchild.co.uk/>).

**Blind cord cleat;** this is a device used to securely wrap your looped blind cord around to prevent your child from choking. Including this component within the pack linked BSure2BSafe to the RoSPA campaign 'Make it Safe' (raising awareness of the dangers of looped blind cords).

Each support group was also provided with RoSPA's Home Safety DVD 'Safe at Home'.

### **3.1. Focus group question set**

We reviewed the Educ8 to Keep Myn Safe question set in association with background reading linked to the child accident profile in Scotland, and tailored it to meet the requirements of our focus groups.

We asked six questions during the question and discussion session, these were:

- 1 Has anyone experienced an accident in the home where their child has been hurt?
- 2 Has anyone ever approached you with safety advice?
- 3 If you needed help or advice on home safety who would you contact?
- 4 Have you got any home safety measures in your home at the moment?
- 5 How did you hear about these, were they provided for you?
- 6 How best do you think we could get safety messages across so they are acceptable to you?

We finished the session by giving the parents a short presentation of some facts and statistics about accidents in the home. The aim of this was to make them more aware of what the real issues are and to show them with how big the problem is (Appendix 2).

#### **4. Findings**

With each support group we attended there were several similarities and also some differences between the young mothers. Our findings are grouped according to question:

1. Many girls had experienced minor accidents in the home where everyday activities led to an accident.

*“When Sean was young he banged his head off the coffee table, it was just a wee scratch but I then got the corner cushions.”* **Gingerbread, Leven**

*“My daughter trips over the Hoover a lot, but that’s normal stuff.”* **YMCA, Glenrothes**

However a number of the girls had experienced more serious accidents.

*“I scalded myself, when I was two. I pulled the coffee on top of me thinking it was my milk. I am still scared.”* **Y Sort-It, Glasgow**

*“I left my window open cause it was a hot day and I came back and my daughter was up on the window sill. We live up high and have no catches.”* **Drylaw, Edinburgh**

2. During the five groups we attended it became quite apparent that a lot of the girls we spoke to had never received any home safety advice from either their midwives or health visitors unless they asked for it. In some cases any home safety advice they did get was usually through the support group we attended. There seemed to be a lack of help offered to young mothers regarding home safety. We also discovered that a lot of young mothers felt intimidated and nervous whilst with their health visitor, however, a very small number said theirs was brilliant.

*“When you’re young or with your first you feel like they are going to judge you, best to agree with them and when they are gone carry on.”* **Drylaw, Edinburgh.**

*“I used to attend a peaches mums group and people came along and told us about home safety. And my mum is also a health visitor so I get a lot from her. My health visitor that came for the first few months was useless, I felt like I couldn’t talk to her.”*

**Wester Hailes High School, Edinburgh**

3. Many young mothers did not feel comfortable in hospital and that their midwife was rude and not sympathetic. It was felt this was a common attitude towards ‘teen mums’.

*“The midwife I went to see before I went into labour was very unprofessional and she was not nice but my labour midwife was nice.”* **Wester Hailes High School, Edinburgh**

*“My midwife was useless, gave me no advice and support. When I was in the hospital they gave total attitude, did not come to me, did not show me how to feed my child or bath her. I was in the ward with two older people and they were treated really well and I wasn’t.”* **Y Sort-It, Glasgow**

However, not all of the young mothers’ opinions on their professionals were negative. A few said they had a brilliant relationship with their health visitor. Generally it was the mothers that had a good relationship with theirs felt that they did not feel judged or anxious with them. They felt more relaxed and that a lot more was offered to them.

4. When we asked the mums who they would contact if they needed or wanted any support a lot of the girls said they would turn to their families, friends or support workers. With only a few girls saying they would check the internet depending on what they were looking to find out more on. Most said they would not trust the internet for accurate information. Many of the young parents at the support groups said they would ask each other and swap experiences for information.

*“I think I would ask the other girls, attending groups like these and sharing information and experiences and asking for advice from each other weekly and we do it without even thinking.”* **Gingerbread, Leven**

When I visited Wester Hailes High School, Edinburgh, I met a girl that was benefiting from having a Family Nurse. This is a pilot project in Scotland. They are in touch with the girl from 25 weeks pregnant till her child is two years old. They visit them every two weeks within this period of time for around an hour. The mother seemed to have a very good relationship with her Family Nurse and told of how she felt confident enough to ask her anything that may be bothering her. I feel this is a very worthwhile project as it gives young parents someone they trust to talk to. The Scottish Government plans to roll out the Family Nurse Partnership right across Scotland in order to *“Support NHS Boards to deliver the Family Nurse Partnership programme to first time, pregnant teenagers.”*

<http://www.scotland.gov.uk/Resource/Doc/357504/0120772.pdf>.

*“I have a family nurse, she is brilliant I get everything from her”* **Wester Hailes High School, Edinburgh**

5. A large number of the girls we met already had home safety equipment in their homes. Socket covers and corner cushions were amongst the most common equipment along with safety gates. The mothers that received free equipment through schemes such as ‘Fife Cares’ claimed that this was not well advertised and would have been a lot more beneficial earlier.

*“They are not really advertised that well as many people do not hear about them until later on, in many cases after equipment has been purchased. This*

*equipment would be better from an earlier stage, usually only heard of through word of mouth.”* **Gingerbread, Leven**

6. The general feeling amongst all the groups we attended was that the best way for information and safety messages to be accepted was to run more sessions where they received information directly. Many girls felt that leaflets were not a good way to give information unless they were in a doctors surgery or somewhere they were standing waiting as they would not read them if they were given to take away.

*“I would read a text message better than a leaflet. If I got handed a leaflet it would be put to the bottom of my bag.”* **Drylaw, Edinburgh**

### **Additional Findings**

We also found that the internet does not get used as much as I expected. I would have thought that for any queries a young parent would have, the internet would be a popular place to look, but a lot said they do not trust the internet. A number of the girls said they would contact their families if they needed help, however times have changed dramatically since they were young parents.

At the end of each group we handed out evaluation forms (Appendix 3) for each mother that took part to fill out. This was to help us highlight anything that we needed to amend or add. This also helped us to see how helpful each group found the session on home safety.

We got a lot of positive feedback from these evaluation forms with all the girls stating they found the session very helpful.

One mother said:

*‘It made me realise accidents can happen without realising it.’*

Most of the mothers either strongly agreed or agreed with all the statements on the evaluation sheet.

## **5. Conclusions**

The main conclusions are:

- Many young parents feel isolated and don't always know where to go for professional advice

The majority of the young parents were given very little or no safety advice from their health visitors or midwives. The majority of the mothers did feel judged by any professionals they came into contact with. However, some did have a good relationship with theirs. All of the girls we met said that meeting with groups such as the ones we attended were of most benefit as they listen more if it is with people of a similar age to them and with people they can relate to. However a lot of these existing groups are not well known.

- More advertisement needs to be done

For support groups to be used to their full advantage they need to be more visible as they are a brilliant way to support young parents. I also feel that young people should also be contributing to these groups as many of the girls said they find it easier opening up to someone of a similar age to them. It also made them feel a lot more confident about asking questions and talking about experiences. Many mothers were only aware of groups through 'word of mouth' and groups advertised on the internet were usually out of date and no longer existed.

- More sources of information in public places

Many mothers said that a good place to have leaflets/posters filled with information on home safety would be anywhere they are standing waiting for any length of time. This would include a doctor's surgery, a bus stop or a supermarket checkout desk. They said they would be more inclined to read this information whilst they are waiting. Throughout the focus groups we also found that young parents are more inclined to take advice from well branded companies such as Boots. Many of the girls receive emails from Boots on their child's development.

## **6. Recommendations**

In light of these conclusions I propose several recommendations:

1. More support groups should be available for young parents and young mums to be to attend. These groups need to be well advertised however as those groups that already exist are not being used to their full advantage.
2. More home safety information needs to be made available. This could be achieved by having home safety leaflets and posters in public places such as health centres, doctor's surgeries, dentists, bus stops and supermarket checkouts. RoSPA could take this forward with Tesco baby and toddler club.

Whilst discussing my project with other members of RoSPA I became aware that Dawn Thomson, RoSPA employee, had produced a paper suggesting involvement with Tesco's baby and toddler club. She suggests including child safety information directly to parents (e.g. by email). As RoSPA already has a good relationship with Tesco via the driver training I think it would be a good idea to progress with this.

3. Build on the work of the Family Nurse Partnership (FNP) to monitor the inclusion of home safety advice to young parents.

Projects such as the FNP are a great way of engaging young first time parents. The nurse works closely with the families from when the young mum to be is 25 weeks pregnant until her baby is two years old. The nurse offers guidance on child development, parenting skills, eating and living healthily and support mothers choosing to take up education or employment opportunities. This pilot project is run by the Scottish Government and hopes to be rolled out right across Scotland with the support of young parents. The success of this project is shown by the comments made by a young parent from Wester Hailes High School in Edinburgh who has benefited from this.

4. Further research on this topic still has to be made. This includes what more can be done to provide young parents with the support they need on home safety and what new ways of doing this can be introduced? We also struggled to find a group that fathers attended to get their views on this topic, I feel for the right support to be given we need the views of fathers to be able to provide the best support we can.

# Appendices

# Appendix 1

## PROJECT PLAN

**Name:** Levi Begg

**Title of Project:** **BSure 2BSafe**

**RoSPA - working with young people to save lives and reduce injuries**

At home    At leisure  
In the workplace    On the road

Contact for advice and support  
www.rospa.com  
help@rospa.com  
0121 248 2025

**RoSPA**  
The Road Safety for the Promotion of Scotland

**Setting the scene:** Accidental injuries are a major health problem throughout Scotland. They are the commonest cause of death in children over one year of age. Every year they leave many thousands permanently disabled or disfigured.

In Scotland alone one child is admitted to hospital every four hours due to accidents in the home. Many more are treated by General Practitioners and by parents and carers.

Those most at risk from a home accident are the 0-4 year's age group. In Scotland there is an estimated 1,000 people EVERYDAY seeking medical attention due to an accident in the home. 72% of all accidents in the home are falls they amount to the majority of non-fatal accidents whilst the highest number of deaths is due to fire. Most of these accidents are preventable through increased awareness, improvements in the home environment and greater product safety.

It is important to get the messages out to the most at risk group but also crucially important to understand how these messages are being received and acted upon. Working with a young advocate would give us the opportunity to research these issues within one of the most important groups, teenage parents. We need to understand their attitude towards safety, how they receive and accept the messages and most importantly how they act upon them. The research will help towards our aims of working with young people breaking down the barriers that can be often applied to Safety in The Home



**Aim of the project:**

- The aim is to understand young parents' and carers' attitude towards safety in the home, how aware they are of the risks and whether they are able to receive and accept the messages relating to home safety, and most importantly how best to give those messages so they are acted upon.

**Notes**

- Young parents/carers: aged 13-19 years (or became parents in that time frame)
- Children: 0-4 years

**Objectives:**

- Run interactive and engaging focus groups (6-8 max in each group) for 20-30 young parents or carers (in relation to the overall aim)
- Write up and present the research and findings
- Develop a pilot workshop for young parents/carers concerning safety in the home that addresses how best messages are accepted and acted upon – suggestions for suitable resources and how best to make contact with parents/carers

**Notes**

As an incentive for young parents to attend the focus group they will be offered a 'goody' bag as compensation for their time which will include:

- Corner cushions
- Bath mat
- Blind chord shortener/cleats (with safety campaign leaflet)
- Height chart (with home safety information on reverse)
- Good Egg Guide

**NB. Focus group sessions to be completed by Friday 20th Of May, 2011**

## How will the Project Aims be met?

- 2 days per week between February 14<sup>th</sup> and September 13<sup>th</sup>
- Times will be mutually agreed between Levi and Elizabeth Lumsden, Community Safety Manager, RoSPA Scotland.

## A Timeline Outlining the Key Milestones

DATE	TIME	DETAIL
1.03.11	0.5 days	Home Safety Training
9.03.11	1 day	Met with Cassius Francis, Youth Liaison Worker, RoSPA
15.03.11	0.5 days	Home Safety Training
25.03.11		Have a format created for the focus groups
1.04.11		Have all back group research gathered and ready to process and have presentation finished.
8.4.11		Have all focus groups scheduled in the diary
20.05.11	6 days	Hope to have all focus groups done.
24.05.11	1 day	Belfast with draft of final presentation and findings
30.05.11		Amend on final presentation – bringing everything together.
9.07.11	1 day	Final Presentation to the National Home Safety Committee (London)
		Focus on final report to deliver by 13 <sup>th</sup> of March

## Expected Outcomes (what do you hope to achieve):

- An understanding of young parent's attitudes towards home safety and any possible barriers
- An assessment of whether they had been given any home safety messages prior to this research
- An understanding of how aware they were of the risks relating to home safety prior to focus groups
- An understanding of how well young parents received the messages and how they will act upon them
- Young parents realise that supervision and education is important in relation to reducing the risks of an accident in the home

**Risk register**

Risk	Impact	L	M	H	Control
Difficulty in getting the numbers of young parents to participate in the focus groups	<ul style="list-style-type: none"> <li>Limited research data</li> </ul>		✓		<ul style="list-style-type: none"> <li>Ensure that we have enough contacts and outlets in order to contact as many young parents as possible</li> <li>Ask parents to sign up beforehand</li> <li>Encourage attendance by providing a home safety 'goody' bag</li> </ul>
LB Or EL is off sick	<ul style="list-style-type: none"> <li>Could interrupt meetings that are already in place</li> <li>Could hold up proceedings and cause delay</li> </ul>		✓		<ul style="list-style-type: none"> <li>Keep a record of timetable and appointment times and numbers so they can be contacted by other office staff</li> </ul>
EL is unable to support	<ul style="list-style-type: none"> <li>Lack of support for LB</li> <li>Project fails/incomplete</li> <li>Lack of final report</li> </ul>	✓			<ul style="list-style-type: none"> <li>EL to keep KMc &amp; JH informed on progress</li> </ul>
LB is unable to complete the project due to unforeseen circumstances within the agreed timescale	<ul style="list-style-type: none"> <li>Lack of final report</li> </ul>	✓			<ul style="list-style-type: none"> <li>Consideration given to extending project</li> </ul>
Project opens up the opportunities for further research	<ul style="list-style-type: none"> <li>Need to increase time put into project beyond 10 days (80 hours)</li> </ul>		✓		<ul style="list-style-type: none"> <li>RoSPA and LB discuss the implications of putting more time into research</li> </ul>

## APPENDIX 2

1



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### Aims and objectives

**AIMS**

- To look at attitudes towards safety in the home
- To consider how aware teenage parents are of the risks in the home
- To look at how home safety messages are viewed and are they acted upon?
- To consider how to best deliver home safety messages to a younger audience

**OBJECTIVES**

Have an improved understanding and awareness of the causes of accidents in the home

Outline accident prevention measures for children

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### Hunt the Hazard

In groups discuss what potential hazards are in each of the posters..

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### Questions and Discussion

1. Has anyone ever experienced an accident in the home where their child has been hurt?

If so would you like to share this with us?

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2. Has anyone every approached you with any safety advice?

This could be a health visitor or midwife

How useful did you find this information?

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3. If you needed help or advice who would you contact?

- Midwife?
- Health advisor?
- Family?



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4. Does anybody have any home safety measures in their house at the moment?

- Locks on cupboard doors?
- Bath mats?
- Fire/radiator guard?
- Safety gates?

If so, how did you hear about these?



9

5. How best do you think we could get safety messages across so they are acceptable to you?



10

WHY DO WE NEED HOME SAFETY?



11

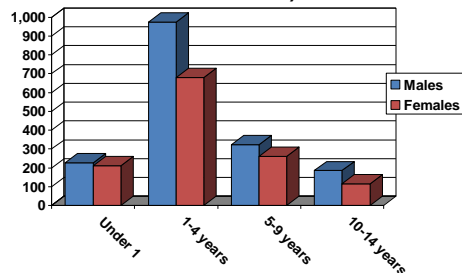
### The Scale Of The Problem

- Every year in the UK almost 4,000 people die in accidents in the home
  - 214 in Scotland in 2008/9
- 2.7 million people attend accident and emergency because of a home injury
  - Just under 1 million are children



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Emergency hospital admissions as a result of unintentional injury in the home (year ending 31 March 2010)



Source: ISD Scotland (SMR01)



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### When Do Accidents Happen ?

- The most common time of day for accidents to occur is in the evening between 6.00 and 7.00pm
- More accidents happen on a Sunday than any other day of the week
- More accidents happen in the summer with a peak in July



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### What Accidents Can Happen??

- Suffocating, choking and strangulation
- Burns and scalds
- Poisoning
- Drowning
- Falls

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### Suffocating, choking and strangulation

- Children under 3 are most at risk from suffocation and choking
- Children can swallow, inhale, or choke on items such as small toys, nuts and marbles or talcum powder
- Strangulation from blind cords kills at least 1 child a year

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### Suffocating and choking

- Choose toys that are age appropriate
- Ensure small objects are kept out of reach of under 3s
- Ensure the child is not running about or playing whilst eating and that mealtimes are supervised
- Cut food into small pieces and beware of small sweets, nuts, hard fruit
- Be aware of ties and toggles on clothing
- Ensure a good fit between mattress and cot

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### Burns and Scalds

- Hot drinks are the number one cause of scald injuries among young children
- Rates of hospital admission for scald injuries is three times higher for children from poorer families
- Every day one child under five is admitted to hospital with severe scalds caused by bath water



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### Burns Prevention

- Keep matches and lighters hidden
- Use a fire guard
- Extinguish cigarettes properly
- Fit a smoke alarm
- Have an escape route planned
- Keep hot electrical items out of the reach of children



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### Poisoning prevention

- Store household and garden chemicals out of reach and out of sight
- Keep chemicals in their original containers
- Do not remove labels on containers
- Keep cleaning materials away from food
- Choose bottles with child resistant closures
- Lock alcohol out of reach/sight
- Do not tell children tablets are “sweeties”
- Encourage family members to be vigilant and to lock away medication



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### Drowning

- Babies and toddlers drown silently
- Most drowning involving two to three year olds happen in the home and garden
- Can be as a result of misjudgement of danger
- Supervision is essential around water



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### Drowning prevention

- Babies
  - Supervise at all times
  - Bath seats are not recommended
- Toddlers
  - Supervision is essential
  - Fill in or fence off garden ponds
  - Empty paddling pool after use
- Older Children
  - Continue with supervision
  - Encourage swimming in safe places



22

### Falls

- Almost 400,000 children injured per year
- Most falls involve tripping over on the same level
- Most serious result from falls between two levels



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### Falls prevention on the stairs

- Fit safety gates at the top and bottom of stairs



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### Falls prevention on the stairs

- Never leave clutter on the stairs
- Damaged or worn carpets should be replaced
- Stairs should always be well lit
- Make sure balustrades are strong and have no horizontal footholds for climbing
- Mop up spills immediately



## Falls prevention from height

- Fit child resistant window locks



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## Falls prevention from height

- Do not put furniture under windows
- Never leave babies on a raised surface
- Do not place baby bouncers on a raised surface
- Make sure a harness is used in a high chair and pushchair
- Use of baby walkers and table-mounted high chairs are not recommended

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## Falls prevention - general

- Keep floor free of clutter/toys
- Remove loose mats
- Supervision
- Teach children to tidy up
- Use corner cushions

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## Help and Advice

- Home safety staff are available by telephone or email to advise about individual issues.
- Local initiatives
- [www.rospa.com](http://www.rospa.com)

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## APPENDIX 3

### Evaluation Form

To help assess how useful this session has been for you, please complete the form by ticking the relevant boxes and adding any additional comments. (Please circle)

**1. The purpose of the focus group session was clear to me.**

Strongly agree      Agree      Disagree      Strongly disagree

**2. I found the entire session to be interacting and engaging.**

Strongly agree      Agree      Disagree      Strongly disagree

**3. I felt that I had the opportunity to discuss anything that I wanted to in relation to safety in the home.**

Strongly agree      Agree      Disagree      Strongly disagree

**4. I felt that researchers were clear and concise.**

Strongly agree      Agree      Disagree      Strongly disagree

**5. I have learnt something new today (concerning the safety of my child/children).**

Strongly agree      Agree      Disagree      Strongly disagree

**6. I feel that the session has led me to be more cautious around safety issues in the home.**

Strongly agree      Agree      Disagree      Strongly disagree

**7. I believe that the information that I have received today has been useful and I will use it in the future.**

Strongly agree      Agree      Disagree      Strongly disagree

**8. What parts did you find least engaging?**

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**Please leave any additional comments**

<b>Name of parent/carer:</b>	
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Thank you for taking the time to complete this form.

**Age:**            13-16   
                      17-18   
                      19+     

**Gender:**     Male  Female

**How many children do you have, how old is your youngest?**

**Are you in education, employment, or training?**

Employment                                  Not in employment, education, or training  
 Education/Learning                          Training  
 Self employed                                  Other    I prefer not to say

**Do you have any educational Qualifications?**

No qualifications                              Below level 2                                  Above level 2

(level 2 is GCSEs at grade A\*-C, including maths and English)

NVQ or equivalent                              A-Level    Degree  
 Post-graduate                                  other    I prefer not to say

Thank you for taking the time to complete this questionnaire. Your co-operation is appreciated.