



Evaluation of
Scotland's Home Safety Equipment
Scheme

Report to the Royal Society for the
Prevention of Accidents (RoSPA)

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Executive Summary

Scotland's Home Safety Equipment Scheme

Scotland's Home Safety Equipment Scheme (SHSES) was funded by the Scottish Government from April 2013 to June 2014. It was hosted by RoSPA, and aimed to reduce home accidents to children under the age of five. It had four key outcomes.

1. Vulnerable children will be less likely to be admitted to hospital because of home accidents
2. Parents and carers of vulnerable children will have improved levels of awareness and understanding of key child safety issues.
3. Practitioners working with vulnerable children will have an increased awareness of home injuries involving young children and how these injuries can be prevented
4. Individual risks in the home will be identified and addressed.

SHSES was implemented through twelve local Schemes, supported by a national steering group comprising RoSPA, Care and Repair Scotland, the Scottish Fire and Rescue Service, and the Scottish Government.

The evaluation

The evaluation ran in parallel with the implementation of SHSES, from May 2013 to June 2014. It provided formative evaluation input to the implementation teams, and a final summative evaluation informed by reflective interviews and focus groups with stakeholders – including parents/carers in June – September 2014.

Key findings

Prevention

Scotland's Home Safety Equipment Scheme was a preventative scheme. It reached 900 vulnerable families and a total of 1752 vulnerable children under the age of 5 over the course of thirteen months. Each family had an average of 9 items of safety equipment supplied and professionally fitted.

The cost of delivering the Scheme was £276 for each family; or £142 for each child.

The most recent available data on the cost of a non-fatal, hospital treated home accident for children aged up to 4 years is £10,600¹.

Ninety-nine percent of all families engaged considered that their home was safer.

The majority of professional stakeholders (including family support practitioners, health visitors and fire officers) considered that the Scheme helped to:

¹ Walter, LK. Re-valuation of home accidents: Published project report: PPR 483 Transport Research Laboratory 2010. Data used in the University of Nottingham Evaluation of the National Safe At Home Scheme Final Report, September 2011

- Make children safer and healthier (85%).
- Prevent accidents and unintentional injuries in the home (76%).
- Prevent accidents and unintentional injuries to children under the age of five (75%).

“I had been stressing about getting safety gates and other equipment in my home for a while but could not afford it. I was overjoyed when I heard about this scheme. Thank you!”

Identification of risks

The Scheme built an individual home safety risk assessment into its delivery model, with every client (900) receiving a home safety risk assessment.

The home safety risk assessment included a ‘prescription’ for the provision and professional installation of equipment through the Scheme (free of charge to clients). All 900 clients had equipment fitted, with an average of 9 items per family fitted.

The Scheme offered each family a Home Fire Safety Visit: 494 families (55% families in the Scheme) were provided with a Visit. Most families (60%) engaged through the Scheme were categorised as having a high risk of a home fire.

“It definitely was good for the kids. It didn’t matter what state the house was in, a lot of families really needed this help because they have no money for safety equipment. I’d do it all again for the kids”

Awareness of home safety

The Scheme built family parent/carer awareness raising into its delivery model, with all families being provided with a home safety awareness input supported by the home safety information pack that was left with the family. The home safety awareness input was reinforced at the installation and Home Fire Safety Visits. The vast majority (85%) of professional stakeholders considered that it had enhanced families’ awareness and understanding of home safety.

Parents and carers themselves reported being much more aware of key child safety issues.

All local Schemes reported that they were considering embedding parent/carer awareness raising on child home safety issues into their ongoing delivery of support to families.

Practice development

SHSES built practitioner and installer training on prevention of home injuries involving young children into the delivery model. In total 165 staff were trained, with 28 achieving the RoSPA / City & Guilds level 2 Child Safety in the Home qualification.

The training was very well received by staff, and resulted in:

- A 54% improvement in learners' understanding that home injuries involving young children can be prevented
- A 44% improvement in learners' confidence in working with families on child safety issues.

Parents/carers valued practitioner and installer skills and expertise in supporting them in developing their awareness and understanding of key child safety issues – as well as in undertaking the home safety assessment and installing the equipment.

There is a significant appetite for further training in child home safety.

1 Introduction

This document provides the report on the evaluation of Scotland's Home Safety Equipment Scheme (SHSES) undertaken by SMCI Associates (www.smciassociates.com).

It provides:

- The strategic context and background to Scotland's Home Safety Equipment Scheme ('the Scheme').
- A description of the Scheme.
- A description of the evaluation approach and methods.
- Analysis of the costs of, and contributions to the Scheme.
- Analysis of the SHSES model, including:
 - Its implementation in local areas.
 - The home safety visit.
 - The installation visit.
 - The Home Fire Safety Visit.
 - The equipment.
 - Interagency working.
- Analysis of the reach of the Scheme – who was engaged.
- Analysis of the impacts of the Scheme on:
 - The capacity (knowledge, skills and understanding) of staff and of parents/carers.
 - Organisational capacity.
- Analysis of the impacts of the Scheme in relation to:
 - Accident prevention.
 - Unanticipated outcomes.
- Consideration of the potential legacy of the Scheme.
- Conclusions.
- A potential framework for the delivery of Home Safety Equipment Schemes.

2 The issue

2.1 Accidental injuries to children

Unintentional injury is a leading cause of death among children and young people aged 1–14². The most recent data for Scotland³ show that there were 14 deaths in 2012 and 7,039 emergency admissions in 2012/13 due to unintentional injury in children under the age of 15. However, the majority of unintentional injuries result neither in death nor in hospital admission but are treated by GPs, at Accident and Emergency departments or by the child's parent or carer. Half of these injuries occur in the home⁴. RoSPA data show that although the number of accidental injuries in the home is generally falling, they are still significantly higher than road traffic accidents, see table 1.

Table 1: Child Accidental Injuries: Scotland Hospital Admissions

	2007	2008	2009	2010	2011
Road traffic accident	633	453	366	440	388
Home	3,441	3,115	3,159	2,983	2,745
Other	5,611	5,544	5,030	5,093	4,770
Total	9,685	9,112	8,555	8,516	7,903

Source: RoSPA, June 2014

Children and young people who survive a serious unintentional injury can experience severe pain and may need lengthy treatment (including numerous stays in hospital). They could be permanently disabled or disfigured⁵, and their injuries may have an impact on their social and psychological wellbeing.

2.1.1 Types of injury

Children and young children are vulnerable to a range of unintentional injuries in the home including falls, burns and scalds, drowning, suffocation and poisoning⁶. In Scotland, for children aged under 15 years, nearly half (48%) of the emergency admissions to hospital for an unintentional injury are the result of a fall. Fractures and head injuries are the most common main diagnoses among children under 15 years who are admitted to hospital for an unintentional injury⁷.

² Audit Commission and Healthcare Commission (2007) Better safe than sorry: preventing unintentional injury to children. London: Audit Commission

³ NHS ISD (2014): Unintentional Injuries: Hospital Admissions Year ending 31 March 2013
<https://isdscotland.scot.nhs.uk/Health-Topics/Emergency-Care/Publications/2014-02-25/2014-02-25-UI-Report.pdf?31869143248>

⁴ Audit Commission and Healthcare Commission (2007) *op cit*

⁵ Child Accident Prevention Trust (2008) Child Accident Prevention Trust factsheet: preventing bath water scalds using thermostatic mixing valves. London: Child Accident Prevention Trust

⁶ Child Accident Prevention Trust (2008) *op cit*

⁷ NHS ISD (2014): Unintentional Injuries: Hospital Admissions Year ending 31 March 2013
<https://isdscotland.scot.nhs.uk/Health-Topics/Emergency-Care/Publications/2014-02-25/2014-02-25-UI-Report.pdf?31869143248>

'Drowning and submersion' and 'other accidental threats to breathing' lead to the most deaths in the home in children⁸. On average, 1200 children a year under the age of 11 are injured – and 35 are killed – in fires in the home⁹.

The recent RCPCH report: Why Children Die (May 2014)¹⁰ found that, after the age of one, injury is the most frequent cause of death. The policy response to Why Children Die for Scotland¹¹ (October 2014) made a series of 19 recommendations, including:

“Local authorities and health boards should prioritise children’s safety, and through utilising resources such as health visitors and home safety equipment schemes, educate and equip parents and carers to keep their children safe, with a focus on water safety, blind cord safety, and safe sleeping.” (Recommendation 8)

2.1.2 Costs

Treating unintentional injuries among children and young people costs UK A&E departments approximately £146 million a year. Further treatment costs are significant, for example, it can cost £250,000 to treat one severe bath water scald¹². The indirect costs include enforced absence from school and the need for children and young people to be supervised during their recovery (which could involve family and carers taking time off from work).

The most recent available data on the cost of a non-fatal, hospital treated home accident for children aged up to 4 years is £10,600¹³.

2.1.3 Risk factors

Epidemiological data indicate that the risk of an unintentional injury is greatest among households living in the most deprived circumstances. Children and young people from lower socioeconomic groups whose parents have never worked (or who are long-term unemployed) are 13 times more likely to die from such an injury than those whose parents are managers and professionals¹⁴.

⁸ Office for National Statistics (2009) Mortality statistics: deaths registered in 2008. Review of the Registrar General on deaths in England and Wales

⁹ Directgov (2008) Fire safety for parents and child carers

¹⁰ <http://www.rcpch.ac.uk/news/rcpch-and-ncb-launches-report-why-children-die>

¹¹

<http://www.rcpch.ac.uk/sites/default/files/page/Death%20in%20Children%20and%20Young%20People%20in%20the%20UK%20-%20Part%20D%20-%20FINAL.pdf>

¹² Child Accident Prevention Trust (2008) *op cit*

¹³ Walter, LK. Re-valuation of home accidents: Published project report: PPR 483 Transport Research Laboratory 2010. Data used in the University of Nottingham Evaluation of the National Safe At Home Scheme Final Report, September 2011

¹⁴ Edwards P, Roberts I, Green J et al. (2006) Deaths from injury in children and employment status in family: analysis of trends in class specific death rates. *BMJ* 333: 119–21

The most recent Scottish data¹⁵ also show that children aged under 15 living in the most deprived area are more likely (21%) than children in the least deprived area to have an emergency admission to hospital for an unintentional injury.

The evidence also suggests that a range of interrelated factors can lead to a higher risk of injury. Apart from a low income and overcrowded housing conditions, factors include a lack of safety equipment. Other factors include gender, age, culture, ethnicity and the household's level of control over their home environment. Although not necessarily the direct cause of injury, these factors can increase children and young people's risk of exposure to a potential hazard (NICE 2010)

2.2 NICE Guidelines on Preventing Unintentional Injuries among under-15s in the home

In 2010 the National Institute for Health and Clinical Excellence published Guidelines on Preventing Unintentional Injuries among under-15s in the home¹⁶. Five key recommendations were made:

1. Prioritise households at greatest risk, which *“could include those with children aged under 5, families living in rented or overcrowded conditions or families living on a low income”*.
2. Work in partnership, by *“establish[ing] local partnerships with relevant statutory and voluntary organisations or support[ing] existing ones”*.
3. Coordinate delivery, by:
 - a. Offering home safety assessments in prioritised households, and where appropriate supply and install suitable, high quality equipment which adheres to relevant UK or European quality standards.
 - b. Ensuring *“the assessment, supply and installation of equipment is tailored to meet the household’s specific needs and circumstances”*.
 - c. Ensuring that *“education, advice and information is given during a home safety assessment, and during the supply and installation of home safety equipment”*.
4. Follow-up on home safety assessments and interventions
5. Integrate home safety into other home visits.

Scotland’s Home Safety Equipment Scheme was designed to implement recommendations 1, 2 and 3, with explicit potential for implementing recommendations 4 and 5, depending on local circumstances, including resources.

2.3 Safe at Home: Department of Education funded initiative in England 2009 – 2011

In February 2009 the Department of Education (England) provided £18 million to support the implementation of Safe at Home, a national home safety equipment scheme, managed by RoSPA. The main focus of Safe at Home was to provide home safety equipment to the most disadvantaged

¹⁵ NHS ISD (2014): Unintentional Injuries: Hospital Admissions Year ending 31 March 2013
<https://isdscotland.scot.nhs.uk/Health-Topics/Emergency-Care/Publications/2014-02-25/2014-02-25-UI-Report.pdf?31869143248>

¹⁶ <https://www.nice.org.uk/guidance/ph30>

families in areas with the highest accident rates; and it provided a combination of safety equipment, installation, professional training and education for families.

The evaluation of Safe at Home¹⁷ found that:

- The development of effective partnerships at both national and local levels was an “essential component”.
- Families considered that their knowledge and awareness of injury prevention had improved as a result of participation in the scheme.
- The scheme “showed potential to reduce injuries through the combination of effective safety equipment, free installation and targeted education”.

The implementation and evaluation of Safe at Home explicitly informed the design and implementation of Scotland’s Home Safety Equipment Scheme.

¹⁷ University of Nottingham, September 2011, <http://www.rospa.com/homesafety/safeathome/final-evaluation-report.pdf>

3 Scotland's Home Safety Equipment Scheme

Scotland's Home Safety Equipment Scheme (SHSES) was funded by the Scottish Government from April 2013 to June 2014. It was hosted by RoSPA, and aimed to reduce home accidents to children under the age of five. It had four key outcomes.

Outcome one: Vulnerable children will be less likely to be admitted to hospital because of home accidents .

Indicators:

- Total number of children targeted.
- Numbers of safety equipment fitted.
- Accidents and injuries will decrease in the targeted areas.

Outcome two: Parents and carers of vulnerable children will have improved levels of awareness and understanding of key child safety issues.

Indicators:

- Families will be more aware of home safety issues.
- Numbers of resources distributed.
- Parent surveys to measure injury awareness and preventative strategies.

Outcome three: Practitioners working with vulnerable children will have an increased awareness of home injuries involving young children and how these injuries can be prevented.

Indicators:

- Number of practitioners trained.
- Numbers of resources distributed.
- Positive practitioner survey responses.

Outcome four: Individual risks in the home identified and addressed.

Indicators:

- Number of family visits carried out.
- Number of equipment sets fitted.
- Number of practitioners trained.

4 Evaluation approach and methods

The evaluation of Scotland's Home Safety Equipment Scheme was designed to establish whether its four outcomes had been met:

1. Vulnerable children will be less likely to be admitted to hospital because of home accidents .
2. Parents and carers of vulnerable children will have improved levels of awareness and understanding of key child safety issues.
3. Practitioners working with vulnerable children will have an increased awareness of home injuries involving young children and how these injuries can be prevented.
4. Individual risks in the home identified and addressed.

The evaluation ran in parallel with implementation of the Scheme, with the evaluation team being commissioned in April 2013. It provided formative evaluation input to the implementation teams, and a final summative evaluation informed by reflective interviews and focus groups with stakeholders – including parents/carers in June – September 2014.

The evaluation period was from 13th May 2013 (when the first training session was) to 25th July 2014¹⁸.

The evaluation framework (criteria, indicators and methods) were developed through the articulation of the theory of change¹⁹ that the national project team was working to. The evaluation team ran a workshop with the Evaluation Reference Group (see appendix A for remit and membership) to articulate the high level impacts that they hoped to achieve, and the ways in which they hoped to achieved these impacts, notably in relation to:

- Resources, inputs and activities.
- Engagement of relevant groups and individuals in the Scheme.
- Addressing the immediate gaps in service provision that they were seeking to address.
- Addressing gaps in capacity/knowledge/skills/understanding required to address gaps in service provision.
- Changing behaviours and practices to effect the change that was needed to achieve impacts.

The theory of change workshop also identified the assumptions that the national team was making in planning implementation, for example that there would be capacity to deliver the Scheme in local areas; and also potential risks to the achievement of each level, for example that families would sell the equipment.

The outcome of the theory of change workshop was an evaluation framework (see below), which was agreed with the Evaluation Reference Group, and through which all evaluation methods were designed. This provided a coherent means for holistic and triangulated evaluation, and findings that are robustly valid and reliable.

¹⁸ It should be noted that some equipment continued to be disbursed following the end of the evaluation period, with one additional area being supported to March 2015. This was beyond the scope of the evaluation.

¹⁹ Rogers, P. J. (2008). "Using Programme Theory to Evaluate Complicated and Complex Aspects of Interventions." *Evaluation* 14(1): 29-48.

The following methods were used:

- Analysis of SHSES documentation and monitoring data.
- Baseline and final stakeholder surveys.
- Pre- and post-training questionnaires²⁰.
- Interviews and focus groups with key stakeholders, including practitioners, installers and managers in all²¹ local Schemes.
- Focus groups with families.
- A family feedback survey.
- A national stakeholder event (16th June 2014), which included facilitated groupwork to inform the evaluation.

See appendix B for evaluation tools, and appendix C for summary of outcomes of the national stakeholder event (incorporated into the analysis of findings presented in this report).

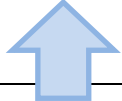

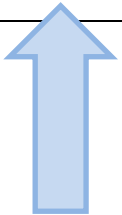
Stakeholders include the practitioners who did the home safety visits and their managers, the joiners who installed the equipment and their managers, fire officers doing the home fire safety visits, staff who referred families to the Scheme, notably health visitors and social workers: see section 4.3: engagement with the evaluation.

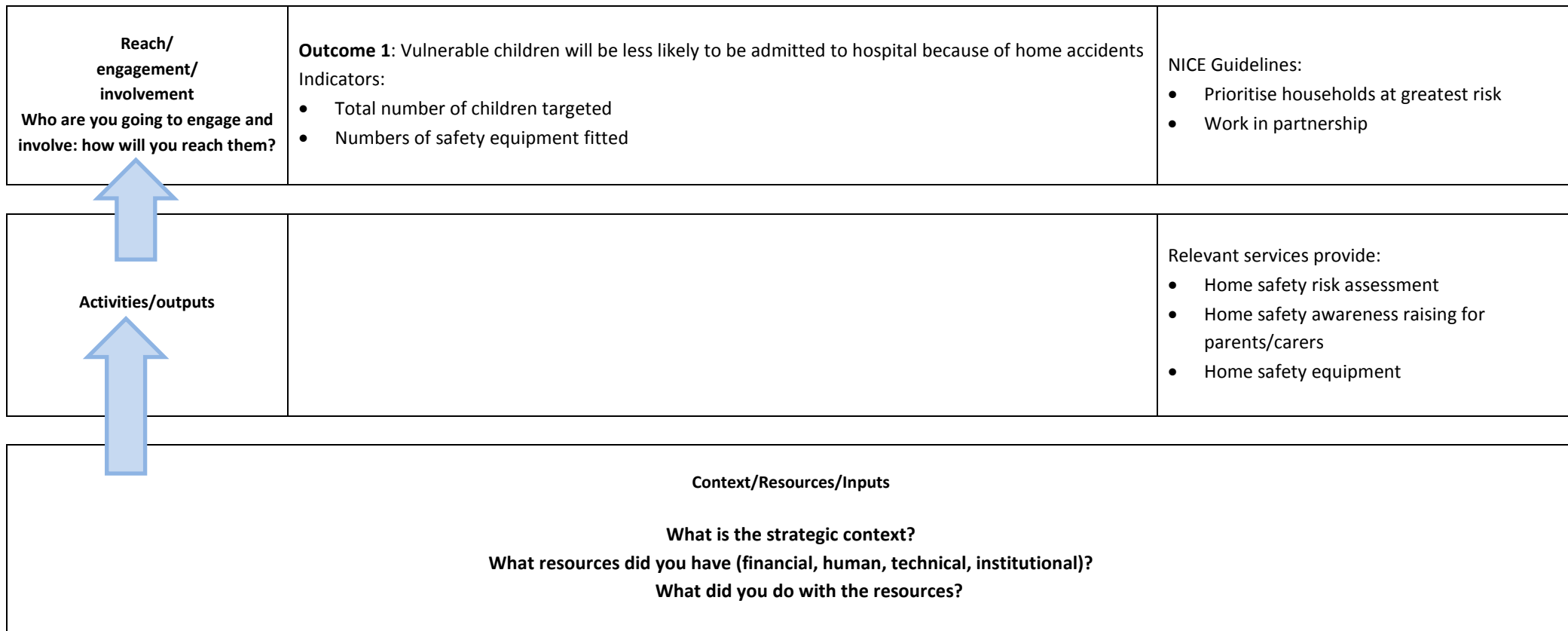
Direct quotations from people engaged in the evaluation are indicated in *italics*.

²⁰ As 50% of the training sessions for installers had taken place before the evaluation framework and tools were finalised, post-training evaluation questionnaire only were used for this group (i.e. not also pre-training evaluation questionnaires).

²¹ Except Aberdeen, who disengaged from the Scheme in the early stages

4.1 Evaluation framework

	Evaluation specification	Additional areas covered by the evaluation
 SHSES contribution (impacts)	Outcome 1: Vulnerable children will be less likely to be admitted to hospital because of home accidents Indicators: <ul style="list-style-type: none"> • Total number of children targeted • Numbers of safety equipment fitted • Accidents and injuries will decrease in the targeted areas. 	
Additionality/strategic added value	A framework for use by other partnerships wishing to run similar schemes in the future	
 Behaviours/practices Intermediate outcomes What behaviours and practices do you hope to change?		Parents/carers take preventative measures. Practitioners continue to support families in accident prevention. Practitioners use their new knowledge with all families (i.e. not only SHSES eligible families).
 Capacity/knowledge/skills: Immediate outcomes What gaps in knowledge/skills/abilities/ do you seek to address? What gaps in service delivery and support will you address?	Outcome 2: Parents and carers of vulnerable children will have improved levels of awareness and understanding of key child safety issues. Indicators: <ul style="list-style-type: none"> • Families will be more aware of home safety issues • Numbers of resources distributed • Parent surveys to measure injury awareness and preventative strategies Outcome 3: Practitioners working with vulnerable children will have an increased awareness of home injuries involving young children and how these injuries can be prevented. Indicators: <ul style="list-style-type: none"> • Number of practitioners trained • Numbers of resources distributed • Positive practitioner survey responses Outcome 4: Individual risks in the home identified and addressed. Indicators: <ul style="list-style-type: none"> • Number of family visits carried out • Number of equipment sets fitted • Number of practitioners trained Families and practitioners will be more aware of the dangers in the home that can lead children to an injury and impact upon their lives and future.	Relevant services continue to provide: <ul style="list-style-type: none"> • Home safety risk assessment • Home safety awareness raising for parents/carers • Home safety equipment • Professional fitting of home safety equipment NICE Guidelines: <ul style="list-style-type: none"> • Coordinate delivery • Follow-up home safety assessments and interventions



4.2 Method and/or data limitations

The main data limitation was that it was unmanageable to access meaningful data on home accidents for local Schemes. This was because:

- Data on vulnerable families and accidental injury are collated at NHS Board, or local authority, or Community Health Partnership level. Only one local Scheme – the Western Isles – covered a whole NHS Board / local authority area: no other local Scheme was wholly co-terminous with these collations. This meant that it was unmanageable to:
 - Assess the number and nature of families reached in relation to collated data profiles.
 - Access meaningful data on accidental home injury to children under the age of five. This is compounded by significant issues in the nature of collated data on accidental home injury which have been highlighted by the Scottish Parliament Cross Party Group on Accident Prevention and Safety Awareness.

The other data gap was that no national data on referrals to local Schemes were collated by RoSPA. Although most local Schemes collated their own data on referral, it was not possible to analyse at a national level because there was wide variation in field/parameters used.

There were also issues in collating detailed data on Home Fire Safety Visits (HFSV) carried out through the Scheme. This was because:

- RoSPA did not collate full address details within their monitoring data. Although postcode details were collated, these do not include specific address details (i.e. several flats at one postcode). This meant that Scottish Fire and Rescue Service could not collate data on all HFSV referrals through the Scheme. Nevertheless, indicative data have been provided, see section 6.7.

4.3 Engagement with the evaluation

4.3.1 Family feedback survey response

Almost half (43%) of all families engaged in SHSES responded to the family feedback survey, see table 2. See table 3 for details of equipment received by respondents. The high response rate provides a good assurance that the evaluation findings relating to family perspectives are robustly reliable.

The high response rate was supported by offering families one of three different ways to complete the survey questionnaire:

- In hard (paper) copy and returned to the evaluation team in a freepost envelope. The survey questionnaire and the envelope were left with the family after the home safety visit and/or the installation visit.
- A follow-up phone call.
- A follow-up visit by the practitioner who did the home safety visit.

Table 2: Family feedback: total response

	Total engaged	Total respondents	% response
Total families	900	389	43%

Source: SMCIA analysis of family feedback survey

Table 3: Family feedback: response rates in relation to equipment fitted

	Total engaged	Total respondents	% response
Bath/shower mat	813	351	43%
Blind cord cleats	1122	237	21%
Carbon monoxide alarms	293	135	46%
Corner cushions	1106	278	25%
Cupboard locks	1199	326	27%
Door jammer	1623	346	21%
Fireguard	153	122	80%
Safety gate	1528	350	23%
Window restrictors	189	128	68%

Source: SMCIA analysis of family feedback survey

4.3.2 Stakeholder surveys response

The baseline survey (undertaken in summer 2013) elicited 67 responses; the final survey elicited 127 responses. This is a 90% (60 responses) increase in response, indicating a significant increase in stakeholder engagement in the Scheme. It is significant that:

- The response by people who refer families to the Scheme increased by 62% (from 14 to 43 respondents), see figure 1. Notably, there was a 500% increase (from 2 to 23) in the number of health visitors who responded to the final survey, see figure 2.
- The percentage response by lead implementation individuals (the lead individual for the Scheme in an area, RoSPA staff members) reduced significantly, see figure 1, indicating that a wider group of stakeholders was engaged in the Scheme.

4.3.3 Interviews and focus groups

Table 4 provides details of focus groups that informed the evaluation. Significant efforts were made by the evaluation team and by local Schemes to engage all stakeholder groups, in particular families, but this proved to be challenging in some local areas.

Additionally, all national partners were interviewed (see appendix D for details):

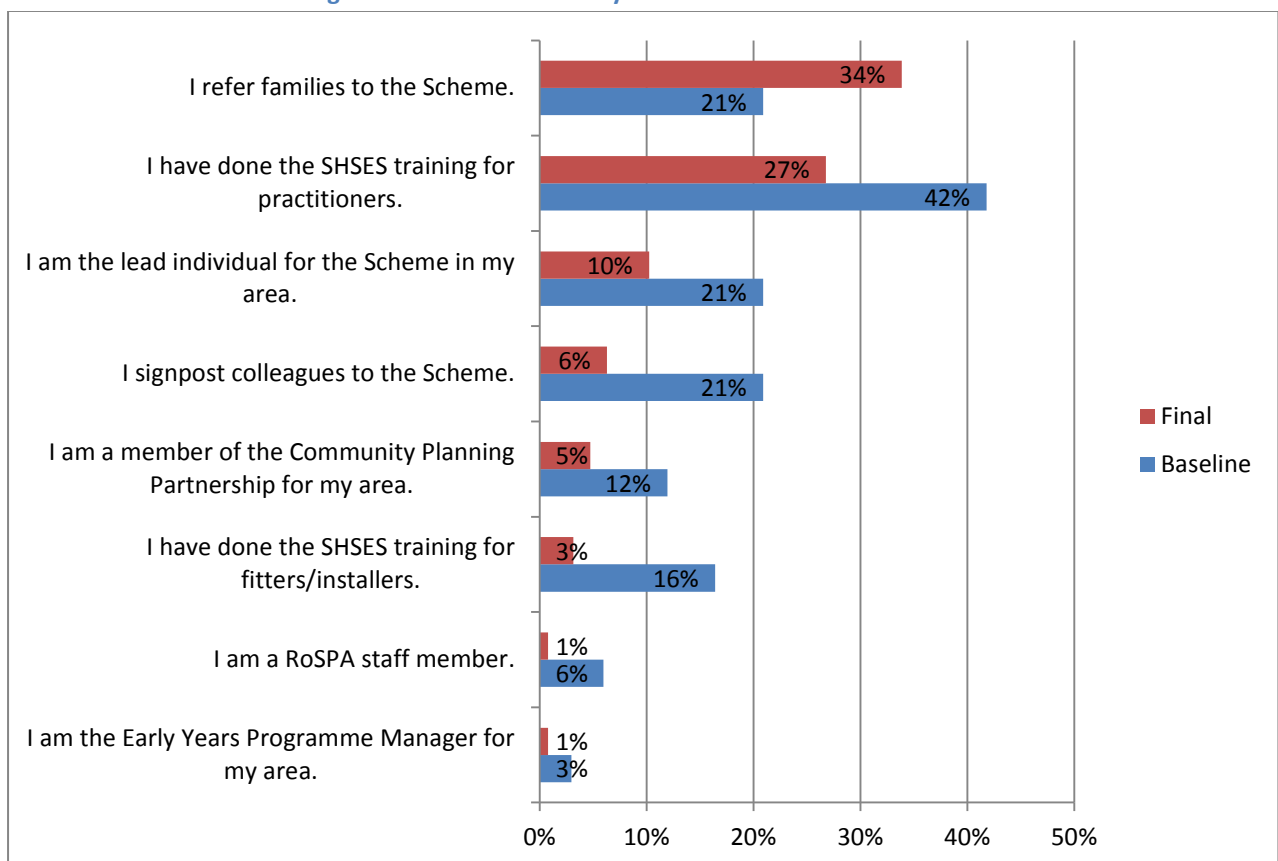
- RoSPA.
- Care & Repair Scotland.
- Scottish Fire and Rescue Service.

Table 4: Focus Groups

	Practitioners	Installers	Families	Managers	Referrers
Angus	✓	✓		✓	
East Dunbartonshire	✓	✓			
East Renfrewshire	✓	✓	✓		
Edinburgh FNP	✓			✓	
Edinburgh Gorgie	✓			✓	
Edinburgh Leith	✓		✓	✓	
Glasgow	✓	✓	✓	✓	
Inverclyde	✓	✓	✓	✓	
Lothians	✓				
Renfrewshire	✓	✓	✓	✓	
Western Isles	✓	✓		✓	✓

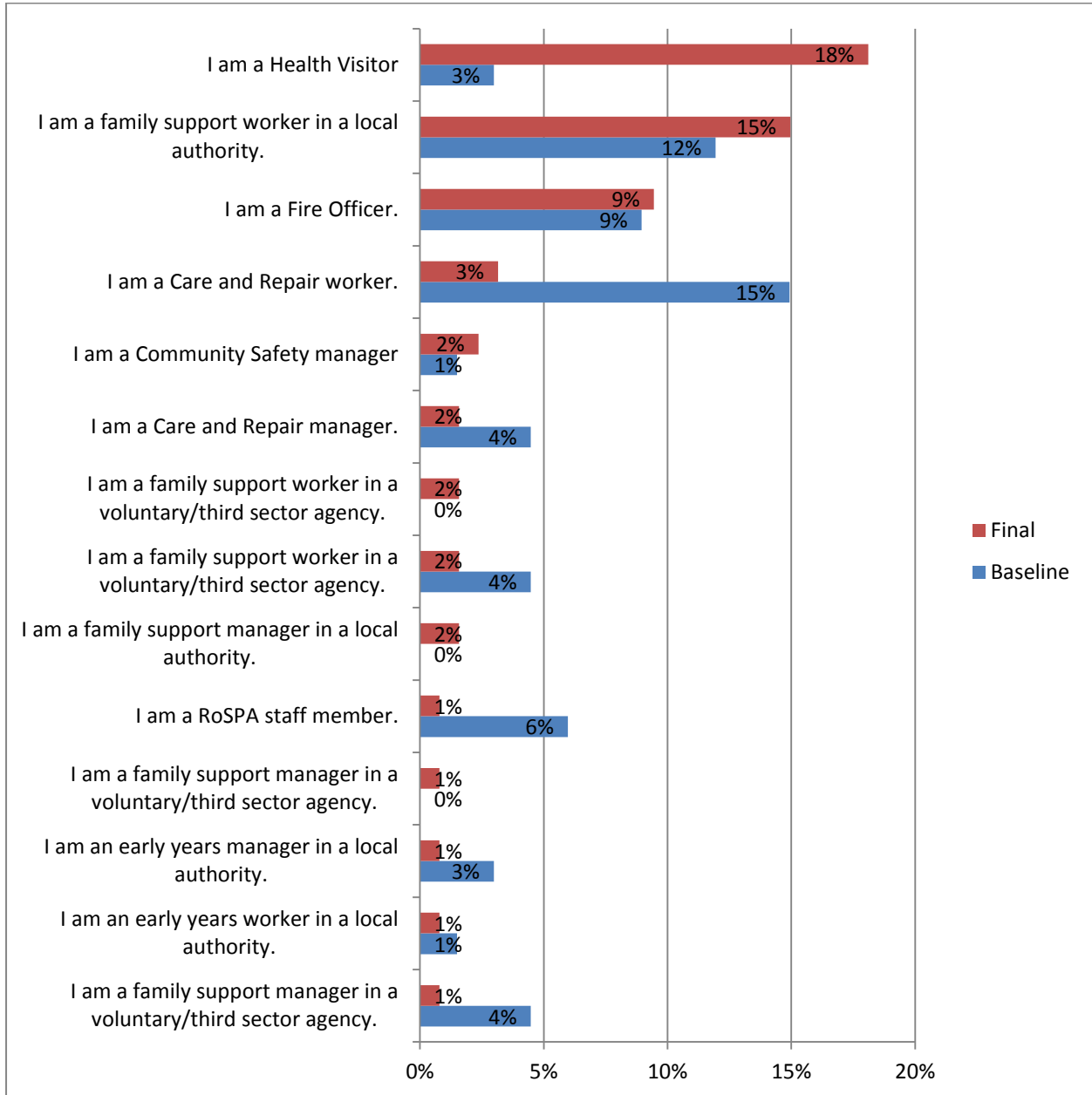
Source: SMCIA evaluation of SHSES

Figure 1: Stakeholder survey: how I know about SHSES



Source: SMCIA analysis of baseline and final surveys

Figure 2: Stakeholder survey response: job role



Source: SMCIA analysis of baseline and final surveys

5 Costs and contributions

5.1 Costs

The Scottish Government £265,000 to RoSPA to support Scotland's Home Safety Equipment Scheme from April 2013 to June 2014.

By June 2014 the Scheme had provided the following to 900 families at a total cost of £248,187.47²², see table 5.

- Home safety risk assessment
- Home safety awareness raising for parents/carers
- Home safety equipment
- Professional fitting of home safety equipment

The cost per family or child was (see table 6):

- 900 families at a cost of £275.76 per family
- 1752 children under the age of 5 at a cost of £141.66 per child
- 870 children under the age of 2 at a cost of £285.27 per child

The most recent available data on the cost of a non-fatal, hospital treated home accident for children aged up to 4 years is £10,600²³.

Table 5: SHSES costs

	£
Staff Costs (including overheads, training & conferences)	£89,071.50
Equipment	£65,746.80
Delivery	£2,765.89
Storage	£1,010.35
Installation	£33,669.00
Fitter Training	£4,310.59
Practitioner Training	£3,511.81
Travel	£10,873.37
Resources	£6,673.56
Evaluation	£25,718.68
Event	£4,835.92
Total costs incl VAT	£248,187.47

Source: RoSPA 24th October 2014

²² RoSPA will use the remaining £16,812.53 to support the implementation of the Scheme in one additional area, informed by the findings of the evaluation report.

²³ Walter, LK. Re-valuation of home accidents: Published project report: PPR 483 Transport Research Laboratory 2010. Data used in the University of Nottingham Evaluation of the National Safe At Home Scheme Final Report, September 2011

Table 6: SHSES costs per family and child

Cost per family		Cost per child under 5		Cost per child under 2	
# families	Cost per family	# children under 5	Cost per child under 5	#children under 2	Cost per child under 2
900	£275.76	1752	£141.66	870	£285.27

Source: SMCIA analysis of SHSES monitoring data to 25/7/14

5.2 Local contributions

In addition to SHSES costs – including fees paid to installation agencies – lead practitioner agencies estimated that each case, involving home safety visit, installation visit, administration and follow-up required approximately, on average, three hours of staff time providing an approximate cost of 2700 staff hours in total across the Scheme.

Even at the UK minimum wage²⁴ in 2014 of £6.50 per hour, this amounts to an additional £17,550 provided to the Scheme by lead agencies – approximately £1755 from each lead agency²⁵. Some SHSES areas provided additional resources including:

- Wood at £5 per safety gate fitted
- £6,000 was provided by NHS Western Isles to unsure equity of the service within the Islands, especially for travel.

The SHSES service model (see chapter 6 for details) was designed to provide each eligible family with:

1. A home safety risk assessment, including assessment of what equipment was needed and where it should be fitted – and equipment ‘prescription’.
2. Home safety awareness raising for parents/carers.
3. Professional fitting of ‘prescribed’ home safety equipment.
4. The offer of a Home Fire Safety Visit.

Most SHSES areas (10/12) provided this through a home visit by a practitioner who undertook the home safety risk assessment, equipment ‘prescription’ and home safety awareness raising, followed by a home visit by a fitter who delivered the equipment and professionally fitted it. Five of these areas then did a follow-up visit by the practitioner who did the initial home visit and made the equipment ‘prescription’, to review use of the equipment (eg to check that families knew how to use it, reinforce home safety awareness/knowledge, and elicit feedback on the Scheme to inform the evaluation.

Three out of the twelve SHSES areas provided a combined home safety visit together with ‘prescription’ and fitting the equipment.

²⁴ <https://www.gov.uk/national-minimum-wage-rates>

²⁵ Excluding the Edinburgh FNP SHSES project, where RoSPA staff undertook home visits etc.

The majority of staff undertaking the home visits were ‘support workers’ e.g. family support workers, health visitor support worker, early years support worker. Most staff received a salary of £20,000 - £25,000, although some received less than £15,000; and in two areas staff were on salaries of more than £30,000. In the two areas where there was a single home visit which combined the home safety visit together with ‘prescription’ and fitting the equipment, the salary costs were slightly higher, at £25,000 - £30,000. See table 7.

Table 7: Approximate salaries of staff undertaking the home safety visit

	Response Percent	Response Count
less than £15,000	9%	1
£15,000 - £20,000	18%	2
£20,000 - £25,000	36%	4
£25,000 - £30,000	18%	2
more than £30,000	18%	2

Source: SMCIA evaluation of SHSES

5.2.1 Case load

The caseload for staff working on the project varied widely in accordance with the local delivery model – ranging from a caseload of 115 across the duration of the Scheme to a caseload of five, see table 8.

- There was an average of 15 cases per practitioner ie staff member doing the home safety visit
- There was an average of 21 cases per fitter
- An overall average of 18 cases per staff member
- Ten individuals undertook both the home safety visit and the equipment fitting; this increased the average cases per practitioner/fitter to 21.

Table 8: Caseload

Area	# Practitioners	Average cases per practitioner	# Fitter	Average cases per fitter	Practitioner = Fitter
Aberdeen	2	23	2	23	
Angus	2 ²⁶	17	2	34	✓
East Dunbartonshire	2 ²⁷	45	3	30	
East Renfrewshire	4 ²⁸	11	4	11	
Edinburgh	5	5	2	12	
Edinburgh FNP	3	8	3 ²⁹	8	
Glasgow	11	14	3 ³⁰	53	
Inverclyde	10	11	2	28	

²⁶ 1 practitioner/fitter had 33 cases: 97%

²⁷ 1 practitioner had 89 cases: 98%

²⁸ 1 practitioner had 37 cases: 84%

²⁹ 1 fitter had 21 cases: 81%

³⁰ 1 fitter had 85 cases; 1 had 69 cases: 91%

Lothians	1	115	7	19	
Renfrewshire	11	7	6	14	
West Dunbartonshire	7	17	6	17	✓
Western Isles	2	30	2	30	✓
TOTALS	60		43		

Source: SMCIA evaluation of SHSES

5.3 Summary

By June 2014 SHSES had provided the following to 900 families at a total cost (to the Scottish Government) of £248,187.47

- Home safety risk assessment
- Home safety awareness raising for parents/carers
- Home safety equipment
- Professional fitting of home safety equipment.

The cost per family or child was:

- 900 families at a cost of £275.76 per family
- 1752 children under the age of 5 at a cost of £141.66 per child
- 870 children under the age of 2 at a cost of £285.27 per child

The most recent available data on the cost of a non-fatal, hospital treated home accident for children aged up to 4 years is £10,600³¹.

Local partners contributed staff time, with each case involving approximately three hours of staff time (home safety visit, installation visit, administration and follow-up) providing an approximate cost of 2700 staff hours total across the scheme.

There was an average of 15 cases per practitioner ie staff member undertaking the home safety visit

There was an average of 21 cases per fitter

An overall average of 18 cases per staff member

Ten individuals undertook both the home safety visit and the equipment fitting; this increased the average cases per practitioner/fitter to 21.

³¹ Walter, LK. Re-valuation of home accidents: Published project report: PPR 483 Transport Research Laboratory 2010. Data used in the University of Nottingham Evaluation of the National Safe At Home Scheme Final Report, September 2011

6 The SHSES model

6.1 Introduction

This chapter provides:

- A description of the SHSES model and process
- Stakeholder perspectives on the service model and process
- Details of, and an analysis of issues and perspectives on:
 - The home safety visit
 - The installation visit
 - The Home Fire Safety Visit
 - The equipment
- Consideration of interagency working through the Scheme
- Analysis of emergent implementation issues
- A summary of key findings.

6.2 The SHSES model and process

The SHSES service process involved:

1. Referral/identification of eligible families
2. A home safety visit, involving:
 - a. A home safety risk assessment, including assessment of what equipment was needed and where it should be fitted – and equipment ‘prescription’. This required the practitioner to do a ‘walk through’ the whole house to identify safety issues and to consider where best to fit equipment in discussion with the parents/carers.
 - b. A home safety awareness discussion with the parents/carers, making use of a home safety pack provided by RoSPA.
 - c. The offer of a Home Fire Safety Visit to be undertaken by the Scottish Fire and Rescue Service.
3. A second home visit to deliver and professionally install the ‘prescribed’ home safety equipment, and provide guidance to the family in using it.
4. A Home Fire Safety Visit if the family wanted it.
5. A follow-up visit or phone call to further support the family in using the equipment (in some areas).

Each area team was asked by RoSPA to sign the ‘project brief’, which detailed the process, see appendix E for the brief, and table 9 which summarises the process. This was designed to ensure that the Scheme was implemented in the same way across all twelve areas. Significant variation across the areas meant that significant variations were made to the model from the beginning of the scheme – whilst retaining the overall integrity of the model, notably:

- Three areas combined the home safety visit and the installation visit into a single visit by one staff member, see table 8 (section 5.2.1). The implementation of the Scheme in all of these areas was led by Care & Repair.

Table 9: SHSES process

PARTNER SIGN UP	
Identification of partners	
Partner lead is identified	
Lead partner signs project brief (NB the project brief is a 'goodwill' agreement, not a contract)	
Partner identifies practitioners to be involved in (and trained through) SHSES	
PARTNER TRAINING AND COORDINATION	
RoSPA provides SHSES training day to practitioners who will deliver the home safety visit identified by each partner	
RoSPA sends Family Resource Pack to area leads following practitioner training for dissemination to relevant staff. This complements the training and supports the home safety visit.	
RoSPA identified specialist (Kid Rapt) provides installation training to staff who will fit the equipment	
RoSPA orders equipment to be delivered to agreed Fire Station/s in partner area Kits are stored at local fire stations and uplifted by installers as required.	
RoSPA contacts relevant Fire Station officer to arrange delivery of equipment	
Installers update stock control sheet each time they take equipment, which RoSPA monitors	
RoSPA has quarterly meetings with each partner	
Lead partner in each locality facilitates regular local practitioner/installer/fire officer meetings	
WORK WITH FAMILIES	
Partners identify eligible families	
Practitioner arranges home safety visit with identified families	
Home visit 1: Practitioner 'Home safety visit' Undertaken by practitioners who had been trained through the Scheme	Practitioner completes Form 1 with the family
	Practitioner completes relevant section of Form 2
	Practitioner provides family with safety education session
	Practitioner leaves a resource pack with the family
Home Visit 1: Form 1	Practitioner faxes Form 1 to RoSPA within 2 weeks of Home Visit
	RoSPA logs all the Form 1 information into database
	RoSPA completes on-line Home Fire Safety Visit request form on behalf of the family
	SFRS staff contact installer to arrange Home Fire Safety Visit
Home Visit 1: Form 2	Practitioner faxes Form 2 to the installer
	Installer arranges to collect equipment from Fire Station
	Installer arranges date for home visit to install the equipment within 2 weeks of date fax sent by practitioner
Home visit 2: Installation 'Installation visit' Undertaken by joiners who had been trained through the Scheme	Installer installs equipment
	Installer completes Form 2
	Installer leaves one copy of Form 2 with the family
	Installer sends one copy of Form 2 with invoice to RoSPA RoSPA logs the information
Home Visit 3: Home Fire Safety Visit	Fire service carries out home fire check and installation of smoke detectors as appropriate
Follow-up	Return visit and/or phone call to support family and ask them to complete the family feedback questionnaire

Source: RoSPA 'project brief'

6.2.1 The SHSES model in local areas

Potential areas were identified by RoSPA from April 2013: identification of teams began in April 2013, immediately the funding for the Scheme was provided. This was a pragmatic process – making use of existing RoSPA contacts, and resulted in the establishment of eight local Schemes from May 2013. An additional four local Schemes were established in January 2014, and recruited through an invitation published in the Children in Scotland bulletin.

Only one local Scheme – the Western Isles – covered a whole NHS Board / local authority area. Although this area had robust data on eligible families through statutory data collation, it was not possible to share this with the lead agency because of Data Protection restrictions.

- *We know that there were at least 50% (c 30) more families out there who're eligible.*

Table 10: Lead & partner agencies, main referrers and number of families reached.

	Lead agency	Partner agencies	Established new group with regular meetings	Main referrers	Number of families reached
Aberdeen	Aberdeen Safer Communities Trust	<ul style="list-style-type: none"> • Johnston & Stevenson (joiners) 		n/a	46
Angus	Angus Care & Repair			<ul style="list-style-type: none"> • Self-referral • 3rd sector • Social Workers • Early Years Education 	34
East Dunbartonshire	East Dunbartonshire Council (Community support)	<ul style="list-style-type: none"> • Care & Repair East Dunbartonshire 		<ul style="list-style-type: none"> • Self-referral • Health Visitors 	91
East Renfrewshire	NHS Greater Glasgow & Clyde (Health Visiting)	<ul style="list-style-type: none"> • Care & Repair Renfrewshire & Glasgow 		<ul style="list-style-type: none"> • Health Visitors 	44
Edinburgh (Leith & Gorgie)	Home-Start	<ul style="list-style-type: none"> • Care & Repair Edinburgh 		<ul style="list-style-type: none"> • Self-referral • SHSES practitioners 	24
Edinburgh FNP	NHS Lothian FNP	<ul style="list-style-type: none"> • MARC 		<ul style="list-style-type: none"> • Family Nurses 	26
Glasgow North East	NHS Greater Glasgow & Clyde, Health Improvement	<ul style="list-style-type: none"> • Care & Repair Glasgow 	✓	<ul style="list-style-type: none"> • Health Visitors 	174

Inverclyde	Inverclyde Council, Community Safety	<ul style="list-style-type: none"> Care & Repair Inverclyde then Ecosse Joinery Ltd River Clyde Homes 	✓	<ul style="list-style-type: none"> SHSES practitioners Health Visitors Social Workers 	112
Lothians	Barnardos	<ul style="list-style-type: none"> MARC [furniture recycling social enterprise] Care & Repair West Lothian 		<ul style="list-style-type: none"> SHSES practitioners Health Visitors Social Workers Sure-Start 3rd sector 	115
Renfrewshire	NHS Greater Glasgow & Clyde, Health Improvement	<ul style="list-style-type: none"> Care & Repair Renfrewshire & Glasgow 		<ul style="list-style-type: none"> SHSES practitioners Health Visitors 	82
West Dunbartonshire	Care & Repair West Dunbartonshire			<ul style="list-style-type: none"> Health Visitors 	101
Western Isles	Tighean Innse Gall (Care & Repair)	<ul style="list-style-type: none"> NHS Western Isles 	✓	<ul style="list-style-type: none"> SHSES practitioners Self-referral NHS 3rd sector 	59

Source: SMCIA analysis of SHSES monitoring data and information provided by local Schemes

It took significant effort on the part of the local stakeholders – as well as the national RoSPA team – to establish local Schemes. During focus groups and interviews stakeholders emphasised the effort involved:

- *It took quite a lot of effort to get a Department to take on the pilot – then it became clear that only family support workers had the capacity to take on the role – and some social work assistants.*
- *There were the terms of reference, the targets: it took a lot of negotiation to get everyone to agree.*

The identification of staff capacity to implement the Scheme was a key aspect in the early negotiations. Two Schemes within NHS Greater Glasgow and Clyde made use of support staff (health visiting/health improvement) recruited by the Board in autumn 2013. Focus groups discussions emphasised that these staff were seen as essential by health visitors in undertaking the home safety visit and the associated paperwork, and without them the Scheme would not have been implemented in these areas.

- *Home safety is a key part of our [health visiting] work – it completely fits our health promotion role. We're the right people to do it. But health visitors don't have the time – we had the luxury of having a support worker who did all the visits.*
- *The health visitor team is ideally placed to lead it because of the universal pathway – so long as they have support staff to do the safety assessments.*

Four areas had one main individual who undertook most (or all) home visits – with two practitioners with significantly higher caseloads than the average of 15: one with a caseload of 46, and one with a caseload of 115 (see table 8 in section 5.2.1). The impact of the Scheme of these individuals' jobs has been significant.

Three areas established a new group to support implementation of the scheme – these included key managers and operational staff.

- *We set up this multi-disciplinary group for the scheme specially – and we're planning to continue to meet.*
- *We set up these interagency meetings for this scheme: [the director] will need to decide if it continues. I hope it will – we still have some equipment to fit, and we want to see a drop in the A& E figures.*
- *All partners turned up to all the monthly meetings, and they all did what they said that they'd do. It also included people at the coalface – you really need that.*

6.2.2 Relevance to the Early Years Collaborative and related initiatives

6.2.2.1 The Early Years Collaborative

All local Schemes which were led by or had partnership involvement by NHS teams (5 local Schemes), and one local Scheme led by a local authority explicitly related the Scheme to the work of the Early Years Collaborative (EYC)³². All of these local areas had begun to think though the potential for using the Schemes as a 'Test of Change' for the EYC. The Scheme was seen as explicitly complementing work in the local area relating to the EYC, with some areas having an established reporting link into the management of EYC work. Comments made by participants in focus groups included:

- *This really fits into our work on the Early Years Strategy*
- *It was on the agenda of every EYC meeting and [manager] did a report for each meeting.*

6.2.2.2 The Family Nurse Partnership

Family Nurse Partnership (FNP)³³ aims to improve maternal health, child health and development, and family economic self-sufficiency. In Scotland the programme is currently being delivered in

³² <http://www.scotland.gov.uk/Topics/People/Young-People/early-years/early-years-collaborative>

³³ <http://www.scotland.gov.uk/Topics/People/Young-people/early-years/parenting-early-learning/family-nurse-partnership>

eight NHS Board areas - Lothian, Tayside, Fife, Greater Glasgow and Clyde, Ayrshire and Arran, Highland, Forth Valley and Lanarkshire.

FPN is a preventive programme for vulnerable young first time mothers. It offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until the child is two years old. It is strength based and consists of structured home visits using materials and activities that build self-efficacy, change health behaviour, improve care giving and increase economic self-sufficiency.

One local SHSES Scheme was implemented through the Family Nurse Partnership. The model for implementation was slightly different from other local Schemes, notably:

- RoSPA staff did all the home safety visits, and were accompanied by the Family Nurse during the visit.
- The FNP model provided mothers with significant home safety input, so the home safety visit included the home safety assessment 'walk through', but not the home safety awareness input.

The Family Nurses considered that:

- *SHSES is very relevant to our model – home safety is one of our outcomes³⁴.*
- *It was very simple, very slick. We just phoned RoSPA to refer a mum, and it was very easy to piggy-back the home safety assessment onto one of our visits – the RoSPA women come out with us, it didn't take long. The walk-through was a surprise – it wasn't invasive as we'd initially thought. The families didn't think that it was invasive. I don't think I'd be able to do it – I wouldn't go into the bedroom. This was very direct - we don't focus one session on safety – we're more drip, drip. It helped to cement our input on home safety.*
- *The fitting happened really quickly. The joiners chased our clients to get in to fit the equipment.*
- *It was very empowering for the mums – and for us. It underlined our input on home safety. The clients felt valued and special.*
- *We had offered them Fire Safety Visits before – but they didn't take them up. Because of the direct focus on home safety [during the RoSPA visit] they took up the Fire Safety visit – it was all part of the package. And they loved the fire visit – they found it reassuring, and learned about how to make a fire escape plan.*
- *It was individual to their needs.*
- *The installation of the equipment was the most valuable thing.*

6.3 Stakeholder perspectives on the service model and process

Stakeholders generally valued the Scheme, with the involvement of the Fire Service being seen as a 'really helpful aspect'. Although slightly more than a quarter (26%) of respondents to the final

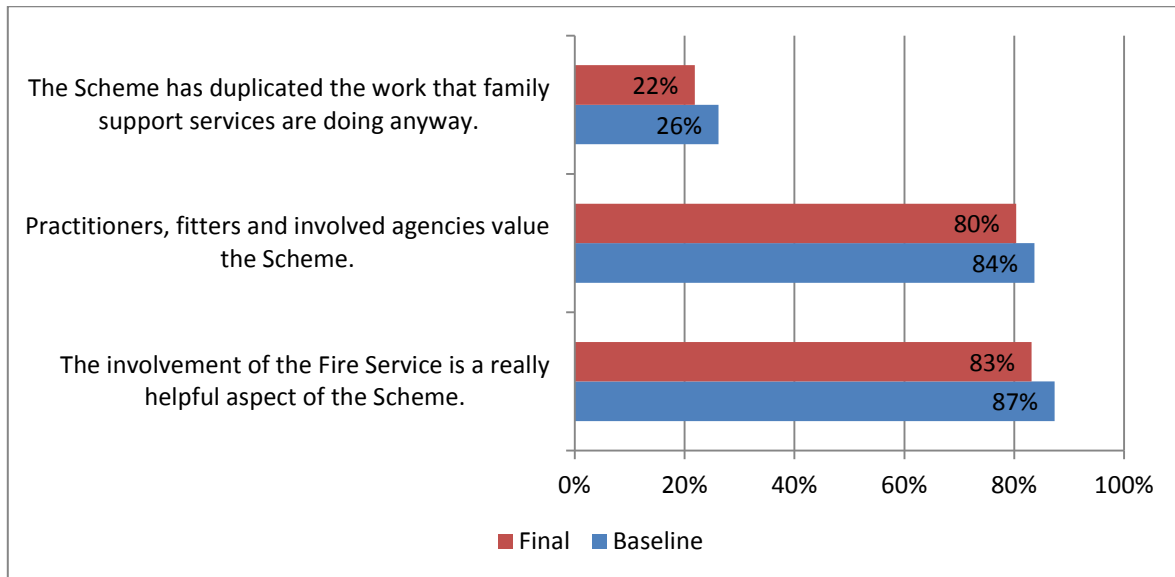
³⁴ <http://www.fnp.nhs.uk/about/what-does-fnp-involve>

<http://www.scotland.gov.uk/Topics/People/Young-people/early-years/parenting-early-learning/family-nurse-partnership>

stakeholder survey were worried that SHSES would duplicate the work that family support services are doing anyway, this reduced by 4% by the end of the Scheme, see figure 3.

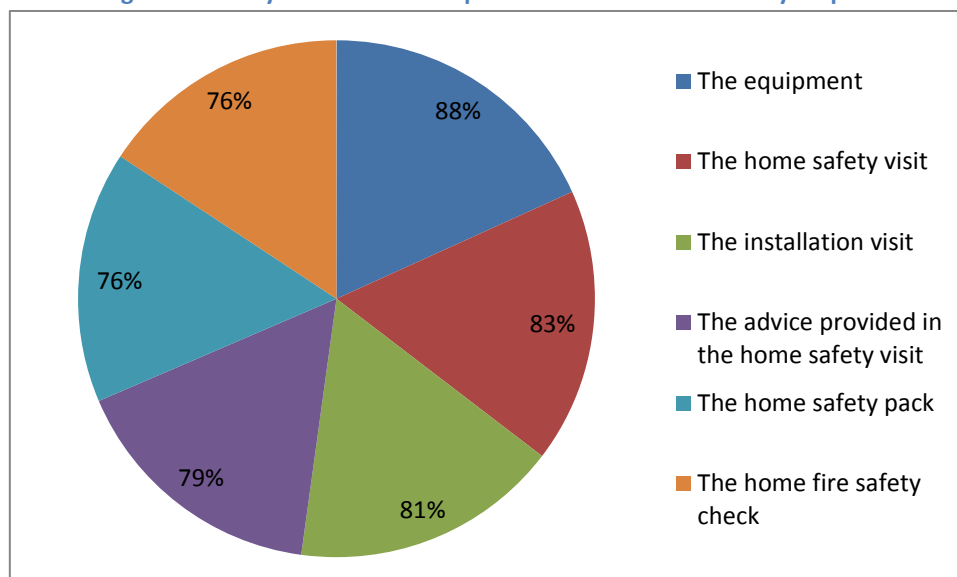
Families highly valued all aspects of the Scheme, with 99% of all respondents to the family feedback survey considering that all parts (the equipment, the home safety visit, the advice, the home safety pack, the installation visit and the Home Fire Safety Visit) were helpful. The equipment was slightly more valued (88% respondents to the family feedback survey considering it to be ‘very helpful’) than other aspects, see table 11.

Figure 3: Stakeholder surveys: service model



Source: SMCIA analysis of baseline and final surveys

Figure 4: Family feedback: the aspect of SHSES that were ‘very helpful’



Source: SMCIA analysis of family feedback survey

Table 11: Family feedback: what was helpful about SHSES

	Very helpful			Helpful			Not very helpful			Not helpful at all		
	Total respondent to this question	% respondents	% respondents to this question**	Total respondent to this question	% respondents	% respondents to this question	Total respondent to this question	% respondents	% respondents to this question	Total respondent to this question	% respondents	% respondents to this question
The equipment	340	87%	88%	46	12%	12%	2	1%	1%	0	0%	0%
The home safety visit	322	83%	83%	68	17%	17%	0	0%	0%	0	0%	0%
The installation visit	312	80%	81%	71	18%	18%	1	0%	0%	1	0%	0%
The advice provided in the home safety visit	306	79%	79%	79	20%	20%	3	1%	1%	0	0%	0%
The home safety pack	292	75%	76%	89	23%	23%	2	1%	1%	1	0%	0%
The home fire safety visit	220	57%	76%*	64	16%	22%	3	1%	1%	3	1%	1%

The reason for the difference between % total respondents and % respondents to the question about the fire safety check is because not all respondents had had a fire safety check

** See figure 4

Source: SMCIA analysis of family feedback survey

6.4 Referrals

No data on referrals were collated systematically by RoSPA; most local Schemes collated their own data on referral (see table 10, section 6.2.1). This indicates that referrals were mainly:

- By practitioners working to implement the Scheme
- Self-referrals
- Health Visitors
- Third sector agencies
- Social workers

58 (62%) respondents to the final stakeholder survey had referred families to the Scheme: the majority of these were health visitors (43%, 18), with a third (33%, 14) being family support workers in local authorities, who had also done the home safety visit. All referrers (100%) found the process straightforward. Comments included:

- *As professionals, there can be a lot of paperwork at times. The referral form was simple and easy to use.*

The vast majority of respondents who had made referrals to the Scheme (97%) found the eligibility criteria easy to follow, with the comments including:

- *I was a little unsure about the different kinds of benefits that met the criteria.*
- *Often, when I visited families and found that they were in dire need of the equipment, the children were just out with the age criteria.*
- *I think this service should be for everyone.*
- *Not so easy when there are families with small children who come under refugee and asylum status.*

Participants in practitioner focus groups emphasised the importance of:

- Having clear referral pathways and processes, with the following comment being representative:
 - *The referral pathway is the key – there needed to be very clear roles and remits because there was so much potential for confusion – including about minor things like the wrong forms being sent to the wrong people. So we developed an algorithm for it. The NHS needs to be convinced that referrals will be well run – the governance needs to be right.*
- Having good relationships with local health visitor teams – health visitors were key referrers to the Scheme.

6.5 The home safety visit

6.5.1 Local Schemes perspectives

40 (44%) respondents to the final stakeholder survey had undertaken a home safety visit: the majority (47%, 14) of these were family support workers. Everyone (100%) who had undertaken a home safety visit found the process easy; and everyone (100%) experienced families to be welcoming at least most of the time. Comments included:

- *A lot of the referrals we received were only suitable for a small part of the package e.g. no stairs or fires so perhaps they could be more targeted.*
- *Most people were delighted to be getting safety gates and any of the other safety items.*
- *Interactive computer based programmes and/or Apps would be very beneficial to use with families to augment verbal discussion. Hair straightener safety bags difficult to get hold of and would be a great addition for families.*
- *All families were willing to take part in the process of referral and installation of equipment and were more than happy to discuss safety issues within the home.*
- *Most of the families I visited were grateful for the equipment and welcomed the practitioners into their home. Mothers particularly felt they were doing something constructive to keep their children safe.*

The majority (88%, 35) of respondents who had done a home safety visit considered that it complemented/integrated well with the work that they were doing with the families anyway

Practitioners generally experienced no difficulties in undertaking the home safety visit: being able to say that they were 'from RoSPA' rather than from social work department was particularly valued in gaining access to the home:

- *Families let us do the assessment because we were from RoSPA.*
- *We could say that we were from RoSPA – and not from the council or social work – and then we'd get in. They weren't frightened that I'd take their kids away.*
- *The practitioners are seen as less threatening than health visitors or social workers.*
- *There's a fear that I would see something that would lead to their children being taken away. There's a fear of any official person.*

The home safety visit included two key aspects: a home safety assessment, involving a 'walk through' the whole house to identify safety issues and to consider where best to fit equipment; and a home safety awareness discussion with the parents/carer.

6.5.1.1 The 'walk through'

The 'walk through' provided practitioners with the opportunity to see much more of the living circumstance of the family than they had had access to before. This enabled practitioners with more opportunities to identify areas of need or concern – in addition to safety – than they had in their

core roles. This was also welcomed by family nurses, who are much more involved with the families that they work with than other practitioners (see section 6.2.2.2).

- *I've not got as far into a home before – the home safety assessment takes you into bedrooms...*

However, some practitioners found the 'walk through' to be sometimes invasive, and used their discretion in whether or not to fully implement it:

- *I started off doing the walk through, but sometimes the families thought that I was judging them, so sometimes I didn't do it.*

6.5.1.2 The home safety awareness input

The home safety awareness input was structured through a pack of information (the 'home safety pack') collated by RoSPA and provided to practitioners to give to each family. Practitioners generally found the pack to be a useful resource for them – but perhaps not as useful for families as it was largely paper/print based. Practitioners who participated in focus groups found the checklist and the DVD particularly helpful, with comments including:

- *The checklist is brilliant – I use this at the home visit, and go through it with the family*
- *What worked? – the DVD, the checklist, the A-Z book.*
- *Some of the information scared them – but this was really important in helping to raise awareness.*
- *Sometimes families didn't have DVD players.*
- *Families weren't really interested – their first language might not be English.*

Families' comments about the pack emphasised its better use as a practitioner resource than a family resource – with many families who participated in the focus groups not looking at the pack at all after the home visit:

- *I didn't look at it at all – there's no time.*
- *I didn't know there was a DVD in it.*
- *I just left it on the shelf.*

Many practitioners found the use of the pack in delivering home safety awareness to be cumbersome, with those participating in focus groups making comments including:

- *It's too much information.*
- *RoSPA wanted us to go through the whole pack – but we tailored it. It would've taken far too long, and it's very dry.*
- *The awareness delivery is too boring – it needs to be more interactive, but we didn't have the time to develop this.*
- *Sometimes the home safety talk seems patronising.*

This was emphasised by respondents to the stakeholder survey, with the following comment being representative of several:

- *The awareness input was slightly patronising.*

However, the materials within the pack were seen as a useful resource for practitioners, with practitioners who participated in focus groups already using – or thinking about using – the materials for different groups:

- *You could put the DVD on the loop at GP surgeries, A&Es.*
- *We used some of the materials for other groups ... the sports centre... for awareness, even if they didn't get the equipment. And then the families would talk to each other.*

Some practitioner focus groups asked the evaluation team whether additional packs would be available from RoSPA – beyond the end of the Scheme:

- *Does RoSPA charge for more packs??*

6.5.2 Families' perspectives on the home safety visit

All families who responded to the family feedback survey found the home safety visit helpful (with 83% finding it 'very helpful'). 99% found the advice provided helpful (79% finding it 'very helpful'), see table 11, section 6.3).

Of the 28 comments, eight were explicitly appreciative about learning about safety through the home safety visit, for example:

- *Pointed out safety aspects.*
- *Through safety check.*
- *I am more aware.*
- *Good advice and safety issues brought to my attention.*
- *Learned new information.*
- *Learned more about safety in my house.*

Eight parents/carers said that they hadn't looked at the home safety pack – however five explicitly said that they'd used it, including watching the DVD with family members.

Parents/carers who participated in the focus groups generally welcomed the home safety visit: they considered that the advice provided was helpful, and didn't feel patronised:

- *They came and advised us – we had to think about what we needed – we had to decide with the woman.*
- *They didn't 'tell' me what I should be doing.*

In addition to feeling involved with the decisions about which equipment was needed, families recognised the benefits of having advice as well as the equipment:

- *I was surprised that I was going to have the equipment fitted.... but you need someone like [the practitioner] providing advice too – he has a lot of experience and training.*

6.6 The installation visit

6.6.1 Local Schemes perspectives

Seven installers responded to the stakeholder survey. They all found the process easy to follow. They considered that the work that they did for the Scheme completed their main job role, and felt welcomed by the families they visited.

In focus group, installers emphasised the importance of effective installation and guidance in use in assuring that equipment would be safely used:

- *We invested in red folders for each family left them with the family. The folders contained spare keys, spanners, instructions and our contact details. We made it look important for them, and printed their names on the folder.*
- *We did more than simply fit the equipment, we showed families how to use it and emphasised safety.*
- *Families couldn't fit the gates themselves. I wasn't worried that they'd sell the equipment on if I didn't fit it, just that they wouldn't be able to fit it themselves, and use it. The installation is the key bit.*
- *The installation is very important – especially for the gates: if they're not fitted properly then there's a big safety risk.*
- *If [the equipment] wasn't fitted it would still be lying there.*

6.6.2 Families' perspectives on the installation visit

All (100%) of families who responded to the family feedback survey found the installation visit helpful (with 81% finding it 'very helpful'). Of the 49 comments made about the installation visits by parents/carers in the family feedback survey, 27 were about how helpful the installer was, for example:

- *Workers really nice with good manner*
- *Men very helpful, done a very good job*
- *Very quick, professional*
- *Explained a lot*
- *Really nice showed how to work door*
- *Here within good timescale, very good*
- *Showed me everything he was doing and explained a lot*
- *Showed me how to work everything*
- *He listened to my opinions.*

The family feedback survey also showed that having the equipment professionally fitted was one of the things that they 'really liked' about the Scheme:

- *It was great all the equipment was fitted by the joiner as some people are not very handy with DIY stuff.*

- *Equipment all fitted properly for you and the fact that it is all straight forward.*
- *Great that somebody has come out and done it for me!*
- *That the equipment was not just supplied, it was also fitted.*
- *The quickness of fitting friendliness and knowing equipment is fitted properly as I'm on my own and wouldn't know where to start. Workmen very efficient and helpful.*

Parents/carers who participated in focus groups echoed the fitters stress on the importance not only of providing the equipment, but in professionally fitting it:

- *The installation was a bit help – I wouldn't have had a clue what to do. The fitters decided the best place for the gate, and showed you how to use it.*
- *I wouldn't have fitted the stuff myself – I couldn't.*
- *If the equipment wasn't fitted then it would've stayed in the box: my husband wouldn't have fitted it – you need a drill.*

They also valued the guidance that the installers provided, and the very short waiting time to have the equipment delivered and fitted after the home safety visit:

- *The fitters were brilliant – they left instructions, spare keys.*
- *The fitters were great – they came really quickly.*

During focus groups practitioners commented that the feedback that they had had from families on the installation visits was very positive, with comments including:

- *Every family said that the installers were very nice and helpful: one fixed a cupboard while he was there.*
- *The fitters were very helpful – that was the feedback from the families.*

6.6.3 'No-shows'

Following the home safety visit, the practitioner passed form 2 (see section Table 9, section 6.2; and appendix G) to the installation agency, and once received, the installer would contact parents/carers – usually by phone – to arrange a convenient time for the installation visit. This was usually followed up by a letter confirming the date and time of the installation visit.

However, installers often³⁵ experienced that families were not always when they arrived to deliver and fit the equipment. Generally installation agencies allowed three attempts for the installation visit. Installers who participated in the focus groups expressed some frustration at this:

- *There were some issues with no-shows, mainly to do with the families' chaotic life styles.*
- *Getting appointments was difficult – we sent a letter offering morning or afternoon, but we also fitted in around school times. It was stressful for [the fitter] because it was so unpredictable – time management was very difficult.*
- *The most time consuming aspect was about getting contact. That's the resource heavy thing.*

³⁵ No data on how frequently this occurred were available to the evaluation

- *Sometimes our targets were thwarted because it was so difficult getting contact. Then we learned that we needed to be flexible about timings.*

It was clear that there was significant pragmatic learning around trying to minimise 'no-shows', with the following comments being representative:

- *But then we found that it was better if we hung up rather than left a message: they would be curious and phone back. And often they don't pay to access voicemail. Now we've all got an office mobile phone – so we would use texts in the future. Young people use texts more than older people.*
- *There was a lot of learning at the beginning – for example about avoiding school run times.*
- *It was difficult to get into houses at first, but then we learned that we needed to phone immediately before we went out with the equipment.*

In focus groups, fitters reflected:

- *We quickly learned that it didn't work to set an appointment 2 – 3 weeks ahead, it needed to be much quicker – like the next day! To keep it fresh in their minds. This was a problem for us – because we needed to prioritise them over our main clients. We went out of our way to meet the timescales. RoSPA thought that we might get five families a week – it was much more. It would've been more sustainable if there were say five families each month.*
- *We could've texted families – we didn't do this. We would've needed to have had work mobile phones (only lone workers have these) – we don't use our own, we don't give out our own numbers.*
- *It might be better for the assessor/referrer and fitters to liaise/organise a time slot for the fitting of equipment as some families are suspicious about answering strange numbers on their phones.*

6.7 The Home Fire Safety Visit

During the home safety visit, the practitioner asked the parents/carers if they would like a Home Fire Safety Visit³⁶, and if so, once RoSPA received Form 1, RoSPA completed the on-line Home Fire Safety Visit request form on behalf of the family. Scottish Fire and Rescue Service then arranged a convenient time to visit the home with the parents/carers. Originally it was hoped that Home Fire Safety Visits could be done jointly with installation visits, but this proved to be unmanageable across all local Schemes.

55% (494) of all families engaged in SHSES had a home fire safety visit.

SHSES provided 2% of all Home Fire Safety Visits (HFSV) between June 2013 – 2014. Most families (60%) engaged through the Scheme were categorised as having a high risk of a home fire³⁷.

³⁶ See <http://www.firescotland.gov.uk/your-safety/for-householders/home-fire-safety-visit.aspx>

³⁷ Data provided by the Scottish Fire and Rescue Service

6.7.1 Families' perspectives

The vast majority (98%) of parents/carers responding the family feedback survey found the Home Fire Safety Visit helpful (with 76% finding it very helpful), see table 1, section 6.3. They valued this as part of the enhanced safety that they had from being involved in the Scheme overall; and in particular they valued the fire escape planning aspect:

- *It made me think about prevention/what steps to take if there was a fire.*

Parents/carers in focus groups emphasised that they would not have known that Home Fire Safety Visits were freely available to them if they hadn't been involved in the Scheme. They also welcomed the family-friendly approach of the Fire Officers:

- *They sent firefighters – and they came with the fire engine: the kids loved it! They gave me really good information – I wouldn't have known what to do if there was a fire before.*

During focus groups practitioners commented that the feedback that they had had from families on the Home Fire Safety Visit was very positive:

- *People found the fire safety visits really helpful – they didn't know that they could get them. The local fire service is saying that it's enabling them to get into families that they wouldn't otherwise.*
- *We've had no negative feedback: the family feedback is good, and they've loved the fire service!*

6.8 The equipment

Equipment provided to families through SHSES was provided to them totally free of charge, with free professional fitting. No equipment was provided unless it was – at the same time as delivery – also professionally fitted.

Once fitted, the equipment was the property and the responsibility of the parents/carers. Installation agencies had no responsibility for maintaining the equipment, or liability if the equipment failed. Parents/carers were asked to confirm their understanding of this during the home safety visit (see table 9, section 6.2; and appendix F for Form 1).

6.8.1 The SHSES equipment³⁸

A range of home safety equipment was selected for use in the Scheme which:

- Addressed the major causes of accidents identified by RoSPA: falls, striking, burns and scalds and poisoning.
- Was proven and effective in the field.
- Was widely used within similar projects.
- Had a track record on quality and performance.

³⁸ Details in this section were provided to the evaluation team by Alan Ainge of Kid Rapt <http://www.childsafety.co.uk/>

Kid Rapt (<http://www.childsafety.co.uk/>) supplied all the equipment, and provided training in installation for the fitters (see section 8.2).

6.8.1.1 Safety Gate: Extending Safety Gate wall mounted

The gate offered was a fixed gate, as opposed to pressure mounted. The reason for this was that fitting against flexible newel posts and some plasterboard walls, means that the required pressure cannot always be constantly maintained. In this situation the gate itself becomes a hazard. A fixed gate must be attached to the wall, stair structure or door frame by screws and appropriate fixings, thus ensuring its security.

In order to ensure that the majority of fitting requirements and aperture sizes can be addressed, a self-extending gate was selected. Additionally, the gate:

- Had no trip bar at the base, so that its installation did not introduce a further hazard. For this reason this gate was also suitable for fitting at the top of stairs.
- Had a full width opening; ensuring no constrictions when walking through, to ensure that larger adults were not caught on the gate whilst walking through it.
- Could be fixed so that it only opens in one direction at the top of the stairs, through the use of “stop pins” in the fittings. This is a safety feature when fitting at the top of the stairs as it ensures that the gate cannot open out over the stairs, only back towards the landing.
- Adjusting spindle was designed to reduce the chances of injury being caused should the open gate be walked into, compared to similar designed gates on the market.
- Fully conformed to BS EN 1930 - 2011.

The recommended age limit for this gate (and all gates conforming to EN1930) was very specific: recommended only for children up to 24 months old. This was emphasised in the training for installers.

6.8.1.2 Fireguard: Nurseryware

The Fireguard offered was a self-extending fireguard to provide maximum versatility. It conformed to BS.8423:2002.

6.8.1.3 Window Restrictor Provision: Baby Dan Pivot

The window restrictor offered had a ball and socket hinge joint to ensure that it had full versatility for the fitting of the widest range of windows possible. It

- limited the opening of windows to allow ventilation.
- required no key so that safety was not compromised in case of an emergency. This is in line with fire safety recommendations. However, it was secure enough to only be released with a great deal of strength by an adult if needed.
- was supplied with no fixings, so that fitting agencies could provide the correct fittings depending on the requirements, i.e. UPVC, Aluminum, wood etc.

There was no standard on window restrictors at the time, so a globally recognized brand was selected.

6.8.1.4 Cupboard lock: POP IT Lock

The Pop-it lock offered was versatile and easy to fit. One lock could effectively secure two drawers / cupboards. It had a universal key so that spares could be provided if required and one key allowed parents to access all cupboards/drawers when required.

There was no BS or EN standard on small child safety products for cupboards and or drawers.

6.8.1.5 Corner Cushions:

In order to reduce the risk of a child being injured on a sharp corner in the home, eight plastic self-adhesive corner cushions were offered.

There was no BS or EN standard on small child safety products

6.8.1.6 Bath Mat:

A full sized anti slip rubber bath mat was offered, which was a one piece moulding, complete with integral suction cups.

There was no BS EN Standard on Bath Mats at that time.

6.8.1.7 Foam Door Jammers

A foam door jammer was offered which was easily removed at night to allow the door to be closed. There was no BS EN Standard on these items at that time.

6.8.2 Provision of equipment

Equipment was provided to 900 vulnerable families:

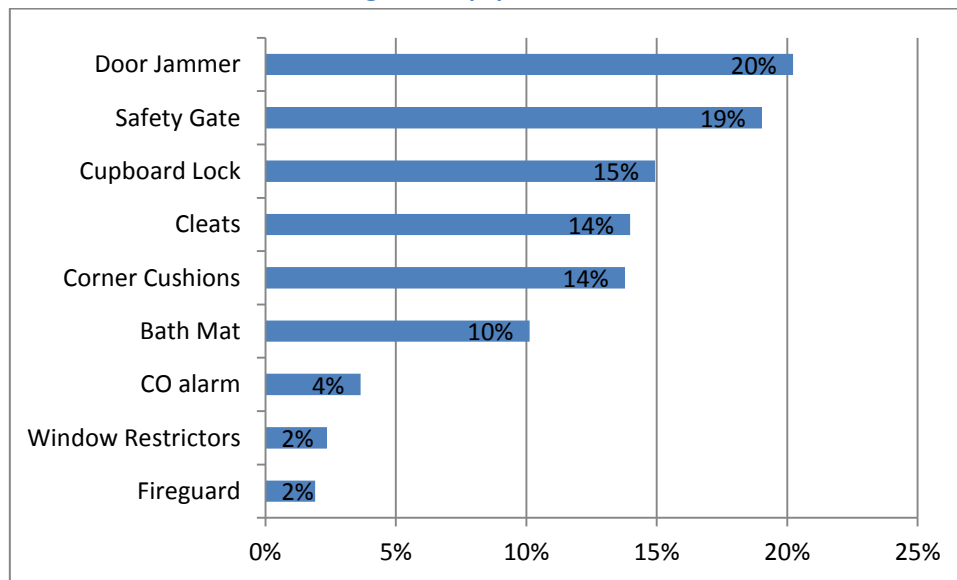
- 8,026 items of safety equipment fitted, an average of 9 items per vulnerable family
- Door jammers (20%) and safety gates (19%) were the most frequently fitted equipment; with carbon monoxide alarms (4%), window restrictors (2%) and fireguards (2%) being the least frequently needed. See table 12. Stakeholder feedback indicates that this is likely to be because contemporary social housing often:
 - Already has window restrictors and carbon monoxide alarms fitted.
 - Does not have heating sources which require fireguards.

Table 12: Equipment provided and fitted

	Total provided and fitted	% all equipment
Bath Mat	813	10%
Blind cord cleats	1122	14%
Carbon monoxide alarm	293	4%
Corner Cushions	1106	14%
Cupboard Lock	1199	15%
Door Jammer	1623	20%
Fireguard	153	2%
Safety Gate	1528	19%
Window Restrictors	189	2%
TOTAL	8026	

Source: SMCIA analysis of SHSES monitoring data

Figure 5: Equipment fitted



Source: SMCIA analysis of SHSES monitoring data

6.8.3 Local Schemes perspectives

Local Schemes were generally very positive about the range and quality of the equipment provided. However there were some issues identified.

Issues with equipment

- *The problem with the window restrictors is that you can't open the window fully enough to clean it.*
- *The cupboard locks are suitable only for cupboards with double doors.*
- *Cupboard locks were disappointing – you need to have 2 doors!*
- *Maybe more than half of the families couldn't have equipment that they would have benefit from because it [the equipment] wasn't suitable eg they only had single cupboards, or the window restrictors were weren't suitable for their windows. It was very frustrating.*

- *We weren't allowed to fit window restrictors in Housing Association houses with UPVc windows – the warranty would be invalidated. And a lot have window restrictors fitted anyway.*
- *Cupboard locks – single door issue.*
- *Corner cushions – we didn't fit them, the families did because the glue needed to set overnight.*

6.8.3.1 Safety gates

Safety gates were only suitable for use with children under the age of two years. Many practitioners and fitters expressed concerns that:

- They didn't understand the rationale for this. Comments from focus groups included:
 - *I still don't really understand why the gates were only for the under twos – some parents really wanted them.*
 - *But what about a family with a child who is one month under 2 years?? Should we still fit the safety gate?*
- This may discriminate against children who have special needs.
 - *What about children with disabilities – some who were older than two would've benefitted from a safety gate.*
 - *There were three autistic kids who needed the equipment. It made a real difference to them. They were older than 2, so they couldn't get the safety gates, but it would've made a real difference for them.*

There were also some concerns about safety gates being broken or not-functioning – for two main reasons: because older children played on them; and because they came away from their fitting to the wall. This was usually because the wall wasn't strong enough to support the gate. Data on the number of incidents of this nature were not available to the evaluation.

The response of one installation agency to a safety gate failure underlines the commitment to home safety, and the highly professional, responsible approach taken in addressing the failure see case study 1.

Case Study 1: The broken gate

Following installation of a safety gate through the Scheme a one year old child fell down the stairs and was taken to the local Accident and Emergently Department. The accident did not result in an overnight stay in hospital. The family contacted the practitioner to inform them of the incident, and she then informed the installation agency. The installation agency immediately phoned the family, and then went out to check the safety gate. The gate was broken, so the installation agency – with the parents' permission – fitted a new safety gate.

The agency also reported the incident to RoSPA.

Subsequently the installation agency suspended all installations of safety gates until it had inspected all safety gates previously fitted through the Scheme. It built post-installation inspection of all safety gates into its process for all subsequent installations.

6.8.3.2 Liability worries

During the home safety visit parents were made aware that they owned the equipment once it was fitted, and that they 'were responsible for any future maintenance or any legal consequences arising out of the failure or provision of the equipment' (Form 1) – which they were required to sign.

Nevertheless, fitters who participated in focus groups expressed worries about their lack of clarity about liabilities:

- *What if the equipment is misused or an accident happens? We were worried at the start but then we saw that people generally used it very well. So we are not worried any more. The families signed that they were responsible for the equipment.*
- *One family complained to RoSPA that the corner cushions had damaged their table. The [cushion] manufacturer replaced the table. Then they complained that the gate fell off the wall – the older child had been swinging on it – so we replaced the gate AND re-decorated the whole room. We have a reputation to keep up and we couldn't afford for the family to take this to the press.*
- *Can the stair gates be re-used? They'd need to be professionally removed and then professionally re-fitted. Who's liable?*

6.8.3.3 Choice of equipment/fitter discretion

Installers would have liked a wider choice of equipment to be available to them. In focus groups comments included:

- *The type of gate wasn't always suitable – if they were spring-loaded then we wouldn't need to fit them to the wall³⁹.*
- *We would've liked more choice in what equipment to fit*

A recurrent theme in all focus groups involving installers was their lack of control over the whole process, in particular the need for trained installers to make the judgement about which equipment was appropriate and where:

- *We should be able to use our judgement in where to put it. Perhaps a small budget to buy equipment to meet individual family's needs. That's always the problem with bulk ordering – you're always going to over-estimate. The [home safety] assessors are not joiners... There needs to be more training for the [home safety] assessors about where the equipment should go.*
- *If we were to do the scheme again we'd instruct our staff to take more control – and then we could report back to the assessors. That would be fine now that we've developed good communication with the health team.*
- *A lot of the [Housing Association] homes already had built in window restrictors – the practitioners didn't always know by looking at the windows. So that was a waste when the Care & Repair guy came out.*

³⁹ It should be noted that equipment was selected by RoSPA which met clear quality criteria – see section 6.8.1.

Generally fitters considered that socket covers would have been helpful, with some considering that socket extensions would have enhanced the safety of some homes:

- *Extension sockets would've been useful – we saw a lot of families with very overloaded sockets.*

6.8.3.4 Aesthetics

Installers who participated in focus groups noted that – even though most homes didn't need fireguards – those that would have benefitted from them, rejected them because of their appearance:

- *Families didn't like the fireguards – they were big and black – so they rejected them. That's a shame: safety equipment doesn't need to be that ugly*
- *Some families didn't want the fireguards when they saw them – they were too big and bulky.*

6.8.3.5 Storage logistics

The SHSES process was complex, following the home safety visit to 'prescribe' equipment, the fitter had to collect the prescribed equipment from the local Fire Station and then take it to the family's home to fit it. This caused some difficulties, with stakeholder comments including:

- *Storing the equipment was an issue: we needed to visit the fire station several times – it was treble lifting: fire station to here to the family's house – for each fitting! The logistics were difficult. I'm not sure what the best approach is.*
- *The Fire Service was good with the logistics of storing the gear – they overcame some issues like losing some small quantities of equipment – it wasn't theft, but some fire staff used it for different purposes.*

6.8.4 Families' perspectives

All parents/carers responding to the family feedback survey found the equipment to be helpful (with 88% finding it 'very helpful').

Family comments about the equipment included 27 expressing gratefulness for the equipment, with six parents/carers explicitly saying that they felt that it made their home safer, for example:

- *Safer as can keep an eye on daughter more easily.*
- *Keeping my daughter a lot safer.*
- *Made our home a safer environment for our kids.*
- *House is safer.*

Comments on different pieces of equipment further emphasis parents/carers views that the equipment had made their home safer, see table 13 for illustrative quotes. There were some – minor – issues with equipment, including:

- *Safety gates breaking: parents/carers often mentioned (without prompting) that this was because older children played on the gates.*

- *Safety gates coming away from their fitting to the wall. This was usually because the wall wasn't strong enough to support the gate.*
- *Door jammers breaking.*
- *Cupboard locks not being usable on cupboards with only one door.*

It also became clear that many Registered Social Landlords have already fitted window restrictors, carbon monoxide alarms and blind cord cleats.

Generally parents/carers found all the equipment easy to use, with bath/shower mats and door jammers being particularly easy to use, and window restrictors slightly less easy to use than the other equipment, see table 14.

Parents/carers also noted the high quality of the equipment. Many also requested that socket covers were included in the available 'kit'.

Table 13: Families' perspectives on the equipment

	Family feedback survey	Family focus groups
Bath/shower mat	<ul style="list-style-type: none"> • Keeps our one year old from slipping in the bath • Very safe - feel I feel safer 	<ul style="list-style-type: none"> • The bathmat was slippery and it ripped. • The full-length bathmat was great
Blind cleats	<ul style="list-style-type: none"> • Made me feel safer as they no longer play on them • Day before fitted, [my child] was swinging on cord. Relief they're fitted now. 	<ul style="list-style-type: none"> • The blind cleat is my favourite
Corner cushions	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • I didn't want the corner cushions – I have a nice table. • The corner cushion needed stronger glue – they'll never come off now – we'll just need to get another table!
Cupboard locks	<ul style="list-style-type: none"> • Good to keep my dangerous bottles out of reach • Keeps chemicals out of reach • Made bleach etc. completely safe • Glad with them. Helps keeps cleaning stuff away • Really helpful, wash powder etc. put away now 	<ul style="list-style-type: none"> • The cupboard locks are brilliant – but the keys are a pest. • They don't work with cupboards with one door.
Door jammer	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • A door jam snapped – it was very flimsy. Can it be replaced? • I don't like the door stoppers – they just slipped down. • The door jammer broke
Fireguards	<ul style="list-style-type: none"> • We don't need fireguards. 	<ul style="list-style-type: none"> • We don't need fireguards. • The fireguard was a godsend – I took it because it was black!
Safety gate	<ul style="list-style-type: none"> • Keeps my daughters safe • Keeps younger child safe • Can leave children safely up the stairs 	<ul style="list-style-type: none"> • The kids swing on the gates. I took the bottom stair gate off – my 3 and 4 year olds used it as a swing. They unscrew the lock. • The gate keeps them out of the kitchen – it's brilliant.

	<ul style="list-style-type: none"> Helped a lot, kept [my child] from running about and getting into things she shouldn't Keeps kids out of kitchen Appreciate the safety gate to kitchen Glad help me keep child safe from kitchen Excellent keeps baby out of kitchen 	<ul style="list-style-type: none"> You need to remember to close the safety gate. The safety gates are the best, but my older lassie climbs over them. It's a big big help for me – I'd have had to buy a safety gate or get one second hand. The gate for the kitchen is brilliant – I don't want them in the kitchen My gate fell off – it's because of the walls ... all the houses are like this [everyone agreed – the top of the stairs was OK, but the bottom fell off the wall]
Window restrictors	<ul style="list-style-type: none"> Fantastic idea. I can open windows knowing kids are safe Really pleased, my children climb a lot 	<ul style="list-style-type: none"> I didn't get the window lock because I already had one

Source: SMCIA analysis of family feedback survey

Table 14: Family feedback: How easy the equipment was to use

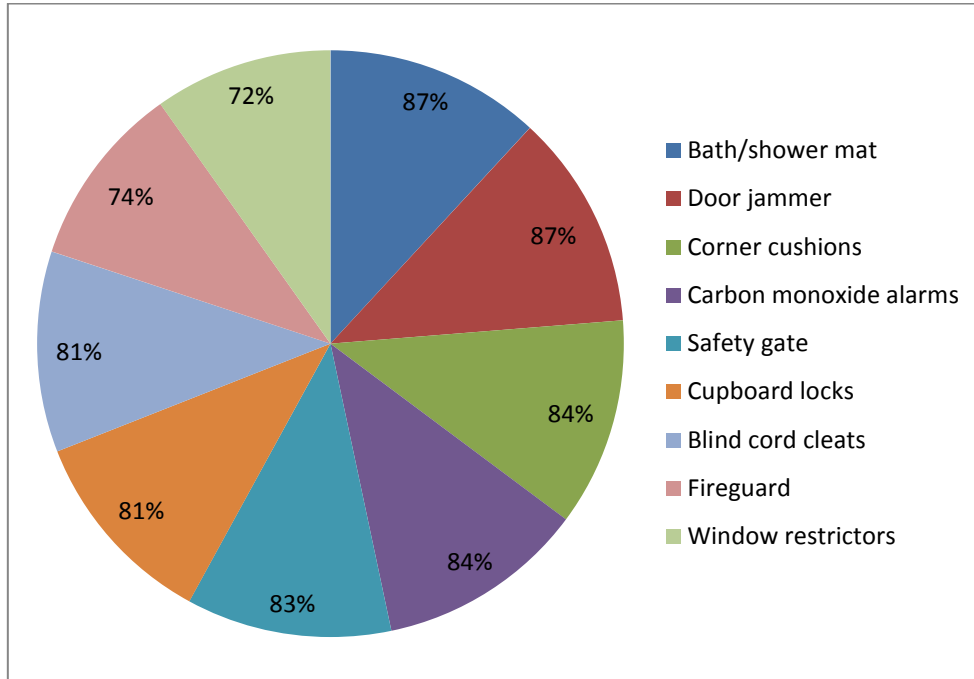
	Very easy		Easy		Not very easy		Difficult	
	Total	%*	Total	%	Total	%	Total	%
Bath/shower mat	307	87%	39	11%	2	1%	3	1%
Door jammer	301	87%	42	12%	0	0%	3	1%
Corner cushions	233	84%	42	15%	3	1%	1	0%
Carbon monoxide alarms	113	84%	22	16%	0	0%	0	0%
Safety gate	292	83%	54	15%	3	1%	1	0%
Cupboard locks	263	81%	60	18%	2	1%	1	0%
Blind cord cleats	193	81%	44	19%	0	0%	0	0%
Fireguard	90	74%	31	25%	0	0%	1	1%
Window restrictors	92	72%	34	27%	2	2%	0	0%

% of responses to this question: not % responses to the survey overall: not all families had all equipment.

*see figure 6

Source: SMCIA analysis of family feedback survey

Figure 6: Family feedback: which equipment was 'very easy' to use



Source: SMCIA analysis of family feedback survey

6.9 Interagency working

6.9.1 Developing partnerships

SHSES was a catalyst for partnership development in most local areas, enabling organisations which had not worked together before to do so.

- *SHSES was a carrot to get [a Registered Social Landlord] involved with us. They provide tenancy support, so SHSES fitted their remit and interests. The relationship is slowly developing.*
- *We're developing links with [the] income maximisation [team].*

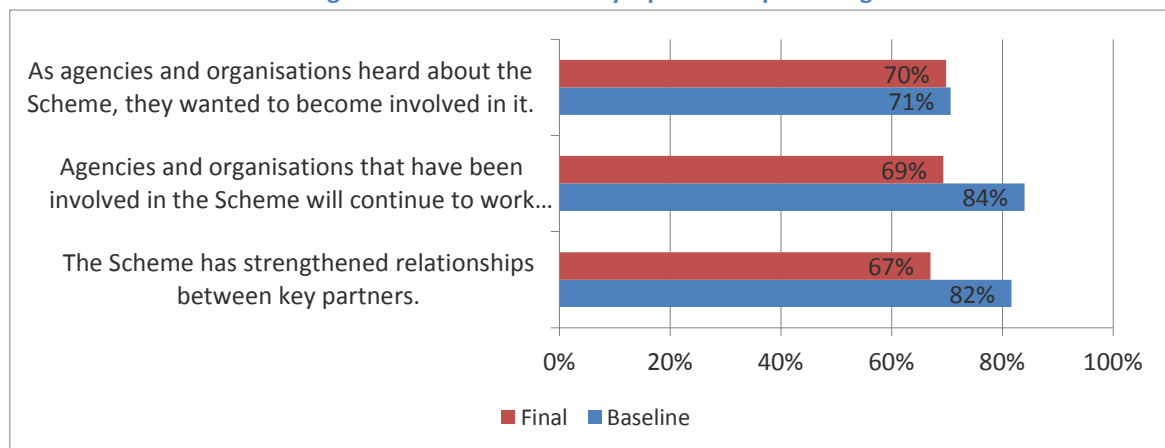
In particular, the Scheme provided an opportunity for Care & Repair agencies to work with NHS organisations. Participants in focus groups saw this as a real opportunity, with some having plans to build on the relationships that they'd developed with the NHS in the future:

- *I think that it's really helped us to show how we can work with health and social care – our partnership with them.*
- *It's helped us to strengthen our links with the NHS – and show how we can help them to deliver their strategic priorities. The NHS usually runs a mile when we ask them for money. We can help them with delay discharge, working with older people ... And it fits the integration agenda: housing is often tagged on. These small projects are good test grounds for how we support people to stay in the community – out of hospital. We need to address the fabric of the house before we do the telehealth. The quality of the home is becoming even more important ...*
- *It's opened our eyes to how we could work with the NHS.*

Stakeholders who responded to the surveys considered that agencies and organisations that have been involved in the Scheme will continue to work together. This view has increased over the life of the pilot, with an increase of 15% (to 84% agreement) by the final survey. The view that the Scheme has strengthened relationships between key partners also increased by 15% in the final survey (up to 82% agreement).

As agencies and organisations heard about the Scheme they wanted to become involved in it: this view remained constant from the beginning to the end of the Scheme (70%-71%).

Figure 7: Stakeholder surveys: partnership working



Source: SMCI analysis of baseline and final surveys

Stakeholders who participated in focus groups also noted, however, that effective partnership working takes time and effort to develop and that SHSES did not run long enough for them to really cement new partnerships:

- *It takes a real effort to know the structure of other organisations – you’re involved in your own work. That’s a barrier to this scheme – you need to know who to talk to and where this fits in. That takes effort.*
- *It would’ve been good for Care & Repair and the practitioners to meet more often from the start. That would have helped them to understand each other’s job. This is all extra and different from our main jobs. But it all happened so quickly.*
- *If we were to do it again we’d have all the key players – the key referrers – around the table. It was very hard to get the referral network working – it was torture.*

6.9.2 Communication

Effective communication is a key aspect of effective partnership working, and the speed at which SHSES had to be implemented provided for communication difficulties between partners – at least in the early stages of implementation. Comments from focus groups discussions with practitioners and installers identified areas of concern around in two key areas:

- Installer feedback to practitioners on when the equipment was fitted, and what was actually fitted, including identification of any no-entries. This was important for practitioners in scheduling any follow-up work.

- Communication between installers and Fire Stations on collecting equipment.

Some stakeholders considered that RoSPA could have been more directive on the requirements for communication – for example:

- *It would have been helpful if the protocol [project brief] had required us to develop working relations with health visitors.*
- *The [project brief] should require the fitters to provide feedback to practitioners.*

However, many examples of good practice were also identified, with the following being typical:

- *Communication with Care & Repair was immense: we got an email saying that things had been fitted, and then we did the follow-up. They had files for each family.*
- *With a few we didn't get access: when we got two no shows we spoke to the health advisor [practitioner] to check if there were any issues. We had really good communication with the health assessors. We developed the process to make sure that we reported back to them – that's our responsibility.*

6.9.3 Fire Service

In most areas practitioners and installers had at least some communication; however, there seemed to be a gap when it came to communication and engagement with the Scottish Fire and Rescue Service at a local level:

- *We've had nothing to do with the Fire Service.*
- *We've had no communication with the Fire Service. I'm not sure if we need to meet them, but it would have been good to know if they'd been to do the Fire Safety Visit.*

It is likely that this is because the request for a Home Fire Safety Visit was handled by RoSPA using the SFRS on-line booking request system⁴⁰

6.9.4 Need to have contacts in social work

The need to have effective working relationships with social work departments was identified in several focus groups – in particular in relation to dealing with concerns about child protection:

- *If you have a concern you need to raise it with a social worker – we needed to have a contact.*
- *I got to know the social workers [who referred clients to the scheme] better – now I'm comfortable in raising concerns with them.*

6.9.5 No need to work together

Some stakeholders considered that the SHSES model was too complex, involving too many players; and that it would be more efficient and effective if only one agency was involved in implementing all aspects of the Scheme:

⁴⁰ <http://www.firescotland.gov.uk/your-safety/hfsv-form.aspx>

- *RoSPA want several bodies to work together – but it isn't necessary for this job.*

And some stakeholders had no interest in working with partners:

- *We've never met the Care & Repair guys – but that's OK. I don't think that we'd work together again – I don't really know what they do.*

6.10 Implementation issues

6.10.1 The paperwork

The SHSES process was complex (see section 6.2), and hinged on the use of two forms (see appendices F and G) to pass essential information from one partner to another:

- Form 1: Home Safety Visit Form: for the practitioner complete with the parents/carers and send to RoSPA
- Form 2: Equipment Installation: for the practitioner to sections 1 and 2, and fax to the installer; and then for the installer to complete section 3 with the parents/carers and send to RoSPA.

Several stakeholders considered that the paperwork should be reviewed and simplified, with the following comments being typical:

- *A lot of folk didn't like the forms – it was easy to miss bits, the font was too small.*
- *I'm still not sure that parents understand the parent/carer agreement [Form 1].*

Most people who responded to the stakeholder survey (97%, 37) who had undertaken a home safety visit found the paperwork easy to complete; and all seven installers who responded to the stakeholder survey said that they found the paperwork straightforward.

6.10.2 Landlords

The parents/carers are asked to sign an 'agreement' (on Form 1), which includes confirmation that they have 'obtained their landlord's permission to fit the items' (if they are not the owner of their home). Some areas had families who encountered difficulties in securing landlord permission to install the equipment. Although data on the incidence of this were not routinely collated by local Schemes or RoSPA, practitioners anecdotally reported on this in focus groups, for example:

- *I had a couple of [families] in private lets, and I couldn't do them.*
- *3 families didn't get permission from [private] landlords.*

Some practitioners considered that the status of the Scheme meant that landlords were unlikely to refuse permission:

- *The scheme is badged under RoSPA and supported by the Government – that gave it a real legitimacy. What landlord could complain about that??*

Some practitioners/fitters stressed that the onus should be on them for stressing that installation of the equipment – especially safety gates and fireguards – would involve some (minor) structural work:

- *We need to make it much clearer that it will involve having holes drilled in the walls and things like that ... who should be responsible for that? Some people don't want holes in their walls. Especially people in private rented accommodation. One person had difficulty in getting her landlords permission, so she couldn't get window restrictors – that was with a council house! It [a direction] needs to come from the government. Getting landlords' permission took a lot of time ... so we stopped pursuing it.*

One local Scheme decided to write to landlords seeking permission to fit the home safety equipment on behalf of parents/carers.

Some families noted that it was important to them that they had the support of the practitioner in seeking the landlord's permission:

- *My landlord [private] was happy – [the worker] helped me check with him*

6.11 Summary

Stakeholders generally valued the Scheme, with the involvement of the Fire Service being seen as a 'really helpful aspect'. Although slightly more than a quarter (26%) of respondents to the final stakeholder survey were worried that SHSES would duplicate the work that family support services are doing anyway, this reduced by 4% by the end of the Scheme.

All aspects of the Scheme were highly valued by families, with 99% of all respondents to the family feedback survey considering that all parts (the equipment, the home safety visit, the advice, the home safety pack, the installation visit and the Home Fire Safety Visit) were helpful. The equipment was slightly more valued (88% respondents to the family feedback survey considering it to be 'very helpful') than other aspects.

6.11.1 Relevance to the Early Years Collaborative and related initiatives

All local Schemes which were led by or had partnership involvement by NHS teams (5 local Schemes), and one local Scheme led by a local authority explicitly related the Scheme to the work of the Early Years Collaborative.

One local Scheme was implemented through a Family Nurse Partnership (FNP). FNP managers and staff considered that SHSES was very relevant and complementary to the FNP. They particularly welcomed the very direct focus on home safety.

6.11.2 The structure of local Schemes

Local implementation teams varied widely, with some having active engagement of several key partners – notably the installation agency, the NHS, local authority and relevant third sector agencies. Other local areas had less partner engagement, with two areas involving a single agency. Three local Schemes established multi-agency partnership groups to support implementation of the Scheme.

Four local Schemes had one main individual who undertook most (or all) of the home visits. Three Schemes undertook the home safety awareness input, home safety assessment and equipment installation in a single home visit undertaken by a single practitioner-installer.

6.11.3 Referrals

The referrals process was experienced as very straightforward, with health visitors being key referrers to the Scheme. This underlines the importance of having good relationships with local health visitor teams. Furthermore, the establishment of clear referral pathways and processes was seen as a key way of ensuring the effective implementation of the Scheme.

6.11.4 The home safety visit

The home safety visit was experienced as straightforward, with access to homes by practitioners significantly enhanced by being able to say that they were ‘from RoSPA’ rather than, for example the Social Work Department.

The ‘walk through’ home safety assessment was seen as a valuable way not only of identifying home safety issues, but also other issues of concern, for which support could be provided – for example a lack of carpets.

The home safety awareness input was seen as an essential part of the SHSES model – and something that practitioners could continue to provide even if there were no continued funding for equipment. However, a strict adherence to RoSPA’s guidance that all elements of the home safety pack were discussed was not seen as appropriate, with practitioners working hard to draw out specifically relevant aspects for the individual family, and to make the input more interactive. The development of a more person-centred approach is likely to have made the relevance and impacts of the input stronger.

The home safety pack was probably more useful for practitioners than for families.

6.11.5 The installation visit

The professional installation of the ‘prescribed’ equipment was seen as an essential aspect of the SHSES model – this ensured not only that the provided equipment was actually used, but also that it

was safe to use. Families valued the guidance provided by installers on how to use the equipment; and of course an additional home visit provided an opportunity to further reinforce the home safety messages.

Installation agencies experienced significant frustration in the volume of ‘no-shows’ – families not being at home for the installation visit (which was always at a time which had been negotiated with them and agreed). This provided some time management issues, which impacted on their core business. However, over the course of the implementation of the Scheme, installation agencies worked out ways of minimising the volume of ‘no shows’.

6.11.6 The Home Fire Safety Visit

55% (494) of all families engaged in SHSES had a home fire safety visit.

SHSES provided 2% of all Home Fire Safety Visits (HFSV) between June 2013 – 2014. 15% of all HFSVs carried out in the Western Isles were with families who had been engaged through the Scheme. Most families engaged through the Scheme were categorised as having a high risk of a home fire, with 10% of all homes across Scotland identified as having a high risk being identified through SHSES.

6.11.7 The equipment

On average, each family had nine items of safety equipment provided and fitted.

Door jammers (20%) and safety gates (19%) were the most frequently fitted equipment; with carbon monoxide alarms (4%), window restrictors (2%) and fireguards (2%) being the least frequently needed. Stakeholder feedback indicates that this is likely to be because contemporary social housing often:

- Already has window restrictors and carbon monoxide alarms fitted.
- Does not have heating sources which require fireguards.

There were some concerns raised that the restriction of fitting safety gates only in households where there were children up to the age of 24 months may discriminate against older children with special needs.

Installers generally would have liked to have had more control over the equipment that was prescribed, including:

- Having a wider range of equipment available to allow for adaptation to individual family circumstances.
- Being involved – if not in control of – the assessment of what equipment was required, and where it should be sited. It was frequently noted that practitioners sometimes made erroneous judgements about what was needed, for example, because they did not always recognise that window restrictors were already in place; or that the prescribed site for a safety gate was not suitable because of the nature of the wall. Such instances involved:
 - Further discussion/negotiation with the family about prescribed equipment
 - Installers bringing out sometimes unnecessary, and sometimes insufficient, equipment.

Equipment was stored in local fire stations rather than in installers premises (due to lack of space). This caused some logistical difficulties, but all parties worked to ensure that logistics were as smooth as possible.

During the home safety visit parents/carers were made aware that they owned and were responsible for the safe maintenance of the equipment once it was fitted. Some installation agencies, however, were concerned that liability for the equipment was not as clear as it should be, raising issues about:

- The effectiveness of the parent/carer agreement provided in the home safety visit through Form 1.
 - The effectiveness of clear communication from RoSPA to fitting agencies about liabilities.
- However, the evaluation found that installation agencies were generally very responsive to family concerns about wear and tear damages to equipment, with some going to significant lengths to assure its ongoing fitness for purpose.

6.11.8 Interagency working

SHSES was a catalyst for partnership development in most local areas, enabling organisations which had not worked together before to do so. In particular, the Scheme provided an opportunity for Care & Repair agencies to work with NHS organisations. Stakeholders were cautiously optimistic that agencies and organisations that have been involved in the Scheme would continue to work together, whilst recognising realistically that the Scheme was too short to facilitate the establishment of strong, effective partnerships.

Effective communication is a key aspect of effective partnership working, and the speed at which SHSES had to be implemented provided for communication difficulties between partners – at least in the early stages of implementation. There were particular difficulties in communication in relation to:

- Installer feedback to practitioners on when the equipment was fitted, and what was actually fitted, including identification of any no-entries. This was important for practitioners in scheduling any follow-up work.
- Communication between installers and Fire Stations on collecting equipment.

6.11.9 Implementation issues

The paperwork – Forms 1 and 2 – was effective, but would benefit from review and redesign to ensure that they are user-friendly.

During the home safety visit parents/carers were made aware that they were responsible for securing their landlord's permission to fit prescribed equipment. There were some concerns that this could be very challenging to parents/carers, with stakeholders considering that perhaps the onus

should be on the practitioners/installers; and one local Scheme actually taking responsibility for writing to landlords on behalf of parents/carers.

7 Reach

7.1 Introduction

This chapter provides:

- An analysis of the families that SHSES reached.
- An analysis of issues and perspectives on:
 - SHSES promotion.
 - SHSES eligibility criteria.
- An analysis of the service providers that SHSES engaged.
- A summary of key findings.

7.2 Reaching vulnerable families

SHSES reached 900 vulnerable families, (see table 15). On average there were 2 children in each household reached; with 1752 children under the age of 5, of whom 870 (50%) were under the age of 2.

Each family received an average of 2.5 welfare benefits:

- One quarter (25%) of all families received tax credits.
- Almost one quarter of families received income support (23%) and/or housing benefit (23%).
- Only 3% of families reached received disability living allowance care or mobility component for a disabled child.
- Families which were not receiving any of the benefits listed in table 15, but who were considered by practitioners to be eligible for the Scheme included:
 - Those who were asylum seekers (3).
 - Those on maternity benefit (1).

See table 16 and figure 8.

8,026 items of safety equipment were fitted: an average of 9 items per vulnerable family.

Table 15: Households engaged: children, benefits, items

Area	# Households	# Children under 5	# Children under 2	Average children under 5 per household	Total eligible benefits	Average benefits per household	# items	Average number of items per household	# Fire Safety Visits
Aberdeen	46	89	41	1.9	103	2.2	321	7.0	4
Angus	34	61	27	1.8	78	2.3	261	7.7	11
East Dunbartonshire	89	190	90	2.1	232	2.6	852	9.6	37
East Renfrewshire	42	79	40	1.9	113	2.7	342	8.1	24
Edinburgh	24	38	23	1.6	71	3.0	186	7.8	32

Edinburgh FNP	23	25	23	1.1	43	1.9	215	9.3	
Glasgow	159	338	169	2.1	397	2.5	1470	9.2	83
Inverclyde	112	225	111	2.0	336	3.0	1033	9.2	68
Lothians	115	226	105	2.0	177	1.5	1029	8.9	90
Renfrewshire	81	161	71	2.0	232	2.9	639	7.9	49
West Dunbartonshire	116	222	113	1.9	332	2.9	1171	10.1	48
Western Isles	59	98	57	1.7	150	2.5	507	8.6	48
TOTALS	900	1752	870		2264		8026		494

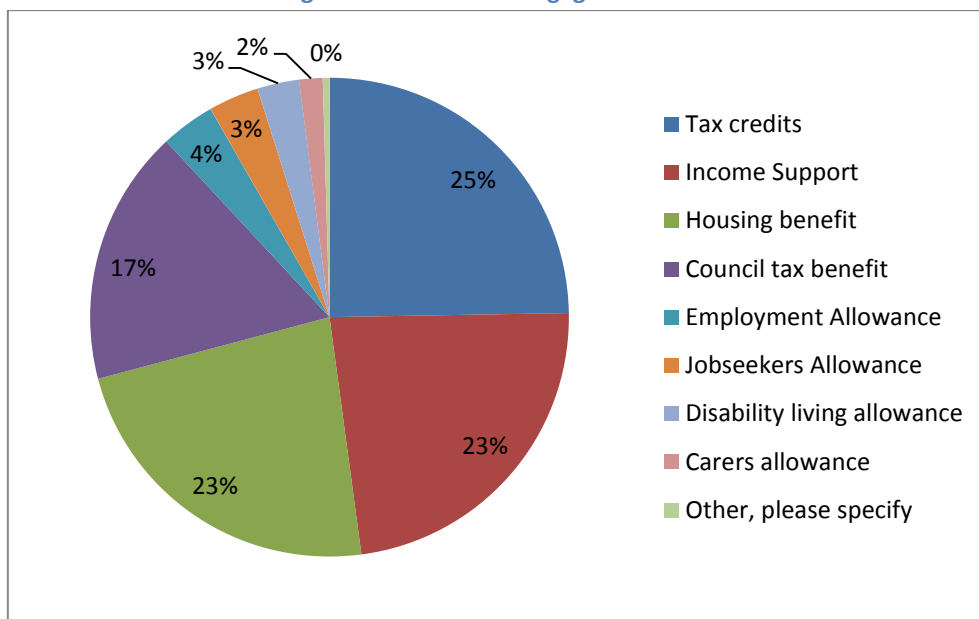
Source: SMCIA analysis of SHSES monitoring data

Table 16: Households engaged: benefits summary

	Total	% all benefits
Income Support	524	23%
Jobseekers Allowance (income based)	77	3%
Employment Allowance	83	4%
Tax credits - you and your partner receive tax credits AND have a valid NHS tax exemption certificate	560	25%
Disability living allowance care or mobility component for a disabled child	64	3%
Housing benefit	520	23%
Council tax benefit (not council tax discounts)	390	17%
Carers allowance	36	2%
Other, please specify	10	0.4%
TOTAL	2264	

Source: SMCIA analysis of SHSES monitoring data

Figure 8: Households engaged: benefits



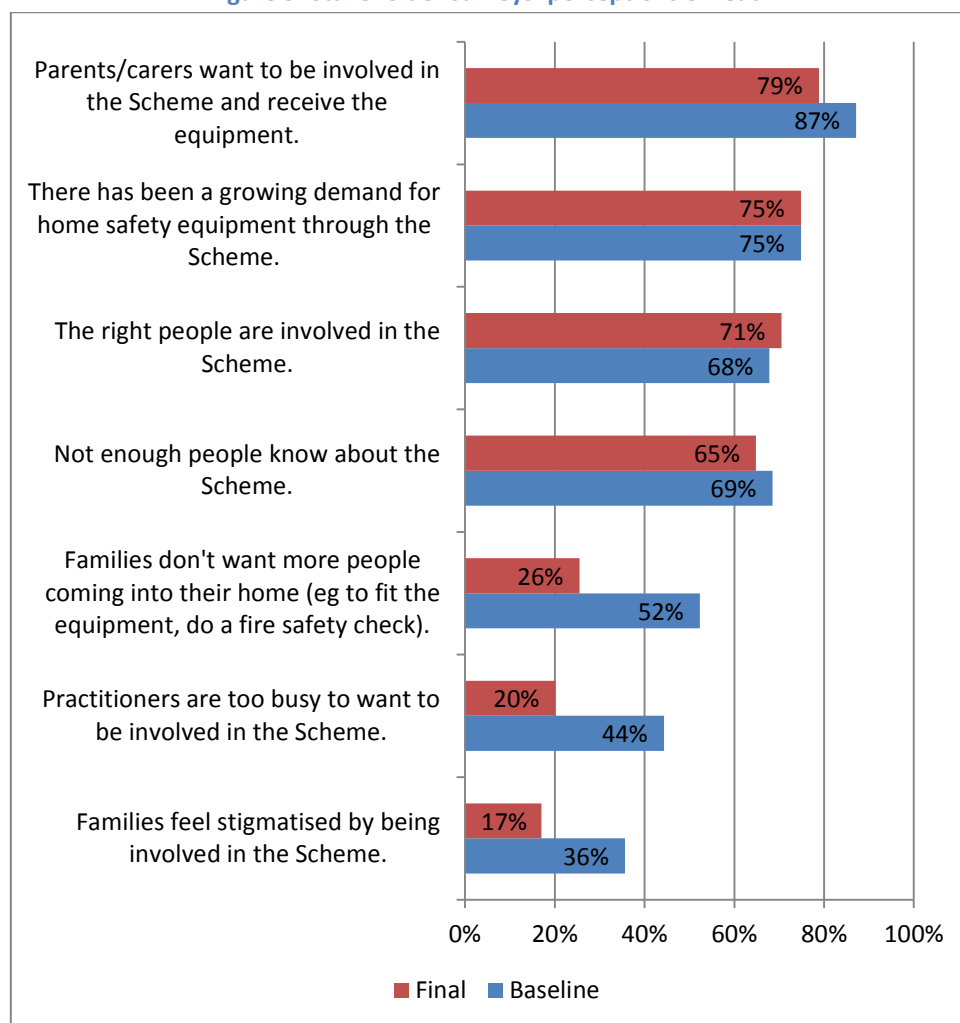
Source: SMCIA analysis of SHSES monitoring data

7.2.1 Stakeholder survey

Stakeholders remained concerned that not enough people knew about the Scheme over the course of the pilot implementation: this reduced slightly from 69% at the baseline stage to 65% at the final stage. Their anticipation that there would be a growing demand for home safety equipment through the Scheme remained constant at 75%. See figure 9.

Stakeholders' initial worry that families would feel stigmatised by the scheme reduced by 19% over the course of the implementation of the pilot. The view that parents/carers would want to be involved with the Scheme increased by 8% over the life of the pilot (to 87% agreement) by the final survey. Similarly, stakeholders' initial worry that families would not want more people coming into their home (e.g. to fit the equipment, or do a fire safety check) diminished by 24% over the course of the implementation of the pilot. See figure 9.

Figure 9: Stakeholder surveys: perceptions of reach



Source: SMCIA analysis of baseline and final surveys

7.2.2 Local Schemes perspectives

7.2.2.1 Promotion

Local areas went to some efforts to promote the Scheme, using a wide variety of means, including local press and radio, posters, social media (especially Facebook) and inputs at relevant events, for example weaning fairs. One local Scheme used the DVD to promote the Scheme to local parents/carers groups:

- *We used the DVD for group sessions – it was a time saving exercise – we reached more families than got the equipment. We tagged it onto drop-in sessions. We'll DEFINITELY continue to use the DVD.*

The time-limited (and resource limited) nature of the pilot meant that local Schemes were as concerned about managing demand as about promoting the Scheme: there were significant worries about generating more demand than capacity could meet – in terms of staff time to undertake the home visits as well as supply of equipment.

- *We weren't pushing the marketing because we were worried about demand.*
- *We put up posters and there was more demand. Now we're getting inquiries, but the Scheme has ended.*

7.2.2.2 Eligibility criteria

The eligibility criteria for the Scheme were:

- That there had to be at least one child under the age of 5 years living in the home; and
- That the family had to be in receipt of at least one welfare benefit.

In all focus groups – with practitioners, installers and families – there was much discussion of the eligibility criteria. This generally focused on concerns that there was a lot of families who were not on benefits, but who were struggling financially and would benefit from the Scheme. The following are typical comments:

- *The criteria are OK, but there's an issue with people on the borderline. It's unfair that they can't get the equipment. Even if they could buy the equipment, the fitting is expensive.*
- *We reached who we needed to, but it could've been wider. For example for asylum seekers who are not on benefits.*
- *There's a lot of people who aren't on benefits who are struggling too.*

Some stakeholders would have liked more discretion in deciding who should be eligible for the Scheme:

- *It was a pity it wasn't down to our [ie health visitors'] clinical judgement: it absolutely fits our priorities, and we're making these judgements all the time.*
- *Some families on were on very low incomes, but not on benefits – and they were excluded. It was a shame. I would have liked some discretion.*

Some stakeholders admitted that they 'bent the rules':

- *I bent the RoSPA rules to get people in – for 5 or 6 families who didn't quite qualify. They weren't on benefits, but were really struggling.*

Despite concerns, stakeholders generally agreed that the Scheme was definably reaching the right people:

- *A safety gate would be the last thing on their purchase list – they'd get them from someone, and/or they wouldn't be fitted properly.*
- *Safety equipment is at the bottom of their list of things that they need to buy.*
- *It definitely was good for the kids. It didn't matter what state the house was in, a lot of families really needed this help because they have no money for safety equipment. I'd do it all again for the kids.*
- *Families can't live on the money that they get anyway, so they couldn't afford safety equipment.*

Focus groups with families emphasised that the Scheme was reaching families who were concerned about safety, but could not afford to buy safety equipment:

- *Gates are £30 at Tesco – I'd have struggled to buy one. I knew that the blind cord was dangerous, so I tied it up on a nail.*
- *I couldn't afford to buy a stair gate – and I wouldn't know how to fit it. It really helped – he was always getting into things so I was always trailing behind him.*

The family feedback survey identified that one of the things that parents/carers 'really liked' about the Scheme was that it was 'free' to them:

- *If this wasn't offered to me for free I would not have been able to afford to buy this equipment and keep my child safe.*
- *A good idea as it's free for certain people without it I could not afford to make my home safe for the children.*
- *I think this is a good idea, especially when people might not have enough money to be able to afford safety equipment.*
- *I had been stressing about getting safety gates and other equipment in my home for a while but could not afford it. I was overjoyed when I heard about this scheme. Thank you!*
- *This helped us very much as we couldn't afford the equipment to safeguard our house for our children and especially our youngest who is one year old and into everything.*

7.2.2.3 Only the quick...

The time- and resource-limited nature of the pilot provided many stakeholder with concerns that they were not able to effectively target the most needy groups, with speed of response being more of a driver of inclusion than need:

- *If you're not fast, you're last.*
- *I also got referrals by word of mouth – we were getting increasing amounts of phone calls .. it really increased.*

- *How fair is it? You need to be quick.*
- *We were told that there would be 10 referrals each – but really it was first come first served.*

7.2.2.4 Families' perspectives

All families which responded to the family feedback survey (46% of all families reached) were pleased to be involved (three quarters – 77% - of whom were very pleased to be involved), see table 17.

Table 17: Family feedback: feeling about being involved

	Strongly agree		Agree		I don't think so		Strongly disagree	
	Total	%	Total	%	Total	%	Total	%
I was pleased to be asked to join the scheme	287	77%	87	23%	0	0%	0	0%

Source: SMCIA analysis of family feedback survey

Many parents/carers who participated in focus groups commented about the almost arbitrary way in which they found out about the Scheme, and – as with the staff – expressed concerns that many families who would have benefitted, simply missed out:

- *I only heard about it through the toddlers group. If I didn't come here I wouldn't have heard of it.*
- *A lot of folk don't know about the scheme – there was no advertising.*
- *But if you didn't know [the worker] then you wouldn't have known about it.*
- *If it was on a school poster ... not everyone pays attention to posters.*

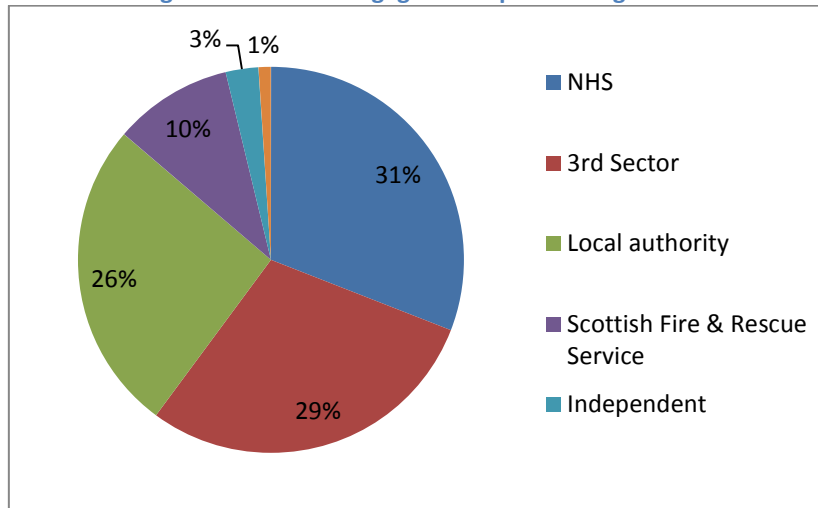
Parents/carers generally confirmed that if they had not been engaged in the Scheme they would not have bought safety equipment because they couldn't afford it, with the following comment being typical:

- *I was in behind someone in Boots who was paying £60 for locks – I wouldn't have done it: I can't pay for equipment, so I would've gone without.*

7.3 Reaching service providers

309 individual staff were engaged in the pilot project. Most (31%) staff engaged in SHSES were from the NHS, with almost as many from third sector agencies – mainly Care & Repair (29%); and more than a quarter of staff (26%) from local authorities. Slightly more than one half of all staff engaged in the Scheme were from the Scottish Fire and Rescue Service – generally involved in arranging and providing Home Fire Safety Visits. Three percent of all staff involved in the Scheme were from the independent sector - all of these were installation agencies. See figure 10.

Figure 10: Sectors engaged in implementing SHSES



Source: SMCIA evaluation of SHSES

Stakeholders who responded to the stakeholder surveys generally considered that ‘the right people’ were involved with the Scheme: a slight increase of 3% from 68% at the baseline stage to 71% agreement at the final evaluation. There was a reduction of 24% (from 44% to 20%), by the end of the pilot, in stakeholders worry that practitioners would be too busy to want to be involved in the Scheme.

7.4 Summary

SHSES reached 900 vulnerable families. On average there were 2 children in each household reached; with 1752 children under the age of 5, of whom 870 (50%) were under the age of 2.

Each family received an average of 2.5 welfare benefits:

- One quarter (25%) of all families received tax credits
- Almost one quarter of families received income support (23%) and/or housing benefit (23%)
- Only 3% of families reached received disability living allowance care or mobility component for a disabled child.
- Families which were not receiving any of the benefits listed in Form 1, but who were considered by practitioners to be eligible for the Scheme included:
 - Those who were asylum seekers
 - Those on maternity benefit.

Stakeholders remained concerned that not enough families knew about the Scheme over the course of the pilot implementation; they also considered that there would be continued growing demand for the Scheme – this was supported by anecdotal information in focus groups with practitioners, installers and families. This led to some local areas being cautious in promoting the Scheme – mindful that it was a time- and resource-limited pilot.

All stakeholders considered that Scheme was reaching its target group: families with at least one child under the age of 5 years living in the home; and in receipt of at least one welfare benefit.

Families corroborated this, stressing that – without the Scheme they:

- Would not have been able to buy home safety equipment; and
- Would not have been able to effectively install home safety equipment.

Stakeholders – including families – considered that the eligibility criteria discriminated against families which were not on any welfare benefits, but nevertheless, struggling financially and unable to afford home safety equipment and installation.

Almost a third of staff (31%) engaged in the Scheme were from the NHS, with almost as many from the third sector (29%) – mainly people working in Care & Repair.

8 Capacity

8.1 Introduction

This chapter provides:

- An analysis of the impacts of the training provided through SHSES.
- An analysis of issues and perspectives on:
 - Staff capacity in relation to delivering the scheme – their knowledge, understanding and skills
 - Families’ knowledge, understanding and skills in relation to home safety
 - Organisational capacity to deliver the Scheme
- A summary of key findings

8.2 Staff Training

The SHSES model (see section 6.2) provided a one day training session for practitioners and for installers. Only staff who had completed the relevant training session were entitled to carry out the home safety and installation visits. RoSPA provided the practitioner training; Kid Rapt (<http://www.childsafety.co.uk/>) provided training for the installers.

The practitioners training provided the opportunity to achieve the RoSPA / City & Guilds level 2 Child Safety in the Home qualification. This is a unit within the RoSPA / City & Guilds level 2 Home Safety Course 3255-01, which was provided as standalone qualification. Twenty eight individuals achieved the qualification (27% staff who participated in a practitioner training day). Certificates were awarded to staff at ‘SHSES: The Pilot Experience’ conference on 16th June 2014.

Table 18: training sessions attended and evaluation questionnaires returned

	Installers			Practitioners				
	Total attending	Forms returned	% Forms returned	Total attending	Pre-forms returned	% Forms returned	Postform returned	% Forms returned
Aberdeen	8	8	100%	5	5	100%	5	100%
East Dunbartonshire	4	4	100%	11	10	91%	11	100%
Edinburgh	2	2	100%	7	7	100%	7	100%
Glasgow/Inverclyde	21	13	62%	17	17	100%	17	100%
Inverclyde				16	12	75%	12	75%
Lothians	10	9	90%	6	6	100%	5	83%
West Dunbartonshire	6	6	100%	9	6	67%	9	100%
Western Isles	6	5	83%	5	5	100%	5	100%
Angus	2	2	100%	2	2	100%	2	100%
Renfrewshire/ E Renfrewshire	4	4	100%					
Renfrewshire				15	15	100%	15	100%
East Renfrewshire				9	9	100%	9	100%
Totals	63	53	84%	102	94	92%	97	95%

Source: SMCIA evaluation of SHSES training

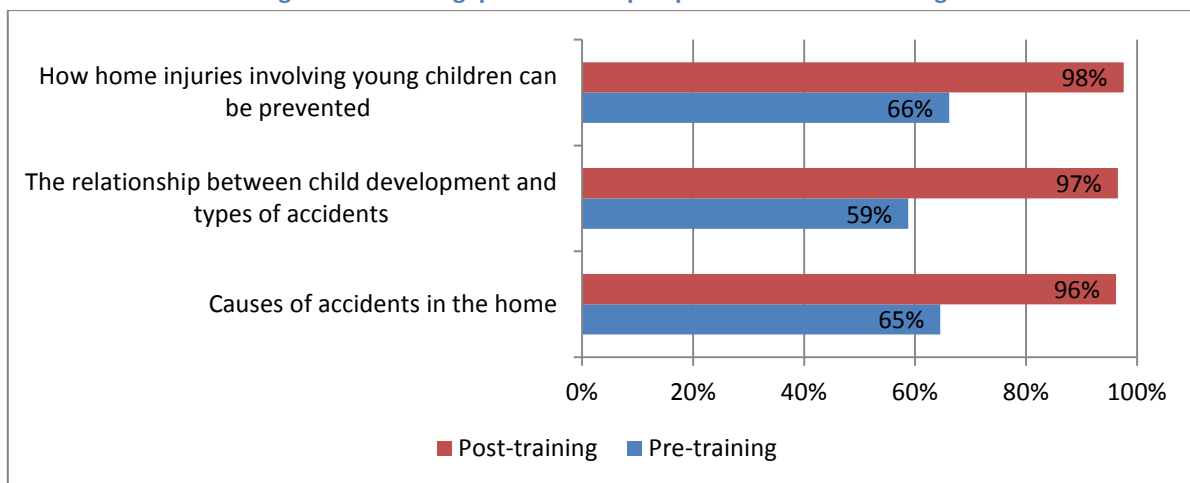
8.2.1 Practitioners

Pre- and post-training questionnaires were used in the training sessions for practitioners. Each participant was asked to complete the pre-questionnaire at the beginning of the session, and the post-questionnaire at the end of the session, before they left. There was a 92% completion rate for the pre-questionnaire and a 95% completion rate for the post-questionnaire (see table 18): the difference likely to be due to participants attending for an incomplete day. This provides an excellent understanding of the views of participants at the practitioners training sessions.

- Participants’ understanding of about home injuries involving young children can be prevented had improved after the training session – on average by 54%.
- Participants’ confidence in working with families on child safety issues had improved by 44% on average.
- Participants’ expectations of the training session were generally very high, and generally met.

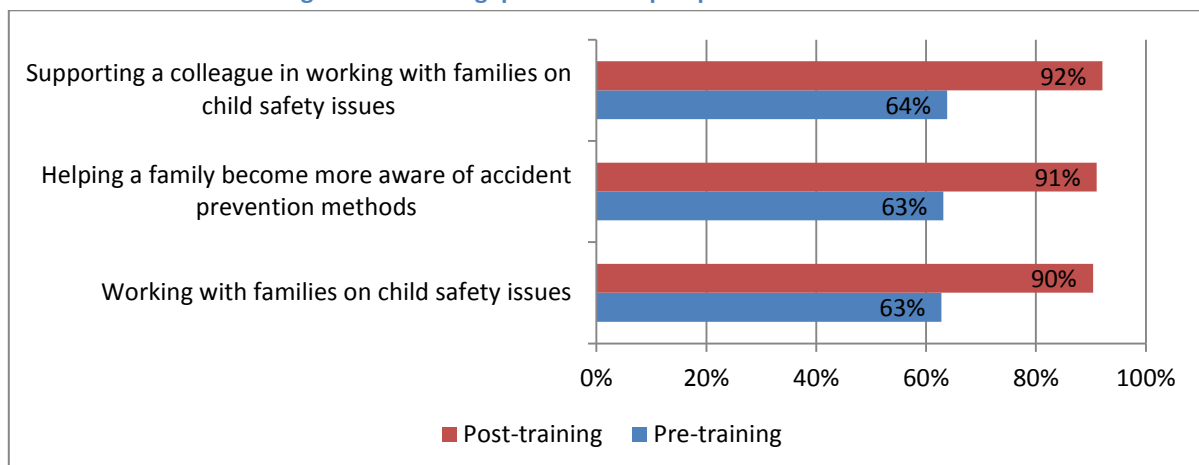
See figures 11 - 13.

Figure 11: Training: practitioners perspectives - understanding



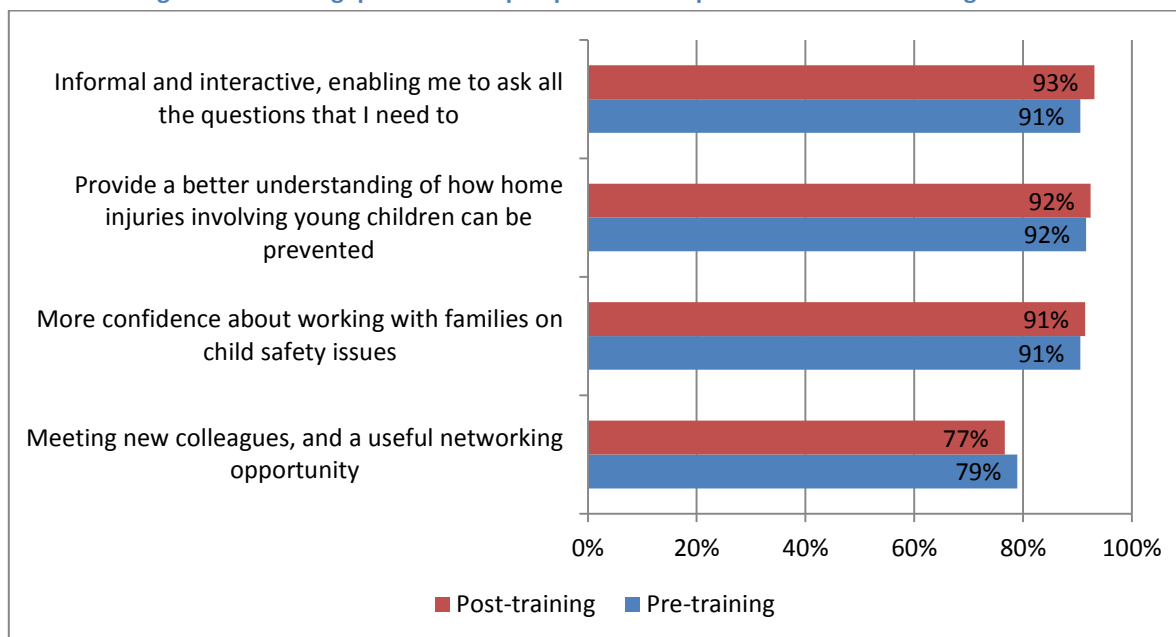
Source: SMCIA evaluation of SHSES training

Figure 12: Training: practitioners perspectives – confidence



Source: SMCIA evaluation of SHSES training

Figure 13: Training: practitioners perspectives – expectations of the training session



Source: SMCIA evaluation of SHSES training

Table 19: Practitioner training: % difference between pre- and post-training perceptions

		Pre-training	Post-training	% difference
Understanding	Causes of accidents in the home	65%	96%	49%
	The relationship between child development and types of accidents	59%	97%	64%
	How home injuries involving young children can be prevented	66%	98%	48%
Confidence	Working with families on child safety issues	63%	90%	44%
	Helping a family become more aware of accident prevention methods	63%	91%	44%
	Supporting a colleague in working with families on child safety issues	64%	92%	44%
Training session expectations	Meeting new colleagues, and a useful networking opportunity	79%	77%	-3%
	More confidence about working with families on child safety issues	91%	91%	1%
	Provide a better understanding of how home injuries involving young children can be prevented	92%	92%	1%
	Informal and interactive, enabling me to ask all the questions that I need to	91%	93%	3%

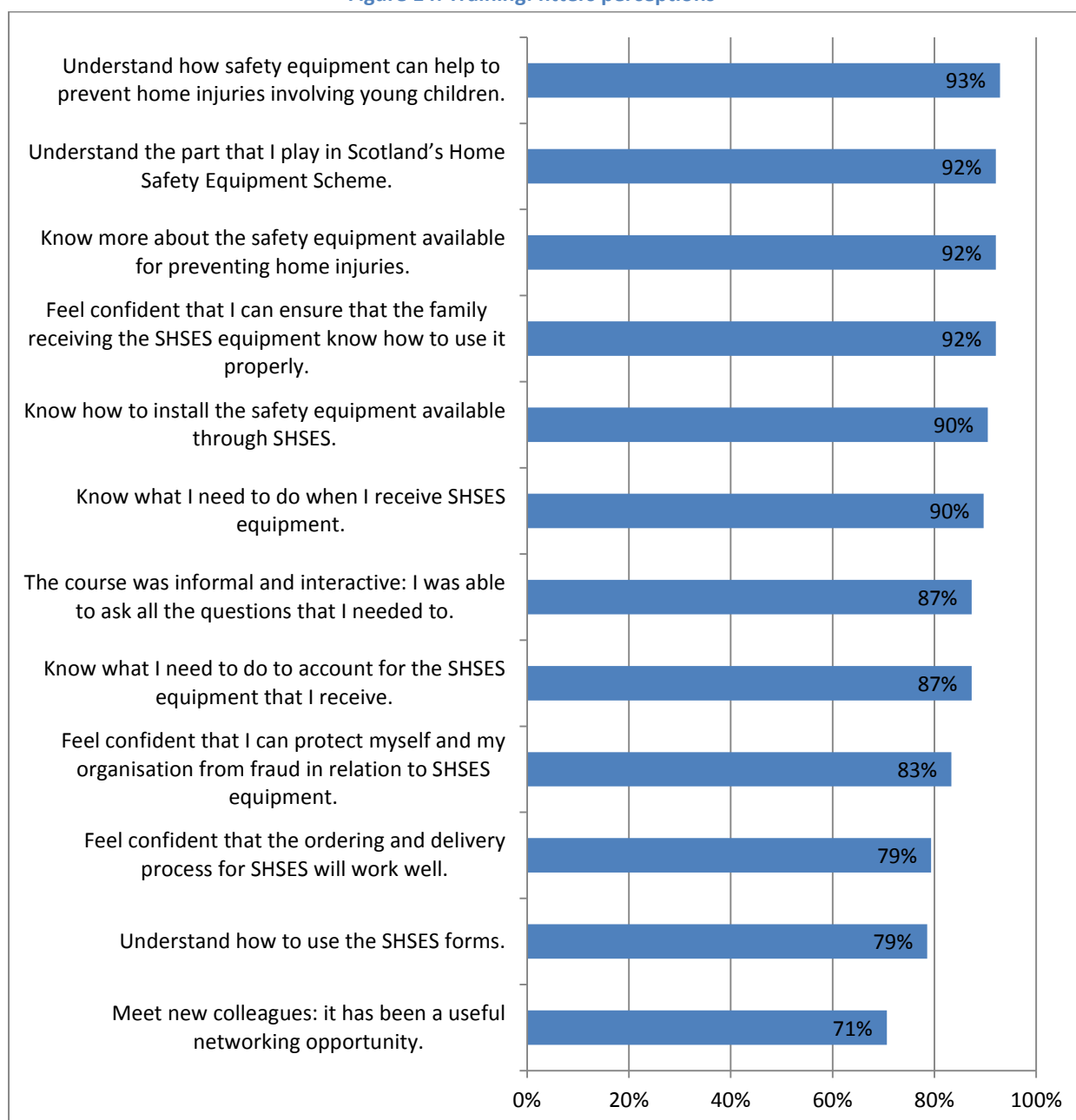
Source: SMCIA evaluation of SHSES training

8.2.2 Fitters

As 50% of the training sessions for installers had taken place before the evaluation framework and tools were finalised, post-training evaluation questionnaire only were used (i.e. not also pre-training evaluation questionnaires). There was an 84% response rate, which provides a very strong understanding of the views of the participants at the installer training sessions, see table 18.

The most valued aspects of the training were those relating to learning about working with families with young children (92%) and learning about the equipment (91%). See figure 14 and table 19.

Figure 14: Training: fitters perceptions



Source: SMCIA evaluation of SHSES training

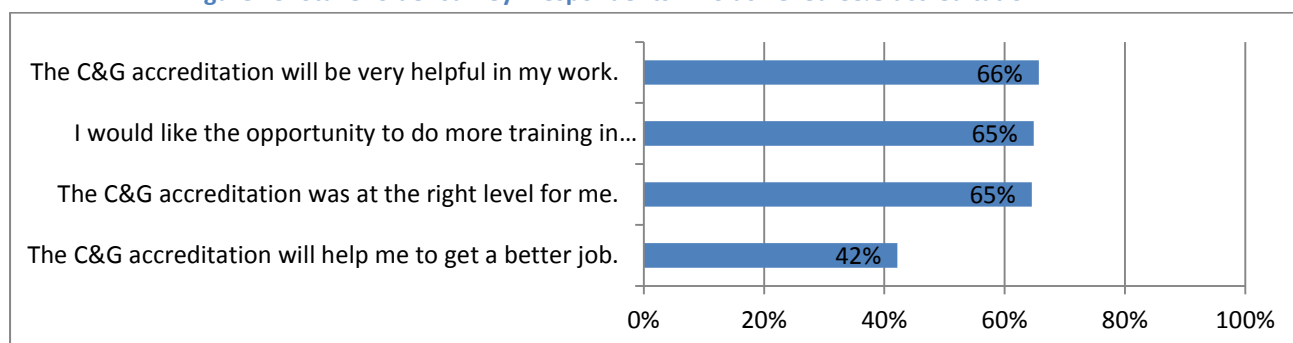
Table 20: Training: fitters perceptions by theme

Theme	Agreement with the following statements	%	% for theme
Learning about working with families with young children	Understand how safety equipment can help to prevent home injuries involving young children.	93%	92%
	Feel confident that I can ensure that the family receiving the SHSES equipment knows how to use it properly.	92%	
Learning about the equipment	Know more about the safety equipment available for preventing home injuries.	92%	91%
	Know how to install the safety equipment available through SHSES.	90%	
Learning about the SHSES process	Understand the part that I play in Scotland’s Home Safety Equipment Scheme.	92%	85%
	Know what I need to do when I receive SHSES equipment.	90%	
	Feel confident that the ordering and delivery process for SHSES will work well.	79%	
	Know what I need to do to account for the SHSES equipment that I receive.	87%	
	Feel confident that I can protect myself and my organisation from fraud in relation to SHSES equipment.	83%	
	Understand how to use the SHSES forms.	79%	
The nature of the training	Meet new colleagues: it has been a useful networking opportunity.	71%	79%
	The course was informal and interactive: I was able to ask all the questions that I needed to.	87%	

Source: SMCIA evaluation of SHSES training

46% (42) respondents to the final stakeholder survey had attended training sessions, of these 20 achieved the RoSPA / City & Guilds level 2 qualification in Child Safety in the Home (71% staff who achieved the qualification). Two thirds (66%) of these respondents considered that the qualification would be very helpful in their work, with similar numbers considering that they would like the opportunity to do more training in home safety (65%) and that the qualification was at the ‘right level’ for them (65%). Fewer than half (42%) thought that the Child Safety in the Home qualification would help them to ‘get a better job’, suggesting that staff see the qualification as reinforcing the knowledge, skills and attributes that they already have for their job.

Figure 15: Stakeholder survey: Respondents who achieved C&G accreditation



Source: SMCIA analysis of final survey

8.3 Staff capacity

8.3.1 Stakeholder survey

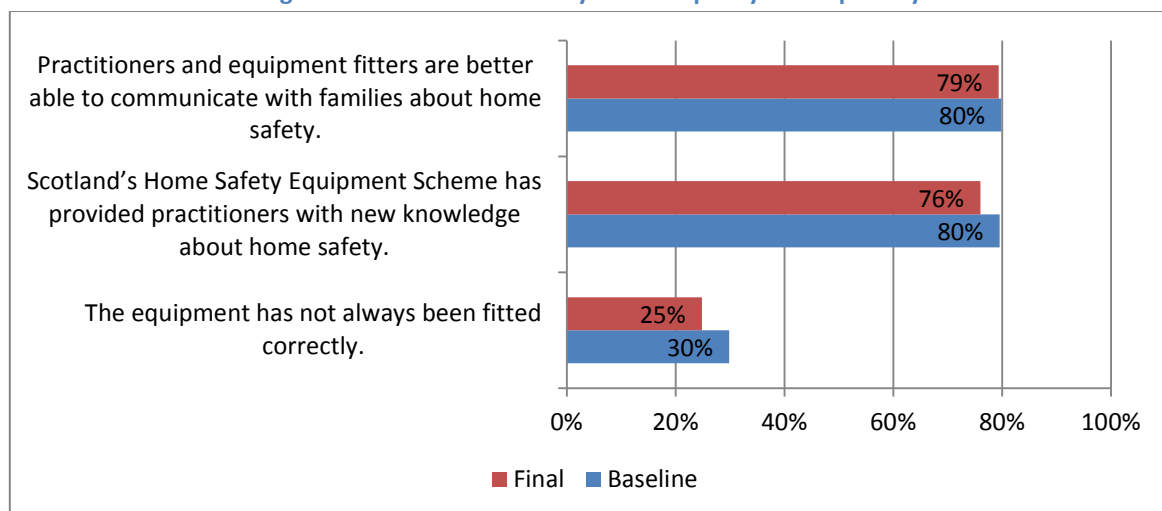
In relation to staff capacity and capability, stakeholders:

- Considered that the Scheme has enhanced practitioners' and fitters' ability to communicate with families about home safety (79% agreement at the baseline stage and 80% agreement at the final stage)
- Considered that the Scheme has provided practitioners with new knowledge about home safety – although this reduced by 4% to 76% agreement by the end of the pilot.
- Initial worry that the equipment would not always be fitted correctly diminished by 5% to 25% by the end of the pilot.

See figure 16.

The findings of the stakeholder surveys were reinforced by the focus groups with practitioner and installers.

Figure 16: Stakeholder surveys: staff capacity and capability



Source: SMCIA analysis of baseline and final surveys

8.3.2 Local Scheme perspectives

8.3.2.1.1 Want more training

There is a significant appetite for further training in Child Safety in the Home, with the following comments made by participants in practitioner and installer focus group being typical:

- *It was just one training day – I would've liked more training.*
- *Our knowledge and understanding has improved – but we could've done with more information/stats from the start.*

Several practitioners and installers commented that the training should have addressed child protection, with some also calling for it to address domestic violence. This highlights the experience of some practitioners and installers in identifying child protection and domestic violence issues through the Scheme, see section 9.3.

Many practitioner and installers considered that both groups should have done both training days – and together:

- *RoSPA should insist that the practitioners do the installers training. But it would have been even better if the installers were trained to do the home safety assessment – that’s the best model. You can’t train the assessors in one day about how to fit things – it takes 3 years to train as a joiner.*
- *I would have loved to have done the installer training so then I would have known more about the equipment.*
- *The training was a doddle. But it would be good for the practitioners to do too, so that they could understand about where to place the equipment.*
- *Joint installation and safety training would have been better.*

This could have provided an opportunity not to explore both aspect of the SHSES model, but also to help to develop effective working relationships between practitioners and installers from the beginning of their engagement with the Scheme.

8.3.2.1.2 Need for assets based approach

There was some discussion of the ‘negative’ aspects of the home safety message, for example the focus on danger and possible injury, with stakeholders noting that the training did not address ways of incorporating this into assets-based work with families:

- *Home safety isn’t very positive – it’s about the dangers, it’s not assets based. So we had to do a lot to balance the dangers with the assets/strengths that the family had.*

8.3.2.1.3 Enhanced knowledge and understanding

Stakeholders – including managers of practitioners and installers – valued the enhanced knowledge and understanding that staff gained through the Scheme. This was seen as being provided not only through the training, but also through their work in implementing the Scheme:

- *The staff are now skilled up and knowledgeable.*
- *There’s now a dozen or so staff who’ve gained this experience. Child safety and injury prevention is in the universal pathway for health visitors⁴¹: The staff who’ve been involved will be able to provide a richer input to this aspect. It’s raised the profile of home safety/injury prevention.*
- *It’s definitely increased my skills about home safety. I’m now happy about raising it with families. And the families are happy that I’ve raised it with them too – they now have more knowledge.*

⁴¹ See <http://www.scotland.gov.uk/resource/doc/1141/0115228.pdf> and <http://www.scotland.gov.uk/Publications/2011/03/22145900/3>

- *I've learned a lot – the City and Guilds training was good – it made me very aware of home safety.*

Installers – with older people as their core client group – significantly developed their understanding of the challenges experienced by vulnerable young families

- *It can be distressing to see how some families live. It helps us understand the bigger picture – gives us a reality check.*
- *It's opened our eyes a bit.*
- *You're a pensioner a long while – but a young person for a much shorter time. You might see a pensioner eight times and build up a relationship with them. With young people there's no time for us to build a relationship.*
- *I never realised that people lived like that.*
- *I thought that everyone would be able to afford plastic door locks – I was surprised.*
- *It's made me more aware – I was shocked to see how some families lived.*

Some installers noted that it would be helpful if the training had included:

- More on working with young families and children:
 - *We learned that we needed to be careful to make sure that the kids didn't get into our toolkits – and the families needed to watch the kids too. It wasn't included in the training – that was more about the practical installation, not about working with people.*
 - *Some of the fitters were quite shocked at the conditions [that families live in] – where can they go if they have concerns? This needs to be included in the training.*
- How to address concerns about child protection:
 - *It's given us an insight into how children and parents are living – and highlighted concerns. This is a different client group for us. We're not used to seeing properties with no furniture. It would've been helpful to know what to do if we had concerns about a child – we need to involve other professionals, we needed to go beyond our job.*

In interviews and focus groups, stakeholders considered that the Scheme worked best where:

- *There were staff with roles that were clearly complimentary, eg family support workers, early years officers, health visitor support officers, and who had capacity – time – to do the home safety visits.*
- *There was a clear structure – such as regular team meetings – for staff doing the home safety visit to meet and/or effectively communicate with staff fitting the equipment.*

8.3.3 Families' perspectives

The family feedback survey showed that the people implementing the Scheme are a key asset: the response to the question 'Please tell us about anything that you liked about the Home Safety Scheme' included the following indicative comments:

- *Everyone that I dealt with was very friendly and helpful. Everything was very good.*
- *Everyone was so accommodating and worked round my time restrictions.*

- *Workers very helpful, well-mannered and did an excellent job. I now feel safer and feel my kids are safer. Very well done thank you.*
- *The men were very friendly and explained how the items worked.*
- *The man who came to install everything was very friendly and made sure I had everything I needed.*
- *The fitters were really helpful and friendly.*
- *How everybody involved took time to explain the way the equipment worked.*
- *The service from the advisor and the fitters were great. I was given the information from start to finish about what I was to get the items that would be provided.*
- *The manner in which everything was discussed and the neatness of the work carried out to the highest standard possible.*
- *Being able to talk freely and confidentially with assessor.*

8.4 Family capacity

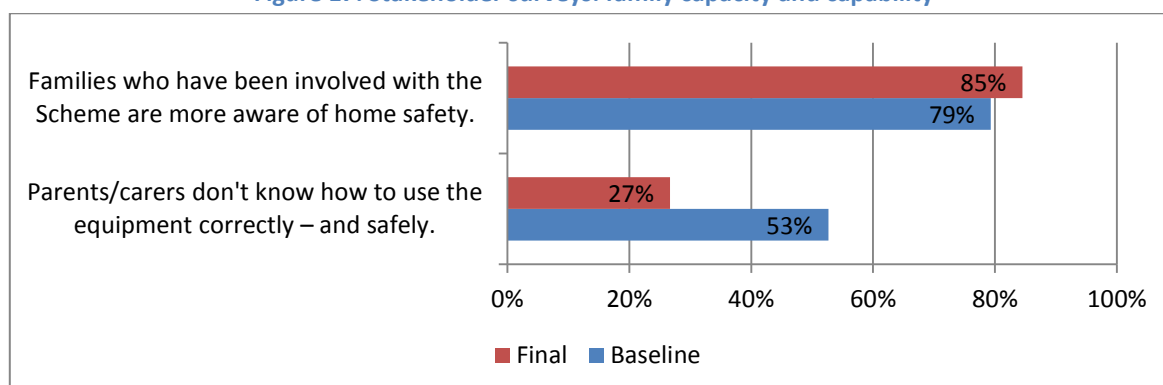
8.4.1 Stakeholder perspectives

In relation to family capacity and capability, stakeholders:

- Initial worry that they would not be able to use the equipment correctly and safely diminished by 26% (to 27%) by the end of the pilot.
- Considered that the Scheme had enhanced families' awareness of home safety – with an increase of 6% to 85% agreement by the end of the pilot.

Stakeholders who responded to the baseline and final surveys developed more confidence that the Scheme would raise awareness of home safety in engaged families, with the strong expectation that this would be the case, being exceeded by 6% to 85%. And stakeholders initial worry that families would not know how to use the equipment correctly and safely reduced by 26% over the course of the pilot. See figure 17.

Figure 17: Stakeholder surveys: family capacity and capability



Source: SMCIA analysis of baseline and final surveys

8.4.2 Local Scheme perspectives

Stakeholders who participated in the focus groups considered that the Scheme had enhanced awareness of home safety – and how to practice home safety – with engaged families:

- *Some families were surprised [to learn] about home safety [issues]; and some it reminded them about how important it is. They were interested.*
- *They've definitely got more awareness – for example about things in handbags. It's really helped to raise family awareness.*
- *Families would never have thought about carbon monoxide.*
- *The girls are now more aware of keeping things like bleach out of reach, always putting cold water into the bath first...*

Stakeholder generally considered that engaged families would share their new knowledge with other families – providing at least ripple (if not a snowballing) of more generally raised awareness:

- *They definitely knew more about home safety after we'd gone in – and they shared it with other families.*

Some practitioners experienced some families not being interested in the home safety input, with the following comment being representative of many:

- *We really wanted to push the home safety awareness raising – but some of them were not interested.*

8.4.3 Families' perspectives

Families who responded to the feedback survey identified enhanced awareness as one of the key things that they 'really liked' about the Scheme:

- *Made me aware of safety resources I did not even know I needed to keep my child safe.*
- *The whole experience made me safety aware.*
- *The awareness to danger.*
- *Lots of useful information that I did not know.*

Parents/carers who engaged in the focus groups emphasised the practitioners' views that they had learnt through the Scheme:

- *It got me to think about things – opening windows, blind cleats.*
- *It made me a lot more aware of dangers.*
- *You can't keep your kids 100% safe – you just need to keep a constant watch.*
- *I'd never heard of blind ties before.*
- *The fireman told me about closing doors – I never knew about that: I'd have all the doors open otherwise.*

Some parents/carers, however, considered that they didn't learning anything new through the Scheme:

- *I didn't learn anything new from the drop in [session] with the DVD – it's all common sense.*
- *We've all got we'ans already – we've learnt from the health visitor and the midwife.*

8.5 Organisational capacity

Although slightly more than a quarter (26%) of respondents to the final stakeholder survey were worried that SHSES would duplicate the work that family support services are doing anyway, this reduced by 4% by the end of the Scheme, see figure 3, section 6.3.

8.5.1 Local Scheme perspectives

8.5.1.1 Complements existing work

Stakeholders in all local Schemes considered that – although involvement in SHSES had been additional – it had, in fact, complemented it:

- *It's been a bit more work for me, but that's OK because it fits in with what I do anyway.*
- *It really complements our service – even if the families don't fully engage with us then at least we know that they've got the safety equipment, and a bit more professional involvement. AND they get it fitted: that's really good.*
- *It has been extra work, but we wanted to reach more families.*
- *We lost money, but that's OK because it fits in so well with what we're doing anyway. It's really good for Care & Repair in the future.*
- *The fit with our work was OK, but it was a lot of extra work.*
- *It was over and above our job, but we can see the benefits: you get to see the bedroom because they thought that you were there for safety, and you can really do a holistic assessment.*

Several managers who participated in focus groups commented that staff were enthusiastic about the Scheme, often putting extra effort into implementing it. The following comment is typical of many:

- *The staff have gone beyond the call of duty – everyone has been very enthusiastic .*

Practitioners and installers who participated in the focus groups and the June event demonstrated that the Scheme had provided them with significant job satisfaction. The following comments are indicative of many made by focus group participants:

- *We can see that it really works ... and we enjoy that.*
- *We don't often get positive feedback in our role.*

Participants at the June event identified many 'highest highs' in their experience of the Scheme, with the following being representative:

- Making a difference to child safety:
 - *Children benefitting from improved safety.*
 - *Knowing that by fitting the equipment we can and will prevent accidents.*

- Raising parents'/carers' awareness of home safety issues:
 - *Brought awareness to some families about home safety.*
 - *Parent awareness of injury prevention.*
- Identifying and addressing other issues with families through the Scheme:
 - *Knock on effects of identifying other issues with families and supporting them with these.*
 - *Provides a way to discuss further home safety issues, such as smoking.*
- Reaching lots of families in a short time scale:
 - *Achieving high number of referrals in a short period. Plus quick installation of equipment.*
- Family appreciation:
 - *Clients really appreciated the equipment.*
 - *Genuine families who will use the equipment properly.*
 - *The welcome given by clients and appreciation that we are making home safer.*
- The training
 - *High number of staff trained/satisfaction of delivering service.*
 - *Getting City & Guilds Certificates.*
 - *Being able to use learning and training to open discussion in groups and families.*
 - *I now have the confidence to speak out about home safety – it was good training.*
- Effective inter-agency working
 - *Attendance/involvement at local steering group: very good and consistent.*
 - *Smooth running of service – feedback from all involved.*
 - *Some improved inter-agency working – with potential for more.*

The extensive list of 'highest highs' further emphasises the significant job satisfaction that staff gained from the Scheme, see appendix C for summary outcomes of the June event.

However, all local Schemes considered that SHSES was not sustainable: staff were neglecting their core work, working overtime; and there would be a need to 'catch-up' with work at the end of the Scheme.

- *We couldn't continue to do this on top of what we do anyway – it's not sustainable. The commitment was made by the top – but they need to talk to unit managers to ensure that the capacity is there.*
- *But it's not sustainable - It's too costly – there are too many moving parts: it's too complicated. It took a lot of time and energy. I've put in in quite significant time – maybe half a day each week. Is it worth the time it took to set it up? It ran for two months and then stopped.*

8.5.1.2 Installer capacity

Installation agencies all noted significant time management difficulties in implementing the Scheme. In part this was because of failed entries (see section 6.6.3); it was also affected by their relative lack of control over the SHSES process. In some areas this led to some friction between installation agencies and practitioners. The following comments made by participants at focus groups are indicative:

- *Our other work suffered – especially because of the no-shows. Our core clients have noticed the time delays.*

- *It could've been arranged better: we would've liked to have had a bundle from the same area and worked through them. We would've liked more control: sometimes the form said that no gates were required, so we didn't bring one out and then had to go back. It would've been better if we did the assessment and then we could've managed our time better. How can someone who doesn't know about wall fittings decide where to fit equipment? The decision isn't always straightforward.*
- *We were promised a huge batch of referrals, but it never happened ... they just drizzled through. We blocked off time, so our regular folks were put back months. Our stats took a real pounding – we weren't as efficient this year as last year because of RoSPA. And then we had to go hell for leather to fill up the spaces. Time management was the key issue. We had no power to do anything. This was because the front end of the process [ie the home safety visit] didn't involve us.*

Despite some concerns by installation agencies, from the perspective of the families, the Scheme was very efficient, with response to the question 'Please tell us about anything that you liked about the Home Safety Scheme' in the family feedback survey including:

- *It was well organised, and everything happened on time.*
- *Easy to apply and quick. Was installed fast.*
- *Quick and easy to take part in.*
- *It did not take long to have everything in place.*
- *How quickly they came to fit things.*

8.6 Summary

8.6.1 Staff

The practitioner training resulted in:

- Enhanced understanding of about home injuries involving young children can be prevented
- Enhanced confidence in working with families on child safety issues

Twenty eight individuals achieved the RoSPA / City & Guilds level 2 Child Safety in the Home qualification. (27% staff who participated in a practitioner training session). This was generally regarded as very helpful for learners' work.

The installer training resulted in:

- Enhanced understanding of how to work with families with young children
- Good understanding of how to fit and use the equipment provided through the Scheme.

Many stakeholders considered that both practitioners and installers should have done both training days, and together, which could have provided an opportunity not only to explore both aspect of the SHSES model, but also to help to develop effective working relationships between practitioners and installers from the beginning of their engagement with the Scheme.

There is a significant appetite for further training in child safety in the home; with notable calls for training in child protection and domestic violence – in particular for installers, who might not otherwise have any opportunity for training in these areas.

Families considered that the staff working on the implement of the Scheme – the practitioners and the installers - were a key asset, really valuing their person-centredness and their skills.

8.6.2 Families

The Scheme was regarded as having successfully enhanced levels of awareness and understanding of key child safety issues. This was achieved not only through the home safety awareness input provided during the home safety visit, but importantly through the reinforcement of learning through the installation visit and the Home Fire Safety Visit: the SHSES model provided more than one home safety awareness input.

8.6.3 Organisations

SHSES was not seen as duplicating the work that family support services were already providing; rather it was seen as complementary to, and enhancing, existing service provision. The Scheme certainly provided local teams with additional work, but this was seen 'worth it', in providing additional staff knowledge, skills and understanding and a strong sense of job satisfaction. However, it was only 'worth it' in the short term – the additional workload was not sustainable, and placed some staff under significant pressure. It also placed installation agencies – in particular – under particular pressure to meet the tight delivery deadlines of the Scheme, at the cost of extended waiting times for their core client groups.

9 Outcomes

9.1 Introduction

This chapter provides:

- An analysis of stakeholder perspectives on the preventative impacts of the Scheme.
- An analysis of unanticipated outcomes of the Scheme.
- A summary of key findings

9.2 Accident prevention

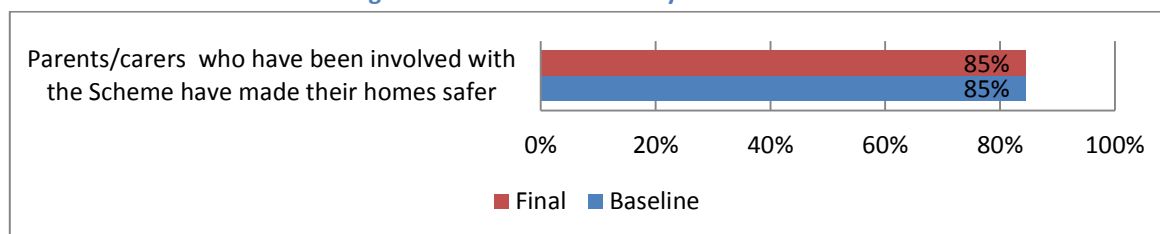
9.2.1 Stakeholder perspectives

Stakeholders who responded to the stakeholder surveys considered that the Scheme:

- Helped to make children safer and healthier (85%).
- Helped to prevent accidents and unintentional injuries in the home (76%).
- Helped prevent accidents and unintentional injuries to children under the age of five (75%).

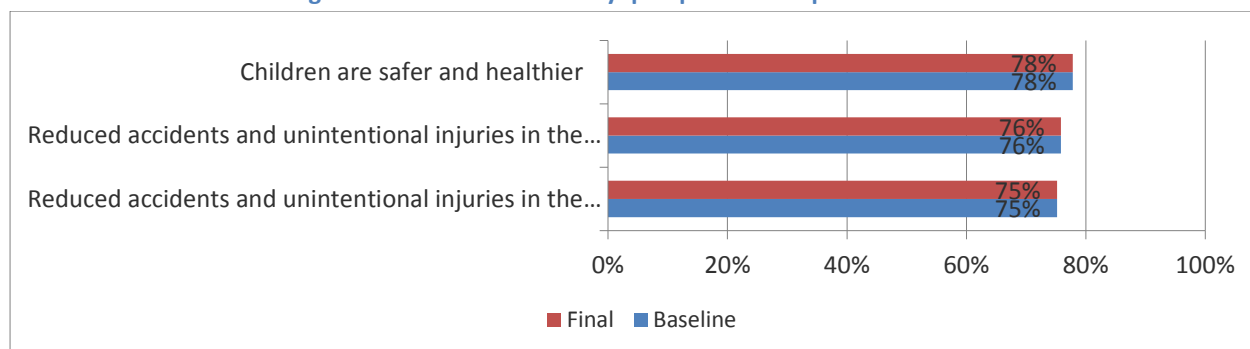
Stakeholders' perspectives on the preventative aspects of the scheme remained identical across the baseline and final surveys, perhaps indicating that the final perspectives are more at the level of expectation rather than actual knowledge/experience. This hints at the challenges in proving something that might have happened has been prevented. See figures 18 and 19.

Figure 18: Stakeholder surveys: safer homes



Source: SMCIA analysis of baseline and final surveys

Figure 19: Stakeholder survey: perspectives on prevention



Source: SMCIA analysis of baseline and final surveys

When commenting on the impacts of the Scheme, respondents to the survey made comments including the following, indicating that **together**, all elements of the Scheme – awareness raising + equipment + professional installation were important preventative measures:

- *For the families we have referred it has had an impact - in protecting their children from hazards in the home and for making families more aware of safety within the home. I hope the scheme continues!*
- *Very important as many people told me on my visit as an installer how little they knew about fire risk and how to lower the potential risks.*
- *I feel the scheme benefits many families who would not buy the safety equipment needed. Some families may be able to fit the items but for some it further reduces risks if the equipment is correctly fitted for them.*
- *A very much needed service which if continued no doubt will reduce accidents within the home.*

Participants in focus groups further emphasised the preventative impacts of the Scheme

- We can go in now and see an accident about to happen – and prevent it! We can anticipate things
- The families have said that it’s really made a difference – it’s made their homes safer.
- It’s really benefitted families who wouldn’t have bought safety equipment – or who might have bought it but not had it properly fitted.
- It’s really hard to know: it’s very difficult to change behaviours. But that’s why it’s good to have different folk giving the same message.
- The families are now more aware – and they’ll talk to each other, and the message snowballs.

Some stakeholders emphasised the need for more longitudinal impact assessment to demonstrate the preventative impacts of the Scheme:

- *They definitely have safer homes: I saw the state of the home before. But you really need to go back in a year’s time to review. You need to ask if there have been any accidents. It would be great if there was a bit of funding to even do a follow up phone call in a year.*

9.2.2 Families’ perspectives

Families which responded to the family feedback survey (46% of all families reached) considered that their home feels safer (than it did before their involvement in the Scheme), with 99% respondents feeling safer (three quarters – 77% - strongly agreeing that their home feels safer. See table 21.

Families who responded to the survey questionnaire also considered that others would benefit from the Scheme (83%: 323).

Table 21: Family feedback: feeling safer

	Strongly agree		Agree		I don't think so		Strongly disagree	
	Total	%	Total	%	Total	%	Total	%
My home feels safer	290	77%	86	23%	1	0%	0	0%

Source: SMCIA analysis of family feedback survey

Parents/carers comments in the family feedback survey emphasised their feelings of enhanced safety:

- *I feel safer knowing the safety gate has been professionally installed.*
- *[My child] can't get into the kitchen to run about and she can't jam her fingers in the door.*
- *It is good that others are thinking of our child's safety.*
- *Much safer, especially with the gates to safeguard our baby with the stairs.*
- *Don't need to worry about him getting into the kitchen.*
- *A strong peace of mind when children are in other rooms.*
- *I feel better knowing that my child is going to be safe.*

Parents/carers who participated in the focus groups further emphasised their appreciation of the enhanced safety of their home:

- *I already knew the stuff ... but not about the blind cords. I'd just been to the funeral of a 2 year old who'd died from a blind cord. It really raised my awareness... I started to tie the blind cords up.*
- *It was a big release when they came and fitted the equipment – I knew it [my house] was dangerous. The bedroom is tiny and there's no space to play, so my daughter would climb up and play at the window – I was terrified: my neighbour's boy fell from the window and died – it was awful. It's great to have the window restrictor and the gates – it's really helped me.*
- *I feel more safe in my own home.*
- *I already knew that I wanted a bathmat – he's always dancing about in the bath. It's great – he's much safer now.*
- *The kids are usually up first, but I have the stair gate so I know that they're not in danger.*

9.3 Unanticipated outcomes

The Scheme had a clear focus on accident prevention, but the SHSES model provided further positive outcomes, including:

- Identifying and addressing child protection issues:
 - *[the practitioner] picked up one child protection case through a RoSPA visit. It would've been missed otherwise.*
 - *I fed back to the social worker when I saw drugs equipment about. It led to the child being removed to live with her grandmother. We then put the safety equipment into the Granny's house. She was so grateful. And that meant that the social work department was more aware of the Scheme, and the referrals just snowballed!*
- Identifying and addressing other concerns:
 - *A SW Support Worker went into a (private landlord) house and was concerned that it wasn't safe – sockets were hanging off the walls, fire doors were locked. So we contacted the landlord, who complied...*
 - *There were hygiene issues in several families – and if we thought that there was a big issue then we signposted them to other agencies.*

- *[doing the walk-through]: it was very beneficial to get to see, for example, the bedroom – sometimes there would be no mattress .. or no food in the cupboards. Then we'd refer them on. We also picked up other safety issues, for example wires.*

9.4 Summary

SHSES was seen as a very effective home accident prevention scheme for vulnerable young children. The strength of the Scheme was in the holistic integration of all elements of the model: effective targeting of families most at risk > home safety risk assessment > home safety equipment 'prescription' > home safety awareness raising > professional fitting of 'prescribed' equipment. Of particular importance was:

- The professional fitting of the equipment together with guidance on using the equipment.
- Taking time to deliver the home safety awareness raising face-to-face with families: the provision of the home safety information pack was not seen as effective without this input.

The holistic nature of the SHSES model – in particular the 'walk through' built into the home safety visit – provided a valuable opportunity to identify and address issues in addition to home safety, notably child protection and health improvement.

10 Potential legacy

Focus group discussions with practitioners, installers, their managers, and families all identified potential legacies for SHSES.

- Organisational capacity:
 - Continue to provide the elements of the Scheme which are not the actual equipment:
 - Home safety risk assessment
 - Home safety awareness raising for parents/carers, including by using the home safety DVD with parent/carers groups.
 - Home Fire Safety Visits.
 - Some areas explicitly intend to continue to build this into the work of relevant staff.
 - Develop potential staff capacity by training more staff in home safety, including through ‘training the trainers’ to cascade home safety training to relevant staff within the organisation.
 - Build on the relationships that have been developed through the Scheme to identify further areas of actual and potential synergy.
- Family capacity:
 - Support parents/carers in sharing their new knowledge of home safety with other parents/carers, for example through the development of assets focused community capacity building.

RoSPA could play a key – and cost effective – role in:

- Providing Train-the-Trainers learning opportunities
- Supporting the trainers, for example by facilitating a community of practice.
- Providing training for parents/carers in home safety.

11 Conclusions

11.1 Outcome 1: Vulnerable children will be less likely to be admitted to hospital because of home accidents.

Scotland's Home Safety Equipment Scheme was a preventative scheme. It reached 900 vulnerable families and a total of 1752 vulnerable children under the age of 5 over the course of thirteen months. Each family had an average of 9 items of safety equipment supplied and professionally fitted.

Data limitations – including the short time frame for implementation – meant that it was not possible to assess the impacts of the Scheme on hospital admissions data for accidental injuries at home for young children. However, there is very strong qualitative data from all stakeholders – including families – that the Scheme was effective in preventing accidents. 99% of all families engaged considered that their home was safer.

- 85% of professional stakeholders considered that the Scheme helped to make children safer and healthier
- 76% of professional stakeholders considered that the Scheme helped to prevent accidents and unintentional injuries in the home.
- 75% of professional stakeholders considered that the Scheme helped to prevent accidents and unintentional injuries to children under the age of five.

11.2 Outcome 2: Parents and carers of vulnerable children will have improved levels of awareness and understanding of key child safety issues

The Scheme built family parent/carer awareness raising into its delivery model, with all families being provided with a home safety awareness input supported by the home safety information pack that was left with the family. The home safety awareness input was reinforced at the installation and Home Fire Safety Visits. The vast majority (85%) of professional stakeholders considered that it had enhanced families' awareness and understanding of home safety.

Parents and carers themselves reported being much more aware of key child safety issues.

All local Schemes reported that they were considering embedding parent/carer awareness raising on child home safety issues into their ongoing delivery of support to families.

11.3 Outcome 3: Practitioners working with vulnerable children will have an increased awareness of home injuries involving young children and how these can be prevented

SHSES built practitioner and installer training on prevention of home injuries involving young children into the delivery model. In total 165 staff were trained, with 28 achieving the RoSPA / City & Guilds level 2 Child Safety in the Home qualification.

The training was very well received by staff, and resulted in:

- A 54% improvement in learners' understanding of how home injuries involving young children can be prevented
- A 44% improvement in learners' confidence in working with families on child safety issues.

Parents/carers valued practitioner and installer skills and expertise in supporting them in developing their awareness and understanding of key child safety issues – as well as in undertaking the home safety assessment and installing the equipment.

There is a significant appetite for further training in child home safety.

11.4 Outcome 4: Individual risks in the home are identified and addressed

The Scheme built an individual home safety risk assessment into its delivery model, with every client (900) receiving a home safety risk assessment – and 494 (59%) receiving a Home Fire Safety Visit.

The home safety risk assessment included a 'prescription' for the provision and professional installation of equipment through the Scheme (free of charge to clients). All 900 clients had equipment fitted, with an average of 9 items per family fitted.

12 A potential framework for the delivery of Home Safety Equipment Schemes

1. Clarification of RoSPA role:

- a. Will RoSPA
 - i. Provide funding for the Scheme?
 - ii. Require compliance with expectations / a 'contract' with:
 - 1. Lead agencies?
 - 2. Installation agencies?
 - 3. Practitioner agencies?
 - iii. Facilitate area partnership meetings?
 - iv. Facilitate national meetings of local areas?
 - v. Facilitate a national strategic partnership group?
 - vi. Monitor implementation in relation to agreed criteria?
 - vii. Support self-evaluation in relation to agreed criteria?
 - viii. Undertake external evaluation?

2. Selection of suitable areas:

- a. **Think about measurement of impacts:**
 - i. Does the area cover an entire NHS Board area?
 - ii. But recognise that NHS data on home accidents and unintentional injury are imperfect, and that measuring prevention is challenging!
- b. **Be pragmatic:**
 - i. Are there existing relationships between organisations affiliated with RoSPA and:
 - 1. The NHS Board in that area, in particular the Health Visiting team?
 - 2. The local authority in that area, in particular:
 - a. Family support services?
 - b. Early years services?
 - c. The community safety partnership?
 - 3. Local Care and Repair services?

3. Set out expectations/obligations very clearly in advance:

- a. **Is there a clear 'business case' for the area to be selected to be supported through the Scheme?**
 - i. Should RoSPA develop this - or the potential SHSES area?
- b. **What will RoSPA provide to the scheme?**

- i. Central administration support?
 - ii. Training?
 - iii. National co-ordination?
- c. Has a lead agency been identified?**
- d. Does that lead agency have sufficient power to secure the co-operation of other key partner agencies?**
- e. Are there sufficient resources within the lead agency to take the Scheme forward?**
 - i. A senior lead individual.
 - ii. Established relationships with Health Visiting teams – who are the key referrers to the Scheme.
 - iii. Support worker capacity (eg AfC band 3-4, Social Work Support Worker) to undertake home safety visits (risk assessment, equipment prescription, awareness raising).
 - iv. Established relationships – or potential to develop effective relationships – with local Care and Repair services.
- f. Does the lead individual have sufficient power to secure the co-operation of lead individuals from other agencies?**
 - i. Can the lead individual secure the written ‘buy-in’ of key partners, including referrers, practitioners, installers and the Scottish Fire and Rescue Service?
 - ii. Can the lead agency address landlord issues on behalf of potential SHSES clients?
- g. Does the lead individual have sufficient power to engage relevant stakeholders from other agencies?**
- h. Is there a clear statement of expectations / ‘contact’ which clarifies requirements:**
 - i. For practitioner, referrer, installation, storage, and fire safety partners to meet regularly to address operational issues.
 - ii. For practitioner, referrer, installation, storage, and fire safety partners to communicate effectively and efficiently about each party’s role in the process in relation to each referred family.
 - iii. To maintain and share SHSES client (and potential client) data with partners, including:
 - 1. Feedback on when home safety visit is complete
 - 2. Feedback on when installation visit is complete
 - 3. Feedback on when fire safety visit is complete
 - 4. Feedback on any issues relating to difficulties in accessing a family home.
 - iv. To engage in any and all monitoring and evaluation activities

Appendices

A. Evaluation Reference Group

1. Remit
2. Membership

B. Evaluation tools

1. Baseline survey questionnaire
2. Final survey questionnaire
3. Practitioner pre-training questionnaire
4. Practitioner post-training questionnaire
5. Installer post-training questionnaire
6. Practitioner/installer focus group topic guide
7. Interview topic guide
8. Family feedback survey questionnaire
9. Stakeholder Forum programme
10. Stakeholder forum groupwork

C. Stakeholder forum

1. Participants
2. Outcomes

D. Interviewees

E. SHSES Project brief

F. SHSES Form 1

G. SHSES Form 2

Evaluation of Scotland's Home Safety Scheme

Evaluation Reference Group: REMIT

The Royal Society for the Prevention of Accidents (RoSPA) is a national charity whose main aim and mission is to “save lives and reduce injuries”. RoSPA Scotland has recently secured funding from The Early Years Collaborative for a new home safety equipment scheme. The Early Years Collaborative is a national project led by NHS Scotland, The Scottish Government and COSLA (Convention of Scottish Local Authorities) to help improve health and reduce inequalities for children and families across Scotland.

Scotland's Home Safety Equipment Scheme (SHSES) aims to reduce home accidents to children under the age of five. The project will install sets of home safety equipment to disadvantaged families across Scotland. Each family will then receive home safety advice, detailing the actual equipment as well as other preventative measures to reduce accidents in the home.

RoSPA has commissioned the University of Edinburgh in partnership with SMCI Associates to evaluate SHSES. This will help to establish the benefits to the children who are provided with the equipment. In addition it will provide evidence and a framework for use by partnerships wishing to run similar schemes in the future.

RoSPA and the evaluation team will be guided by an Evaluation Reference Group (ERG). The remit of the ERG will be to inform and consider the progress of the evaluation at key stages. The ERG is likely to meet four times during the course of the project (which runs from April 2013 to June 2014).

In addition to RoSPA, members of the ERG will include nominated representatives of:

- The Early Years Collaborative.
- The Scottish Fire and Rescue Service.
- Care and Repair Scotland.

Evaluation of Scotland's Home Safety Scheme

Evaluation Reference Group: MEMBERSHIP

- Anncriis Roberts, Early Years Collaborative, Scottish Government
- Carlene McAvoy, Community Safety Development Officer (SHSES Project Manager) (RoSPA)
- Cathy Barlow, Partnership Unit Manager , Prevention & Protection, Scottish Fire & Rescue Service (from January 2014)
- David Smith, Community Safety lead, Scottish Fire & Rescue Service (up to December 2013)
- Jen Foley, Project Support Officer (Home Safety), RoSPA
- Jennifer Henderson, Training Officer, RoSPA
- John Gray, Watch Manager, Prevention & Protection, Scottish Fire & Rescue Service (from January 2014)
- Liz Lumsden, Community Safety Manager (Scotland), RoSPA **(Chair)**
- Robert Thomson, Director, Care and Repair Scotland
- Sheila Inglis, Director, SMCI Associates
- Stephen Wood, Community Safety lead, Scottish Fire & Rescue Service (up to December 2013)

Introduction

RoSPA is starting to pilot Scotland's Home Safety Equipment Scheme (SHSES) on behalf of the Scottish Government to:

- Help prevent unintentional injury to children in the home.
- Improve parents'/carers' awareness and understanding of child safety issues.
- Increase practitioners' awareness of how to prevent home injuries involving young children.
- Identify and address home safety risks in individual family homes.

RoSPA has commissioned SMCI Associates (in partnership with the University of Edinburgh) to evaluate SHSES. The evaluation is running in parallel with the Scheme, and will provide important feedback during the implementation of SHSES; and at the end of the pilot period (June 2014), assess whether it has achieved its objectives – in particular the benefits to children in homes provided with safety equipment. Additionally, the evaluation will provide evidence and a framework for use by partnerships wishing to run similar schemes in the future.

This survey is designed to provide the evaluators with information about your views about the Scheme to inform the implementation at this early stage. A similar survey will be run towards the end of the pilot in Spring/Summer 2014.

The questionnaire will take no more than 10 minutes to complete, and is completely anonymous. We are registered under the Data Protection Act 1988: Registration Number Z1092649.

If you have any queries about the survey, or would like any further information, please don't hesitate to contact Dr Sheila Inglis, Director, SMCI Associates sheila@smciassociates.com, phone: 07894 337317.

***1. Have you heard of Scotland's Home Safety Equipment Scheme?**

- Yes
- No

Not heard of SHSES

2. Please tell us how much you agree with the following statements:

	Strongly agree	Agree	Disagree a little	Disagree strongly	Don't know
There needs to be better awareness of home safety issues amongst practitioners working with families with young children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Families with young children would benefit from being provided with home safety equipment (e.g. safety gates, fireguards).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment

Heard of SHSES

3. Please tell us how you know about Scotland's Home Safety Equipment Scheme (please tick all that apply):

- I am the lead individual for the Scheme in my area.
- I have done the SHSES training for practitioners.
- I have done the SHSES training for fitters/installers.
- I refer families to the Scheme.
- I signpost colleagues to the Scheme.
- I am the Early Years Programme Manager for my area.
- I am a member of the Community Planning Partnership for my area.
- I am a RoSPA staff member.

Other (please specify)



SHSES Baseline

4. Please tell us how much you agree with the following statements:

	Strongly agree	Agree	Disagree a little	Disagree strongly
Scotland's Home Safety Equipment Scheme is likely to reduce accidents and unintentional injuries in the home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hope that parents/carers want to be involved in the Scheme and receive the equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hope that agencies and organisations involved in the scheme will want to continue to work together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There will be a growing demand for home safety equipment through the Scheme.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents/carers are likely to make their homes safer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Families are likely to be more aware of home safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hope that the Scheme will strengthen relationships between key partners.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents/carers might not know how to use the equipment correctly – and safely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The equipment might not always be fitted correctly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough people know about the Scheme.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As more agencies and organisations hear about the Scheme, more will want to become involved in it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practitioners and equipment fitters will be better able to communicate with families about home safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practitioners might be too busy to want to be involved in the Scheme.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scotland's Home Safety Equipment Scheme will provide practitioners with new knowledge about home safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scotland's Home Safety Equipment Scheme is likely to reduce accidents and unintentional injuries in the home to children under the age of five.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Families might be/feel stigmatised by being involved in the Scheme.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The involvement of the Fire Service is a really helpful aspect of the Scheme.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Scheme will duplicate the work that family support services are doing anyway.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hope that practitioners/involved agencies value the Scheme.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Families might not want more people coming into their home (eg to fit the equipment, do a fire safety check).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hope that practitioners will use their new knowledge of home safety with all the families that they work with (not just the ones getting SHSES equipment).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The right people are involved in the Scheme.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children are likely to be safer and healthier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add any comments here:

5. Did you attend any of the training sessions for the Scheme?

- Yes
- No

Attended training

6. Please tell us about the training.

Was it:

- The training for practitioners?
- The training for fitters?

7. Please tell us how much you agree with the following statements:

	Strongly agree	Agree	Disagree a little	Disagree strongly
The training day provided me with a much better understanding of how home injuries involving young children can be prevented.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I now feel much more confident about working with families on child safety issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I met new colleagues: the training day was a useful networking opportunity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The training day was informal and interactive: I was able to ask all the questions that I needed to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The training day didn't provide me with any new knowledge or understanding.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add any comments about the training here:

Have you referred?

8. Have you referred a family to Scotland's Home Safety Equipment Scheme?

- Yes
- No
- Don't know

Referrers

9. Did you find the referral process straightforward?

- Yes
- No

Please add any comments about the referral process here:

10. Did you find the eligibility criteria easy to follow?

- Yes
- No

Please add any comments about the eligibility criteria here:

Undertaken a home safety visit?

11. Have you undertaken a SHSES home safety visit (i.e. to identify required equipment and provide the Home Safety Pack)?

- Yes
- No
- Don't know

Done a home safety visit

12. Did you find the form easy to complete?

- Yes
- No

Please add any comments about the home safety visit form here:

13. Did you find the process easy to follow?

- Yes
- No

Please add any comments about the home safety visit process here:

14. Did the family/families welcome your visit?

- Yes
- No

Please add any comments about the family's welcome to the visit here:

15. Did the visit complement/integrate well with the work that you are doing with the families anyway?

- Yes
- No

Please add any comments about the integration of the SHSES home visit with your work here:

16. Please make any other comments about the home safety visit here:

Fitted equipment?

17. Have you fitted home safety equipment as part of the Scheme?

- Yes
- No
- Don't know

Fitters

18. Did you find the forms easy to complete?

Yes

No

Please add any comments about the installation form here:

19. Did you find the process easy to follow?

Yes

No

Please add any comments about the installation process here:

20. Did the family/families welcome your visit?

Yes

No

Please add any comments about the family's welcome to the visit here:

21. Did the visit complement/integrate well with the work that you are doing with the families anyway?

Yes

No

Please add any comments about the integration of the SHSES installation visit with your work here:

22. Please make any other comments about the SHSES installation visit here:

All

23. Which of the following most closely describes your role:

- I am a Community Safety manager
- I am a Health Visitor
- I am a family support worker in a local authority.
- I am a family support manager in a local authority.
- I am a family support worker in a voluntary/third sector agency.
- I am a family support manager in a voluntary/third sector agency.
- I am an early years worker in a local authority.
- I am an early years manager in a local authority.
- I am a family support worker in a voluntary/third sector agency.
- I am a family support manager in a voluntary/third sector agency.
- I am a Care and Repair worker.
- I am a Care and Repair manager.
- I am a Fire Officer.
- I am a RoSPA staff member.

Other (please specify)

24. Please provide any other comments that you have about Scotland's Homes Safety Equipment Scheme here.

Introduction

RoSPA is piloting Scotland's Home Safety Equipment Scheme (SHSES) on behalf of the Scottish Government to:

- Help prevent unintentional injury to children in the home.
- Improve parents'/carers' awareness and understanding of child safety issues.
- Increase practitioners' awareness of how to prevent home injuries involving young children.
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***1. Have you heard of Scotland's Home Safety Equipment Scheme?**

- Yes
- No

Not heard of SHSES

2. Please tell us how much you agree with the following statements:

	Strongly agree	Agree	Disagree a little	Disagree strongly	Don't know
There needs to be better awareness of home safety issues amongst practitioners working with families with young children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Families with young children would benefit from being provided with home safety equipment (e.g. safety gates, fireguards).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment

Heard of SHSES

3. Please tell us how you know about Scotland's Home Safety Equipment Scheme (please tick all that apply):

- I am the lead individual for the Scheme in my area.
- I have done the SHSES training for practitioners.
- I have done the SHSES training for fitters/installers.
- I refer families to the Scheme.
- I signpost colleagues to the Scheme.
- I am the Early Years Programme Manager for my area.
- I am a member of the Community Planning Partnership for my area.
- I am a RoSPA staff member.

Other (please specify)



4. Please tell us how much you agree with the following statements:

	Strongly agree	Agree	Disagree a little	Disagree strongly
Practitioners have used their new knowledge of home safety with all the families that they work with (not just the ones getting SHSES equipment).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practitioners, fitters and involved agencies value the Scheme.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scotland's Home Safety Equipment Scheme has provided practitioners with new knowledge about home safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scotland's Home Safety Equipment Scheme has reduced accidents and unintentional injuries in the home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scotland's Home Safety Equipment Scheme has reduced accidents and unintentional injuries in the home to children under the age of five.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agencies and organisations that have been involved in the Scheme will continue to work together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As agencies and organisations heard about the Scheme, they wanted to become involved in it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practitioners are too busy to want to be involved in the Scheme.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents/carers who have been involved with the Scheme have made their homes safer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Families don't want more people coming into their home (eg to fit the equipment, do a fire safety check).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents/carers want to be involved in the Scheme and receive the equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The involvement of the Fire Service is a really helpful aspect of the Scheme.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough people know about the Scheme.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There has been a growing demand for home safety equipment through the Scheme.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The equipment has not always been fitted correctly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents/carers don't know how to use the equipment correctly – and safely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The right people are involved in the Scheme.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Scheme has strengthen relationships between key partners.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Families feel stigmatised by being involved in the Scheme.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Scheme has duplicated the work that family support services are doing anyway.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children are safer and healthier when they have been involved in the Scheme.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Families who have been involved with the Scheme are more aware of home safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practitioners and equipment fitters are better able to communicate with families about home safety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add any comments here:

Have you referred?

5. Have you referred a family to Scotland's Home Safety Equipment Scheme?

- Yes
- No
- Don't know

Referrers

6. Did you find the referral process straightforward?

- Yes
- No

Please add any comments about the referral process here:

7. Did you find the eligibility criteria easy to follow?

- Yes
- No

Please add any comments about the eligibility criteria here:

Undertaken a home safety visit?

8. Have you undertaken a SHSES home safety visit (i.e. to identify required equipment and provide the Home Safety Pack)?

- Yes
- No
- Don't know

Done a home safety visit

9. Did you find the form easy to complete?

- Yes
- No

Please add any comments about the home safety visit form here:

10. Did you find the process easy to follow?

- Yes
- No

Please add any comments about the home safety visit process here:

11. Did the family/families welcome your visit?

- Yes
- No

Please add any comments about the family's welcome to the visit here:

12. Did the visit complement/integrate well with the work that you are doing with the families anyway?

- Yes
- No

Please add any comments about the integration of the SHSES home visit with your work here:

13. Please make any other comments about the home safety visit here:

Fitted equipment?

14. Have you fitted home safety equipment as part of the Scheme?

- Yes
- No
- Don't know

Fitters

15. Did you find the forms easy to complete?

- Yes
- No

Please add any comments about the installation form here:

16. Did you find the process easy to follow?

- Yes
- No

Please add any comments about the installation process here:

17. Did the family/families welcome your visit?

- Yes
- No

Please add any comments about the family's welcome to the visit here:

18. Did the visit complement/integrate well with the work that you are doing with the families anyway?

- Yes
- No

Please add any comments about the integration of the SHSES installation visit with your work here:

19. Please make any other comments about the SHSES installation visit here:

C&G?

20. Did you attend any of the training sessions for Scotland's Home Safety Equipment Scheme?

- Yes
- No
- Don't know

Got C&G

21. Did you achieve City & Guilds accreditation for the training that you did for Scotland's Home Safety Equipment Scheme?

- HYes
- No
- Don't know

22. Please tell us how much you agree with the following statements:

	Strongly agree	Agree	Disagree a little	Disagree strongly
The C&G accreditation will be very helpful in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The C&G accreditation will help me to get a better job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The C&G accreditation was at the right level for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like the opportunity to do more training in home safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please add any comments here:

All

23. Which of the following most closely describes your role:

- I am a Community Safety manager
- I am a Health Visitor
- I am a family support worker in a local authority.
- I am a family support manager in a local authority.
- I am a family support worker in a voluntary/third sector agency.
- I am a family support manager in a voluntary/third sector agency.
- I am an early years worker in a local authority.
- I am an early years manager in a local authority.
- I am a family support worker in a voluntary/third sector agency.
- I am a family support manager in a voluntary/third sector agency.
- I am a Care and Repair worker.
- I am a Care and Repair manager.
- I am a Fire Officer.
- I am a RoSPA staff member.

Other (please specify)

24. Please provide any other comments that you have about Scotland's Homes Safety Equipment Scheme here.



SCOTLAND'S HOME SAFETY EQUIPMENT SCHEME (SHSES)

Pre-training Form

Training date: <RoSPA to insert>

Training venue: <RoSPA to insert>

RoSPA has commissioned the University of Edinburgh in partnership with SMCI Associates to evaluate SHSES. This will help to establish the benefits to the children who are provided with the equipment, and inform further developments. The information that you provide on this form will inform the evaluation: it is completely anonymous.

1. Please tell us about your current understanding about how home injuries involving young children can be prevented.

	Very good	Good	Not very good	Poor
My current understanding of how home injuries involving young children can be prevented is ...				
My current understanding of the relationship between child development and types of accidents is ...				
My current understanding of causes of accidents in the home is ...				

2. Please tell us how confident you are about working with families on child safety issues by indicating how much you agree with the following statements.

	Strongly agree	Agree	Disagree a little	Strongly disagree
I feel very confident about working with families on child safety issues.				
I feel very confident that I could help a family become more aware of accident prevention methods.				
I feel very confident that I could support a colleague in working with families on child safety issues.				

3. Please tell us if you have done any other courses or training about child safety issues: please list all that you think are relevant, providing as many details as you can remember.

Name of course/ training	Who provided it?	What year did you do it?	How long was it (approx.)	If it led to a qualification, please note the qualification here

4. Please tell us about your expectations for the training today by indicating how much you agree with the following statements.

	Strongly agree	Agree	Disagree a little	Strongly disagree
I expect that the course will provide me with a better understanding of how home injuries involving young children can be prevented.				
I expect that the course will help me to feel more confident about working with families on child safety issues.				
I expect to meet new colleagues, and that the course will be a useful networking opportunity.				
I expect that the course will be informal and interactive, enabling me to ask all the questions that I need to.				

Thank You!

Please hand this form into one of the training facilitators before you start the day.



SCOTLAND'S HOME SAFETY EQUIPMENT SCHEME (SHSES)

Post-training Form

Training date: <RoSPA to insert>

Training venue: <RoSPA to insert>

Please complete this form before you leave today: the information that you provide on this form will inform the evaluation: it is completely anonymous.

1. Please tell us about your understanding about how home injuries involving young children can be prevented now that you have completed the training day.

	Very good	Good	Not very good	Poor
My understanding – after completing the training day – of how home injuries involving young children can be prevented is ...				
My understanding – after completing the training day – of the relationship between child development and types of accidents is ...				
My understanding – after completing the training day – of causes of accidents in the home is ...				

2. Please tell us how confident you are about working with families on child safety issues, now that you've completed the training day, by indicating how much you agree with the following statements.

	Strongly agree	Agree	Disagree a little	Strongly disagree
I now feel very confident about working with families on child safety issues.				
I now feel very confident that I could help a family become more aware of accident prevention methods.				
I now feel very confident that I could support a colleague in working with families on child safety issues.				

3. Please tell us about your experience of the training today by indicating how much you agree with the following statements.

	Strongly agree	Agree	Disagree a little	Strongly disagree
The course will provide me with a much better understanding of how home injuries involving young children can be prevented.				
I now feel much more confident about working with families on child safety issues.				
I have met new colleagues: the course has been a useful networking opportunity.				
The course was informal and interactive: I was able to ask all the questions that I needed to.				

4. Please tell us what was most useful about the training day.

5. Please tell us about anything that you think was missing from the training day.

6. Please tell us about anything that you think was unhelpful or irrelevant.

7. Please provide any other comments about the training day here.

Thank You!

Please hand this form into one of the training facilitators before you leave.



SCOTLAND'S HOME SAFETY EQUIPMENT SCHEME (SHSES) Post-training evaluation form (Fitters)

Training date:

Training venue:

Please complete this form before you leave today: the information that you provide on this form will inform the evaluation: it is completely anonymous.

1. Please tell us how much you agree with the following statements

	Strongly agree	Agree	Disagree a little	Strongly disagree
This training session has helped me to:				
<ul style="list-style-type: none"> Understand how safety equipment can help to prevent home injuries involving young children. 				
<ul style="list-style-type: none"> Know more about the safety equipment available for preventing home injuries. 				
<ul style="list-style-type: none"> Know how to install the safety equipment available through SHSES. 				
<ul style="list-style-type: none"> Understand the part that I play in Scotland's Home Safety Equipment Scheme. 				
<ul style="list-style-type: none"> Know what I need to do when I receive SHSES equipment. 				
<ul style="list-style-type: none"> Feel confident that the ordering and delivery process for SHSES will work well. 				
<ul style="list-style-type: none"> Know what I need to do to account for the SHSES equipment that I receive. 				
<ul style="list-style-type: none"> Feel confident that I can protect myself and my organisation from fraud in relation to SHSES equipment. 				
<ul style="list-style-type: none"> Feel confident that I can ensure that the family receiving the SHSES equipment know how to use it properly. 				

	Strongly agree	Agree	Disagree a little	Strongly disagree
This training session has helped me to:				
• Understand how to use the SHSES forms.				
• Meet new colleagues: it has been a useful networking opportunity.				
The course was informal and interactive: I was able to ask all the questions that I needed to.				

2. Please tell us what was most useful about the training day.

3. Please tell us about anything that you think was missing from the training day.

4. Please tell us about anything that you think was unhelpful or irrelevant.

5. Please provide any other comments about the training day here.

Thank You!

Please hand this form into one of the training facilitators before you leave.

Scotland's Home Safety Equipment Scheme

Practitioners and Installers Focus Group topic guide

1. Introduction
2. How has the Scheme made a difference?
 - a. Have you reached the people that you needed to reach? (Families, colleagues in other agencies/sectors/professions?)
 - b. What sorts of reactions did you get to the Scheme (from families, colleagues, others?)
 - c. Do you think that the Scheme has made any difference to knowledge/understanding about home safety? (of families, colleagues, others?)
 - i. Has it achieved its aims of
 1. 'Improving parents'/carers' awareness and understanding of child safety issues'?
 2. 'Increasing practitioners' awareness of how to prevent home injuries involving young children'?
 - d. Do you think that the Scheme has made any difference to what people do about home safety? (Families, colleagues, others?)
 - i. Has it achieved its aim of 'Identifying and addressing home safety risks in individual family homes'?
 - e. Has the Scheme made any difference to how different agencies/organisations work together?
 - f. Has the Scheme made any difference to accidents and unintentional injuries in the home / to young children?
 - i. Has it achieved its aim of 'Helping to prevent unintentional injury to children in the home'?
3. What are the key strengths of the Scheme? (What worked well)
4. What are the key weaknesses of the Scheme? (What didn't work so well)
5. How did you run the Scheme in your area?
6. Any other comments

Scotland's Home Safety Equipment Scheme

Interview topic guide

1. Introduction
2. Review the implementation process in your area
3. Has the Scheme reached the people that it needed to reach? (Families, colleagues in other agencies/sectors/professions?)
4. Do you think that the Scheme has made any difference to knowledge/understanding about home safety? (Families, colleagues, others?)
5. Do you think that the Scheme has made any difference to what people do about home safety? (Families, colleagues, others?)
6. Has the Scheme made any difference to how different agencies/organisations work together?
7. What are the key strengths of the Scheme?
8. What are the key weaknesses of the Scheme?
9. Any other comments



SCOTLAND'S HOME SAFETY EQUIPMENT SCHEME

FAMILY SURVEY





Please provide us with feedback on your experience of Scotland Home Safety Equipment Scheme. This will help us to make sure that it is as helpful as possible, and help us to continue to provide it. THANK YOU!



Please tell us how helpful you found Scotland's Home Safety Equipment Scheme:

	 Very helpful	Helpful	Not very helpful	 Not helpful at all	Please add a comment
The equipment					
The home safety visit					
The advice provided in the home safety visit					
The home safety pack					
The installation visit					
The home fire safety check					

How easy did you find the equipment to use:

	 Very easy	Easy	Not very Easy	 Difficult	I didn't have this equipment	Please add a comment
Safety gate						
Fireguard						
Bath/shower mat						
Cupboard locks						
Corner cushions						
Window restrictors						
Blind cord cleats						
Carbon monoxide alarm						
Door jammer						

Please tell us how much you agree with the following statements:

	 Strongly agree	Agree	I don't think so	 Strongly disagree	Please add a comment
My home feels safer with the equipment					
I was pleased to be asked to join Scotland's Home Safety Scheme					

Please tell us about anything that you liked about the Home Safety Scheme:

Please tell us about anything that you didn't like about the Home Safety Scheme

Do you think that other people would benefit from Scotland's Home Safety Equipment Scheme?

Please use this space to make any other comments about Scotland's Home Safety Equipment Scheme:

Now, please put this questionnaire in the freepost envelope and post it to the evaluators (SMCI Associates www.smciassociates.com).

If you have any questions about this survey please phone Sheila Inglis on 07894 337317.

THANK YOU!

Scotland's Home Safety Equipment Scheme:

The Pilot Experience: Stakeholder Forum

Thursday June 19th 2014
Grand Central Hotel, Glasgow

Programme

9.30	Registration and coffee/tea
10.00	Welcome and introduction to Scotland's Home Safety Equipment Scheme pilot <i>Jen Foley, SHSES Project Officer</i>
10.10	The evaluation and headline findings <i>Dr Sheila Inglis, Director SMCI Associates</i>
10.20	Introduction to round-table discussions <i>Dr Sheila Inglis, Director SMCI Associates</i>
10.25	Round-table discussions with tea/coffee
11.45	Plenary
12.15	Presentation of City and Guilds Certificates <i>Liz Lumsden, RoSPA Scotland RoSPA Scotland, Community Safety Manager</i>
12.30	Close and lunch

Scotland's Home Safety Equipment Scheme: the pilot experience

Groupwork 19th June 2014

Group facilitator

Please identify a facilitator for your group. The role of the facilitator is to keep the group discussion focused on the issues that we are asking you to consider.

Group scribe

Please also identify a scribe for your group. The role of the scribe is to note the groups agreed response to each issue, and to note any key areas of disagreement, using the worksheet provided. **The worksheet should be used to note the conclusions of your group, and handed to the facilitators – you don't need to do any writing up after this event!**

1. Project timeline: highs and lows

Take five minutes to individually think about the high points and the low points of SHSES for you. Then write them on a post it pad (noting whether it was re-current, e.g. a parent thanking you for the equipment), then stick them on the flipchart poster roughly at the stage in the project when it happened. Highs go above the timeline, lows go below it. The further away from the timeline the more extreme the high or the low.

Then please review the flipchart poster as a group to identify the four highest highs and the four lowest lows. Please use the box below to record these.

	Highest highs	Lowest lows
1		
2		
3		
4		

2. Impacts and learning

Then as a group please think about:

- A. The changes that have happened because of SHSES – think about unanticipated and anticipated changes
- B. What you have learnt through SHSES – think about what worked well, and what would you do differently in the future?

Please use the table on the other side of the paper to record your discussion.

Finally, please agree **one key message** from your group about SHSES. Please note this overleaf; and identify a spokesperson to share this during the plenary session.

Please remember to hand this worksheet to Sheila or the RoSPA team: this will inform the evaluation report

	Anticipated changes – that actually happened	Unanticipated changes
CHANGES BECAUSE OF SHSES		
	What worked really well	What would you do differently in the future
LEARNING THROUGH SHSES		
KEY MESSAGE TO SHARE		

Please remember to hand this worksheet to Sheila or the RoSPA team: this will inform the evaluation report

Scotland's Home Safety Equipment Scheme:

The Pilot Experience: Stakeholder Forum

Thursday June 19th 2014

PARTICIPANTS

Name	Organisation	Job title
Abby Boulstridge	East Dunbartonshire Council	Project Development Assistant
Alan Ainge	Kidrapt Ltd	Chief Executive
Alison Docherty	Inverclyde Council	Social Work Support Officer
Allan Kirton-Vaughan	C&R	Home Safety Officer
Amanda Edmond	NHS GGC	Healthcare Support worker
Angela Hunter	Children & Families	Nursery Nurse
Anna Howie	Children & Families (Renfrewshire Council)	Nursery Nurse
Anne Nixon	HomeStart Leith	Senior Co-ordinator
Anne Pollock	Families First	Health Visitor Support Worker
Ansleigh Joyce	C&R	Admin Assistant
Carlene McAvoy	RoSPA	Community Safety Development Officer
Catherine Smith	Tighean Innse Gall	Office Manager
Cathy Barlow	SFRS	
Charlene Cameron	C&R	Project Assistant
Charlie McKay	Rainbow Families Centre	Family Support Worker
Claudia Smillie	CHCP	Health Improvement Support Worker
Donnie Macdonald	TIG	Home Safety Co-ordinator
Douglas O'Malley	NHS GGC	Health Improvement Lead
Elaine McTavish	NHS GGC	Healthcare Support worker
Elaine Paterson	NHS GGC	Health Improvement Practitioner
Frances McIntyre		Early Years Support Worker
Gillian Gray	NHS GGC	Healthcare Support worker
Glenn O'Hara	C&R	Supervisor
Glenys Penman	NHS GGC	Early Years Development Officer
Ian Fleming	Fire Scotland	
Jackie McCotter	Families First	Family Keyworker
Jan Wilson	NHS GGC	
Jane Anderson	NHS GGC	Healthcare Support worker
Jen Foley	RoSPA	Project Support Officer (Home Safety)
Jennifer Henderson	RoSPA	Training Officer
Jim Gallacher	C&R	Home Safety Officer
Joanne Crawley	Riverclyde Homes	Housing Officer

John Blair	C&R	Small Repairs Worker
John Gray	SFRS	
Judith Leslie	C&R	Manager
Kerstin Monteith	CHCP	Healthcare Support worker
Laura Gilmour	NHS GGC	Healthcare Support worker
Laura Green	NHS GGC	Healthcare Support worker
Linda Shaw	NHS GGC	Health Visitor Support Worker
Liz Lumsden	RoSPA	Community Safety Manager (Scotland)
Lorraine Mulholland	Riverclyde Homes	Officer Extra Care
Louise Carenduff	NHS GGC	Community Nursery Nurse
Louise Eeles	NHS GGC	Healthcare Support worker
Louise Kinnaird	CHCP	Community Nursery Nurse
Louise McVey	Inverclyde Council	Early Years Programme Manager
Lyn Howard	NHS GGC	Healthcare Support worker
Margo Welsh	Home Start Leith	Co-ordinator
Michelle Harrity	Community Safety Unit, Scottish Government	Project Officer, Unintentional Injuries
Moira Bauld	C&R	Office Manager
Norma Ramsay	NHS GGC	Health Visitor Support Worker
Paul Clenaghan	Families First	Family Keyworker
Robert Thomson	C&R	National Director
Rose Emans	CHCP	Community Nursery Nurse
Ruth McNeill	Riverclyde Homes	Officer Extra Care
Scott Currie	C&R	Manager
Sharon Muldoon	Families First	Nursery Nurse
Sharon Sharp	Families First	Senior Clerical Officer
Sheila Inglis	SMCI Associates	Director
Shirley Wylie	CHCP	Homemaker
Stephanie Wood	CHCP	Healthcare Support worker
Yvonne Thomson	You First	Project Worker

SHSES: Stakeholder Forum 19th June 2014. Groupwork write up

	Highest Highs	Lowest Lows
Glasgow NE worksheet	<ul style="list-style-type: none"> • Parent/client satisfaction with service • Parent awareness of injury prevention • High number of staff trained/satisfaction of delivering service • Achieving high number of referrals in a short period > staff enthusiasm. Plus quick installation of equipment 	<ul style="list-style-type: none"> • Limited number of beneficiaries > small number compared to those eligible • Short term nature of pilot • Additional burden on workload • Non-engagement of small number of families/difficulties in contacting
Glasgow NE poster	<ul style="list-style-type: none"> • Saving children from injury • Job satisfaction: well done • Staff positivity • Time between home safety visit and installation • Response to safety gate [failure?] > quick, comprehensive, inclusive • Number of referrals achieved in short time period • Attendance/involvement at local steering group: very good and consistent • Parents satisfaction • Client satisfaction • Good feedback from parents and welcoming when completing evaluation • Appreciation from families • Satisfied clients • Good feedback from parents • Increase in demand • Uptake • Good, evidence based information • Professional fitting • Free equipment • Carrying out evaluations and hearing positive comments re installer • Parents having a more relaxed homestyle due to equipment 	<ul style="list-style-type: none"> • Safety gate 'failure' with one family • I think some families took it personally when they were referred • It coming to an end!! • Limited time of Scheme • RoSPA pilot coming to an end: more families could have done with having the equipment • Not being able to roll out service to all children and families • Demand • Unable to offer it to all families • Non-engagement • Time spent on non-engaging families • Those who received the equipment and then continually disengaged • Fitting it in around workload • Added to original workload
Lothian/Kidsrapt/Fire Service/SGov (Comm Safety) worksheet	<ul style="list-style-type: none"> • Majority of home fire safety visit have been recorded as 'high risk' – these are hard targets • Raised awareness of home safety amongst families – maybe they haven't considered it before 	<ul style="list-style-type: none"> • Not everyone was prepared to accept a home fire safety visit, despite several attempts • The follow-up consideration for the use of the equipment eg what happens as the child grows – does the equipment get

	<ul style="list-style-type: none"> • Useful for getting information into the practitioner eg how and when to use various items • All agencies involved can identify other potential risks and generate onward referrals 	<p>reused?</p> <ul style="list-style-type: none"> • Delay in communication between agencies eg fitter and SFRS • Difficulties with communicating and visiting: time consuming and wasted journeys
E Duns	<ul style="list-style-type: none"> • Families are taking more interest in child safety where if not for SHSES they would not be as aware • Fire safety education was welcomed by most clients who did not understand fire risk • More potential clients are asking about further pilot schemes for safety equipment • The welcome given by clients and appreciation that we are making home safer • Genuine families who will use the equipment properly • Brought awareness to some families about home safety • Neighbours talking about the equipment to each other • Knowing that by fitting the equipment we can and will prevent accidents • The thank yous and welcome given • Ending single parent isolation in local areas • Demand for project growing: good news spreads • Opportunity to learn more about autism and work with families after the visit 	<ul style="list-style-type: none"> • Misuse of gates by older children making the gates themselves a danger to younger children • On a personal level, I felt the fire guards were inadequate • No shows – maybe text or letter days before the visit • Clients who had every intention of abusing the scheme for personal gain – we only had one in over 130 clients to be fair • Parents who you feel will not use the equipment properly • Dogs • The time between first visit and installation visit • House conditions preventing the work being completed – does this mean that there’s a need for additional support? • No shows without explanation or apology
Glasgow/Renfrewshire/East Renfrewshire	<ul style="list-style-type: none"> • Parents’ gratitude • Provides a way to discuss further home safety issues, such as smoking • Training • Parents grateful for free equipment • Willingness of our volunteers (C&R) to undertake work they didn’t sign up for • Engaging parents • Enhancing parents knowledge • Smooth running of service – feedback from all involved • Overwhelming gratitude of public who received equipment • Very significant that it was a FREE scheme • Knock on effects of identifying other issues with families and supporting them with these • Training opportunity for staff 	<ul style="list-style-type: none"> • Safety gate failure, with a child injured. But this became a high because as a result the service audited equipment with follow-up quality assurance checks • All staff delivering home safety should have been trained • Families report not receiving equipment • Variation of procedures in different areas • No feedback on whether families actually received equipment • Volunteer installer experiences/feedback on potential ‘vulnerable’ children – how could/should we follow this up • Failed visits • Service demands • Rejection of equipment by families – ‘quality’ issues, seen as invasive installations eg window restrictors, cleats • Families that won’t engage – won’t return phone calls • Demands on C&R resources – a drop in the usual response time,

	<ul style="list-style-type: none"> • Clients really appreciated the equipment • Fire engine turning up and allowing older siblings to go onto it. • I now have the confidence to speak out about home safety – it was good training 	<p>admin backlogs (ongoing), resource intensive-ness (contact issues/access)</p> <ul style="list-style-type: none"> • Need to highlight that people live in different conditions during training • Timescales were a challenge • To short a time to really embed the scheme in the area • Not available to low income families who are not on benefits
Inverclyde	<ul style="list-style-type: none"> • Total commitment from staff involved • Made a difference to families • Appreciation from families • Identifying other vulnerabilities • Equipment being fitted prevents it being sold on • Being able to use learning and training to open discussion in groups and families • Involvement with fire & rescue • Achieving and surpassing our targets • Getting City & Guilds Certificates • Making a difference to child safety 	<ul style="list-style-type: none"> • Families not responding and having to chase up • Installers changing • Paperwork process • Lack of communication between referrers to home safety practitioners • Programme ending • Lack of engagement in child protection training from fitters and fitting company
Western Isles/Angus/Edinburgh Leith	<ul style="list-style-type: none"> • Children benefitting from improved safety • Some improved inter-agency working – with potential for more • Built on / created new and extended services • Original enthusiasm • Complementing our service 	<ul style="list-style-type: none"> • Difficult to engage some families • Paperwork! • Lack of cooperation from original partner organisations • Uncovering child protection/safety issues • Families left feeling let down due to long wait at start • Lack of referrals after the original uptake
RoSPA	<ul style="list-style-type: none"> • Being able to do the scheme • Getting SMCIA to be the evaluators • Seeing lots of paperwork coming through • Knowing home safety has been given more priority than previously • Seeing partnership working • Being able to offer this service across a large part of scotland • Getting new areas on board • Being able to reach more areas than originally planned • Government has recognised home safety has a place • Going out to do the home safety visits • Seeing the families 	<ul style="list-style-type: none"> • Slow to start in some area • Not enough support staff – more enquiries from partners than anticipated • Worrying that we may not hit the target of 800 families • Dealing with equipment issues (stock etc.) • Some of the equipment was not suitable – namely cupboard locks, an alternative should have been available • Training could have been more relevant to the actual home safety visit, for example including the actual bits of kit and applying them to real life situations. The fitters training would have been good for the practitioenrs also • Uncertainty of future funding
	Highest Highs	Lowest Lows

Changes that have happened because of SHSES

	Anticipated changes – that actually happened	Unanticipated changes
Glasgow NE	<ul style="list-style-type: none"> Increased parental awareness We would achieve the number of referrals required within the short time period (150) Positive parental feedback (<u>free</u> equipment) Home safety enhanced 	<ul style="list-style-type: none"> Clients moving house Safety gate failure Parents talking about SHSES with each other Smooth <u>process</u> with referrals/installation Staff satisfaction/enjoyment participating in the Scheme > will miss taking part Excellent communication/working relationship with Care and Repair
Lothian/Kidsrapt/Fire Service/SGov (Comm Safety)	<ul style="list-style-type: none"> Increased signposting/interagency working Increased safety Increased awareness of safety issues for families Increased number of high risk home fire safety visits Increased profile of some partners 	<ul style="list-style-type: none"> Has increased social interaction for some families – young parents being signposted to local groups Difficulties in storage of equipment Examples of some children living at more than one household/address
E Duns	<ul style="list-style-type: none"> Child safety improved Fire safety improved Parent network being created (word of mouth) Agencies networking 100 homes became safer 	<ul style="list-style-type: none"> Illness People willing to abuse SHSES Re-written terms & conditions Long-term sick of project officer Helping to end single parent isolation by signposting to other groups/parents
Glasgow/Renfrewshire/East Renfrewshire	<ul style="list-style-type: none"> Parents have increased awareness Families and workers educated in home safety Family receive free equipment instead of waiting for an accident to happen Houses are safer for young children 	<ul style="list-style-type: none"> More uptake than anticipated Joint installer and safety visit Speed of referrals inundating C&R Difficulties in families getting permission from housing association landlords
Inverclyde	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> The installation company having to be changed mid-project due to being unable to deal with the chaotic lifestyles of clients Identification of additional training needs Agencies worked better together than we anticipated The involvement of health visitors
Western Isles/Angus/Edinburgh	<ul style="list-style-type: none"> Families welcome the safety equipment and were happy with the fitting and the end result 	<ul style="list-style-type: none"> Families welcome the fire safety visits New relationships with organisations we (C&R) don't usually

Leith	<ul style="list-style-type: none"> • Safer homes for children on benefits who may not otherwise be able to afford the equipment 	<p>work with eg Action for Children, health visitors</p> <ul style="list-style-type: none"> • Families didn't sell the equipment • Possible future work discussions with other agencies
RoSPA	<ul style="list-style-type: none"> • Our targets were exceeded • Great enthusiasm from all areas 	<ul style="list-style-type: none"> • Things were slow – we had to get more areas to sign up • We had too many fireguards
	Anticipated changes – that actually happened	Unanticipated changes

Learning through SHSES

	What worked well	What would you do differently in the future
Glasgow NE	<ul style="list-style-type: none"> • Communication/working relationship with Care & Repair • Clear algorithm regarding process for referrals • Consistent training for staff (clear messages) • Resource packs well received by parents (especially DVDs) • Attendance at local steering group meetings • Exceeded number of referrals in short time period • Open to all families in NE sector rather than just specific localities > avoids stigma • Good opportunity to check out entire living environment/circumstances > provides wider intelligence 	<ul style="list-style-type: none"> • Translated versions of resources distributed • Potentially too much information/input given to families at one visit > two home visits could be useful to ensure information assimilated • More time available to implement scheme • Arrange installation visit whilst practitioner is doing home safety visit > more efficient, less difficult arranging appointment
Lothian/Kidsrapt/Fire Service/SGov (Comm Safety)	<ul style="list-style-type: none"> • Inter-agency referrals and awareness raising • The equipment package suited the needs of the family 	<ul style="list-style-type: none"> • Consider plug socket covers • Joint training for assessors and fitters so assessors understand where/how your would/wouldn't fit equipment • Review the eligibility of families: are we at risk of missing 'risk' – very difficult eg use risk criteria rather than financial criteria • Consider inclusion of other partners eg police • Consider geographic scale/size of the pilot ie relatively small number per area, regional variations
E Duns	<ul style="list-style-type: none"> • Education on home safety • Child safety improved • I believe a reduction in injuries to the under 2s • Networking • Coordination between organisations for future projects • Separate home safety and installation visits • Referral paperwork • Referral process from health visitor • Co-ordination between bodies 	<ul style="list-style-type: none"> • text/letter to clients days before the visit • work on minimising travel time between visits to try to fit an extra visit in • try to organise referrals better • have landlord/housing associations/housing dept on the working group • have stronger ties with health • have meetings with the installer to get feedback from the frontline guys • change referral process to C&R for installation ease

	<ul style="list-style-type: none"> • Social media promotion 	
Glasgow/Renfrewshire/East Renfrewshire	<ul style="list-style-type: none"> • Contact with Care & Repair and RoSPA • Education and DVD was shown to parents in a group setting. This worked well as it not only saved worker time, it also enabled group/parent discussion around safety issues • Doing joint installation and safety visits together • Having an opportunity for staff training: child safety is so vitally important, but there's little or no formal training. The training is excellent for sustainability 	<ul style="list-style-type: none"> • More contact with fitters • Family survey shouldn't have been anonymous to allow concerns to be addressed • Ensuring communication between all partners at all times regarding contacting clients (sharing ideas on how best to contact clients) • Fire service didn't know how to arrange an interpreter • More variety of equipment • Better networking between partners (NHS/voluntary sector/Care&Repair) • Assess how installation visits are booked in to combat no entries • Would like to complete training in initial assessment visits as we (C&R) would be able to flag up problems for installation visits • Clarify whether people need the landlord's permission to put screws into walls (for stairgates)
Inverclyde	<ul style="list-style-type: none"> • Equipment was fitted so we know that it would be used properly • The team that delivered it • Staff commitment • Quarterly meetings • The multi-agency approach to delivery of the scheme • Staff commitment and dedicated approach • Co-ordination of the scheme by local council officers 	<ul style="list-style-type: none"> • Staff would benefit from public health and housing training • Highlighted the dodgy landlords • The involvement of Health visitors • Installers need to be trained in domestic violence • Mandatory child protection training for installers • Scheme should be universal, not tied to benefits
Western Isles/Angus/Edinburgh Leith	<ul style="list-style-type: none"> • After teething problems, it was straightforward partnership working • Communications with RoSPA – all queries were answered quickly 	<ul style="list-style-type: none"> • One page and one person to deal with • Lots more local advertising • Clearer, shorter paperwork • Better referral of children involving local voluntary organisations like HomeStart
RoSPA	<ul style="list-style-type: none"> • Local groups working together 	<ul style="list-style-type: none"> • Advertising • Ordering stock as necessary, rather than in bulk • Having more robust stock control
	What worked well	What would you do differently in the future

Key message to share

Glasgow NE	<ul style="list-style-type: none"> • SHSES was implemented effectively and was well received by parents and staff > sustain the programme
Lothian/Kidsrapt/Fire Service/SGov (Comm Safety)	<ul style="list-style-type: none"> • To ensure the continuation of improved home safety it requires a proactive, multi-agency approach: it's every partner's responsibility
E Duns	<ul style="list-style-type: none"> • Government needs to understand that an ounce of prevention is better than a pound if occurred: for some reason this is recognised with the elderly – why not children? • Secure funding. • Keep it going – parents and families love it, but look at criteria. • An ounce of protection is better than a pound of cure
Glasgow/Renfrewshire/East Renfrewshire	<ul style="list-style-type: none"> • Communication and engagement and need to continue • More funding to ensure this programme continues • We loved the scheme and would like to see it continued: we literally have a waiting list of families that would benefit. • We now have an opportunity for better networking between practitioners and fitters. • Keep it going!
Inverclyde	<ul style="list-style-type: none"> • We all want it to continue – if not the equipment, then at least the education. We feel more confident in raising safety issues. • The Scottish Government's vision is to make Scotland the best place in the world to grow up in
Western Isles/Angus/Edinburgh Leith	<ul style="list-style-type: none"> • Extend the criteria to keep more children safe
RoSPA	<ul style="list-style-type: none"> • SHSES was a great vehicle for different organisations to work together and promote awareness to families on home safety issues



SCOTLAND'S HOME SAFETY EQUIPMENT SCHEME (SHSES)

PROJECT BRIEF

Prepared by:

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30/04/2013

Version: 0.3

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1. Introduction

1.1 Purpose

The purpose of this document is to clarify The Scotland Home Safety Equipment Scheme (SHSES) project to partner organisations. Each partner will be asked to read and sign this brief.

Included in this document is information on the aims and outcomes of the project as well as how The Royal Society for the Prevention of Accidents (RoSPA) and partnership organisations will work together in order to achieve these outcomes.

1.2 Background

Accidents and unintentional injuries in the home are one of the main causes of hospital admissions and deaths in Scotland to children under the age of five. This age group also has a greater likelihood of sustaining injuries with major or long-term consequences which can impact upon their adult lives. Such accidents are preventable.

The SHSES in Scotland will pilot a home safety equipment scheme to disadvantaged families in specific areas across Scotland. Investment in this scheme will contribute towards the health and wellbeing of young children by providing families with the skills and knowledge needed to make informed decisions on injury prevention. This will allow children to develop in a secure environment, ensuring a healthy and safe future.

The National Institute of Health and Clinical Excellence (NICE) produced public health guidance on preventing unintentional injuries in the home among children and young people aged under 15. The SHSES will conform to this guidance and fulfil the following four recommendations:

- Prioritise households at greatest risk
- Work in partnership
- Coordinate delivery
- Follow-up on home safety assessments and interventions

This project is based upon the success of a similar scheme in England which ran from, 2009-11. The original project was created by RoSPA and resulted in 66,000 families in England receiving safety education and equipment. In addition, over 4,000 members of staff were trained to identify and prevent accident risks within the home. Recent evaluation of the Safe at Home project in England has shown that the project has helped to reduce their 5% annual rise in hospital admissions due to unintentional injuries to 1%. In addition, in the top 10 performing areas of the project, there was a 29% reduction in hospital admissions. With an estimated cost to society of £33,200 for a serious non fatal injury to an under-five, this scheme saved roughly £27 million in comparison to the scheme cost of £1.7 million.

It is envisioned that a similar result would occur in Scotland with unintentional injuries decreasing. The evidence that this project will bring will also help to enthuse other

local authorities to become involved in similar schemes which will help to decrease the number of injuries and deaths to children under five across the entire country.

This project supports national plans and strategies. The Government's national approach to supporting and working with all children in Scotland (Getting it Right for Every Child) will be assisted by this project which aims to improve the wellbeing of children and ensure safe environments which will allow children to develop and be healthy. This project will work towards the associated SHANARRI principles (SAFE, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included).

SHSES fits with Scotland's National Outcomes which include:

- We live longer and healthier lives
- Our children have the best start in life and are ready to succeed
- We have improved the life chances for children, young people and families at risk
- We live our lives free from crime, disorder and danger
- We live in well-designed sustainable places where we are able to access the amenities and services we need
- We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others

In addition, this project will support the United Nations Convention on the Rights of the Child (UNCRC), which recognises the need for safety in the development and protection of the child, and in particular Article 24, which includes the prevention of accidents. This project is also relevant to the Christie Commission which highlighted the importance of early intervention and the need to support children and families.

This project will further this work by giving families the opportunity to prevent injury to their children. Investment in this project will also have long term secondary benefits. Practitioners will be trained in home safety. They will be able to continue raising awareness of all the issues in and surrounding the home environment reaching a wider audience in future years.

The project will be evaluated by the University of Edinburgh in partnership with SMCI Associates.

2. Key Outcomes

The Safe At Home project will complete four key outcomes. These are detailed below:

Outcome one: Vulnerable children will be less likely to have a home accident

Indicators:

- Total number of children targeted
- Numbers of safety equipment fitted
- Accidents and injuries will decrease in the targeted areas.

Children and their families will benefit from this preventative action in order to overcome unintentional injuries and deaths thus making their lives safer and healthier.

Outcome two: Parents and carers of vulnerable children will have improved levels of awareness and understanding of key child safety issues.

Indicators:

- Families will be more aware of home safety issues
- Numbers of resources distributed
- Parent surveys to measure injury awareness and preventative strategies

Parents will benefit from awareness raising which will help them to intervene and prevent injuries and deaths in their children. Their knowledge will also help raise awareness within their communities.

Outcome three: Practitioners working with vulnerable children will have an increased awareness of home injuries involving young children and how these injuries can be prevented

Indicators:

- Number of practitioners trained
- Numbers of resources distributed
- Positive practitioner survey responses

Practitioners will be trained and able to give advice and information to communities and families. This will occur both during the project and in the long term.

Outcome four: Individual risks in the home identified and addressed.

Indicators:

- Number of family visits carried out
- Number of equipment sets fitted
- Number of practitioners trained

Families and practitioners will be more aware of the dangers in the home that can lead children to an injury and impact upon their lives and future.

The project evaluation will establish whether these outcomes have been met.

3. Role of the Partners

Within the scheme, partners can be divided into three groups:

Practitioners – who will identify the families and carry out home safety checks deciding what equipment is needed. In addition they will provide education and safety advice to the families.

Installers – who as trained joiners will install the equipment

The Fire Service – who will support the campaign by providing storage and training facilities. They will also carry out a Home Fire Safety Visit to each family after the equipment has been fitted.

Below is an agreement on the role of RoSPA and the partners.

RoSPA will:

- Provide one full day home safety training for practitioner staff. Provide a specialist to come and provide installation training to installers
- Provide a resource pack for practitioners to distribute to each family.
- Provide a home safety information pack for staff which will include information on child safety in the home. This will compliment the training and equip practitioners with the ability to provide education to the families.
- Order all home safety equipment and have it delivered to local fire service stations.
- Set all partner organisations in contact with each other.
- Provide partner organisations with appropriate administrative forms at the beginning of the project
- Support organisations and attend quarterly update meetings
- Pay a fee of £30 to installers for each home installation
- Input the form data into the database
- Send email updates on the how the project is progressing to all partners on a quarterly basis
- Publish a final report

Practitioner Organisations will:

- Elect one member to be the lead for their local authority area. This person will oversee the project at ground level and feedback to RoSPA. The lead will sign this document and ensure compliance with it.
- Seek and identify appropriate and eligible families to be involved e.g. those on some sort of benefit and who have children under the age of five (through advertisement, referrals, social work etc)
- Carry out groundwork and administrative tasks including completing the project forms with the identified family and returning the appropriate forms to RoSPA via fax or scanning/email
- Fax the installation forms to the installers so that the equipment can be arranged to be fitted.
- Educate parents regarding home and child safety during the home safety visit
- Attend quarterly update meetings
- Provide any feedback to RoSPA e.g. quotes, photos etc from families.
- Fully participate with the researchers in the evaluation of this project. This will involve participating in a stakeholder survey, possible interviews and helping to facilitate access to families.

Installers will:

- Contact the family and install the equipment within two weeks of receiving the installation form.
- Print two copies of the installation form which will be completed during the installation. One form will be left with the family and the other form will be faxed or scanned to RoSPA with an invoice.
- Liaise with partner practitioner organisations and the Fire Service to get Fire Safety Checks completed after the equipment has been installed.

The Fire Service will:

- Carry out a Home Fire Safety Visit with each family.

- Install any necessary smoke detectors
- Install a carbon monoxide detector (if appropriate)
- Provide training facilities
- Provide any necessary local storage facilities for the equipment.

4. Principles and Assumptions

Once signed, partner organisations will follow this project brief and any other subsequent agreed requirements set out by RoSPA. Any deviations from this brief may lead to delays in the delivery of the project.

5. Scope of Project

This project will help to increase the availability of home safety equipment to disadvantaged families, who otherwise could not afford it. Providing this equipment will lower the risk of unintentional injury as well as providing parents and carers of vulnerable children with the education to help empower them to make the best decisions about the safety, and health of their children.

'Home checks' will be carried out by partner organisations in each area to establish what safety equipment each family needs. However, it is anticipated that the average set of equipment provided to each family will consist of:

- Safety gates (up to 2)
- Window restrictors (up to 2)
- Non-slip bath or shower mat (x1)
- Fire guard (x1)
- Locks for kitchen cupboard containing cleaning chemicals and medications (x2)
- Corner cushions (up to 2 packs of 4)
- Blind Cleat (up to 3)
- Soft foam door jammer (up to 2)

In addition to providing this equipment, this project will help to promote an understanding of the importance of home safety in Scotland and upon evaluation; awareness can be raised for the capacity for other local authorities to run similar equipment and advice schemes for disadvantaged families. Being able to work with both parents and practitioners will help to assist in increasing the capacity to improve outcomes for children.

6. Governance

SHSES project will be managed from RoSPA Scotland's office in Edinburgh. One staff member will co-ordinate the project with the help of a part time member of staff. The home safety team and Community Safety Manager will also support the running of this project. Financially, RoSPA will take control of the funds for the purchase of all resources and costs.

Although RoSPA will oversee and manage this project, the delivery of the actual project will be at local level through our partnership organisations. These organisations will be trained by the RoSPA home safety team to carry out home checks and provide education and home safety advice to parents. Communication between RoSPA and partner organisations will take place via phone calls, emails and update meetings. These meeting dates will be agreed upon at the start of the project. Any need for additional meetings will be met. All necessary administration forms and resources will be given to partner organisations in advance of the project beginning and partner organisations will complete and return these forms as and when they carry out the work with a family.

7. Timescales and Resources

This project will run from April 2013 to June 2014.

Overall resources given to partner organisations will include:

- Administrative forms
- Practitioner packs from the home safety training (this will include all info required to educate the parents, and learn about the scheme)
- Family Resource Packs which include:

Resource Pack
Height chart - advice on preventing accidents and emergency first aid advice
DVD – a DVD following the story of two-year-old Sam who is alert to the household dangers surrounding him
Nappy sack leaflet – provides awareness on the issue of nappy sacks
Electric blanket safety – provided by the Electrical Safety Council, this leaflet provides advice on electric blanket safety
Home safety checklist – a checklist provided by Home Safety Scotland
The little book of home safety – A-Z guide on helpful hints and information
I'm staying gas safe – a leaflet on gas safety and carbon monoxide
Make It Safe leaflet – a leaflet on the dangers of looped blind cords.
Hot Water Burns Like Fire – A leaflet by the Children's Burn Trust on avoiding scalds
Child on the Drive – keep children safe in and around cars

8. Risks

A Fraud and Risk Management policy has been set place to monitor the visits and the supply and fitting of the equipment. Specifically:

- Each home safety check completed by the practitioner, which identifies the home safety requirement for an individual family, will be sent back to RoSPA who will input it into a database. This will be reconciled against installation reports and invoices.

- RoSPA will monitor the distribution monthly.
- Installation reports completed by the Installers are sent to RoSPA as part of the invoicing process, to be reconciled back to the original home visit check reports. Where there are inconsistencies a site visit will be made by RoSPA's project coordinator. Where no satisfactory explanation can be provided, distribution of the equipment to the participating scheme will be suspended until the inconsistency is resolved. In this case, recommencement will only begin once the coordinator has been satisfied that the inconsistency has been resolved.

9. Partnership Agreement

- Partner organisations agree to this project brief and understand their role and their responsibilities in this project. Partner organisations agree to follow the procedures in this brief and in the training they will receive.
- The project must only be referred to as Scotland's Home Safety Equipment Scheme.
- It is agreed that SHSES will commence on the 11/04/2013 and will run until 01/06/2014.
- RoSPA will take responsibility for the management of this partnership.
- Meetings between identified representatives of partner organisations will take place quarterly.
- Any change to this partnership requires the consent of all partners.

This document is signed by RoSPA, the local project lead, the lead installer (if different from the project lead) and the Fire Service Representative below. Please add your name, details and signature below.

For RoSPA:



Signature:

Name: Carlene McAvoy

Designation: Community Safety Development Officer

Date: 30/04/2013

For (insert organisation here)

Signature:

Name:

Designation:

Date:

FORM 1: HOMESAFETY VISIT FORM

Scotland's Home Safety Equipment Scheme

This form to be completed by the Practitioner

Name of Participating Scheme:		Name of Practitioner:	
Local Authority:		Signed:	
		Date of check:	

Name of parent/carer:	
Address, including postcode:	
Landline and mobile number:	

Section 1 - Eligibility

Family is in receipt of the following benefit(s) (please tick all that apply):	
Income Support	<input type="checkbox"/>
Jobseeker's allowance (income based)	<input type="checkbox"/>
Employment Allowance	<input type="checkbox"/>
Tax credits – you or your partner receive tax credits AND have a valid NHS tax exemption certificate	<input type="checkbox"/>
Disability living allowance care or mobility component for a disabled child	<input type="checkbox"/>
Housing benefit	<input type="checkbox"/>
Council tax benefit (not council tax discounts)	<input type="checkbox"/>
Carers Allowance	<input type="checkbox"/>
Other	<input type="checkbox"/>
Please specify:	

Section 2 - Essential Data

Ethnicity (as identified by family)			
White: British	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
White: Irish	<input type="checkbox"/>	Any other Asian Background	<input type="checkbox"/>
Any other White Background	<input type="checkbox"/>	Black - Caribbean	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	Black - African	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	Any other Black Background	<input type="checkbox"/>
Mixed : White and Asian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Any other mixed background	<input type="checkbox"/>	Any Other Ethnic Group	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Not disclosed	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>		<input type="checkbox"/>

Please tick the necessary boxes

Please enter numbers in the boxes below

Dwelling type	Bedrooms	Ownership	Total no. Living in household			
Terrace	1	Parent/Carer	No. of children in family			
Semi-Detached	2	Council	Enter the number of Children within the age ranges below:			
Detached	3	Housing Association	Under 2 yrs		6-11 Yrs	
Bungalow	4	Private Landlord	2-5 Yrs		11+ Yrs	
Flat	4 +	Other	Date of Birth of Youngest Child			
			Do any of the children have a disability?			Yes/No

Section 3– Agreement for Eligible Families

Please ensure the terms of the agreement are explained and understood by the Parent/Carer before they sign.

Home Safety Equipment (please tick)	
Parent/Carer advised of next steps?	
Parent/Carer advised to check fitters ID?	
Parent/Carer would prefer joint visit for installation and home fire safety check?	

Parent/Carer Agreement

1. I would like to be included in the **Scottish Home Safety Equipment Scheme** and I have had the details of the scheme explained to me.
2. I agree to be bound by and comply with the conditions on this indemnity form.
3. I confirm that I have been informed that safety gates are only recommended up to the age of a **24-month-old** child.
4. I agree to have a home safety check carried out at my property. I understand that I may qualify for free practical measures, which will help improve safety and make my home a healthier environment for my children.
5. I understand that neither the Scottish Home Safety Equipment Scheme, the local scheme nor the installer will be responsible for any future maintenance or any legal consequences arising out of the failure or provision of the equipment.
6. I agree that my contact details can be passed onto the Scottish Fire Service for a free Home Fire Safety Visit. Upon this visit, I may be offered a free smoke alarm.
7. I accept that any smoke/carbon monoxide alarms are fitted at my own risk.
8. I understand that when the equipment has been supplied / fitted it will become my property and that I will be responsible for maintaining the condition of the equipment.
9. I confirm that I am the owner / the tenant / and that I have obtained my landlord's permission to fit the items. *(Please delete as necessary)*
10. I understand that any information that I have given will be used for monitoring and evaluation by the Scottish Home Safety Equipment Scheme and its evaluators. It will be treated as confidential by all concerned. I understand that after the equipment is fitted, I may be contacted for evaluation purposes.

Signed:	Signed:
<i>Referrer/Checker</i>	<i>Parent/Carer</i>
Date:	

FORM 2 EQUIPMENT INSTALLATION



Scotland's Home Safety Equipment Scheme

Name of Participating Scheme:		Name of parent/carer:		Tel No:	
Local Authority:		Address:			
		Postcode:		Mob No:	

Section 1 - to be completed by practitioner. "Batch number" to be completed by Installer.

EQUIPMENT REQUIRED				Batch Numbers
Item	Location where required	Quantity	Where applicable	
Safety Gate (Max.2)	Gate 1			
	Gate 2			
Fireguard (Max.1)				
Bath/Shower Mat (Max.1)				
Cupboard Lock(s) (Max.2)	C/Lock 1			
	C/Lock 2			
Corner Cushions (Max. 2 pks of 4)				
Window Restrictors (Max.2)	W/Restrictor 1			
	W/Restrictor 2			
Blind Cord Cleats (Max. 3)	B/Cleat 1			
	B/Cleat 2			
	B/Cleat 3			
Carbon Monoxide alarm	CO alarm			
Door Jammers (Max.2)	D/Jammer 1			
	D/Jammer 2			
If a full set of equipment is not being requested, please give reasons:				
Please indicate times that are <u>not</u> suitable for the fitting :				
Any other relevant information?				

Section 2 – Authorisation – to be completed by practitioner

Name:		Signed:	
Date:			

Section 3 – Installation – to be completed by Installer

Date of Fitting:		Equipment as Specified (Please tick)	
Any other Information? (Changes to fitting request or other concerns)			
Parent/Carer shown how equipment works and have demonstrated their use/understanding to you?			
Instructions for equipment left with Parent/Carer and packaging removed? (Please tick)			
Copy of this form left with Parent/Carer? (Please tick)			
Signed: Installer			
Signed: Parent/Carer			
I confirm that I am satisfied with installation of the equipment provided through SHSES			