



HOME SAFETY PILOT SCHEME END REPORT & EVALUATION

**An overview of the Home Safety Pilot Scheme in
Linn Road, Larne and Rathenraw, Antrim
January 2003 – March 2004**

The Northern Health and Social Services Board is the lead agency for the Northern
Neighbourhoods Health Action Zone

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1.0 INTRODUCTION

1.1 The Home Safety Pilot Scheme

In January 2003, the Northern Neighbourhoods Health Action Zone brought together a range of organisations to form a Steering Group for a home safety check scheme. Two neighbourhoods were selected for inclusion in the scheme - Linn Road in Larne and Rathenraw in Antrim.

The Steering Group outlined that the Scheme should include three key elements: training of local Volunteer Home Safety Advisors, local awareness raising events and provision of appropriate safety equipment where required.

Through the scheme, local volunteers accessed a comprehensive training programme to enable them to carry out home safety checks on a voluntary basis. The volunteers were trained and supported by the Child Accident Prevention Trust and accessed information and support from a range of health professionals from Homefirst Community Health and Social Services Trust.

Home safety checks were targeted at the homes of families with children under the age of five and older people. The householder was provided with appropriate safety equipment as required to meet their needs.

The project was funded through the Northern Health & Social Services Board and the Northern Investing for Health Partnership.

In early 2004, the Child Accident Prevention Trust engaged an independent consultant to carry out an evaluation of the project.

2.0 SETTING THE HOME SAFETY PILOT SCHEME WITHIN A POLICY CONTEXT

At a regional and local level many government departments are involved in the prevention of accidental injuries. The Executive in its Programme for Government under the theme “*Working for a Healthier People*” gave a commitment to promoting public safety.

The *Investing for Health Strategy (2002)*, which seeks to address the wider determinants of ill health through improving health and reducing health inequalities, also identified ‘*reducing accidental injuries and deaths in the home, workplace and on the road*’ as one of its key priorities.

In light of Investing for Health’s recommendations, the *Home Accident Prevention Strategy 2003* (Consultative Document) was developed. It aims to reduce the number of accidental deaths and injuries occurring in the home. Targeted particularly within the Strategy are the elderly, children and socially disadvantaged, given the strong correlation between increased risk of injury due to age and poverty.

Supporting these strategies is the *New Targeting Social Need* (New TSN) policy, which seeks to identify people and areas in greatest need to ensure that government programmes are more effective in addressing these needs.

Furthermore these regional strategies and policies are reinforced by the *Northern Health Improvement Plan 2003-2008*, which has been developed by the Northern Investing for Health Partnership. In particular, the Health Improvement Plan recognises the need to establish an accident prevention implementation group to plan and co-ordinate actions to address all causes of accidents.

3.0 THE HOME SAFETY PILOT STEERING GROUP

In January 2003, the Northern Neighbourhoods Health Action Zone set up a Steering Group to bring together collective expertise to guide the development, and support the implementation, of the Home Safety Pilot Scheme. Members of the Steering Group were brought together from various backgrounds, ranging from Health Promotion to Environmental Health – all sharing a common interest in the safety and well being of young children and older people living in the community.

The Steering Group members are listed in Appendix 1.

4.0 AIMS OF THE HOME SAFETY SCHEME

The Home Safety Pilot Scheme aimed to:

- Identify home safety needs in two NNHAZ neighbourhoods
- Train a panel of local volunteer home safety advisors in each pilot area to undertake the home safety checks
- Hold one awareness raising event in each pilot neighbourhood to inform local residents about issues relating to home safety
- Supply appropriate home safety equipment to householders to meet the identified need.

5.0 THE PILOT AREAS – LINN ROAD, LARNE AND RATHENRAW, ANTRIM

The Home Safety Pilot Scheme targeted two neighbourhoods within the Northern Neighbourhoods Health Action Zone – Linn Road in Larne and Rathenraw in Antrim.

5.1 Linn Road, Larne

The Linn Road comprises two neighbourhoods, Antiville and Craigyhill and is situated 1½ miles from Larne town. The estates were built in 1956. Antiville has 450 houses, most of which are owned by the Northern Ireland Housing Executive (NIHE) and the majority of residents (approximately 70%) are NIHE tenants. Craigyhill has expanded over the past few years with new housing developments and now comprises over 1000 houses. The new developments are all privately owned, however the main Craigyhill estate contains approximately 40% Housing Executive tenants. The total combined population of both areas is 3082 (Census 2001) of which 195 are under 4 years of age and 565 are over 60 years of age.

5.2 Rathenraw, Antrim

Rathenraw is a housing estate which was built in the 1970s as part of the government's New Towns Development Strategy. It is situated approximately 2 miles from Antrim town and is close to the M2 motorway, providing reasonable access to Belfast and Ballymena. During the 1980s and 1990s the area fell into decline mainly due to the impact of the troubles, loss of jobs and an increase in criminal activity.

At present, Rathenraw has a total of 258 occupied properties of which 156 are tenanted and 102 sold. The Northern Ireland Housing Executive in partnership with the local community, voluntary and statutory groups has been proactive in supporting the social and environmental regeneration of the area. This has been achieved through selective demolition of derelict properties and landscaping. Rathenraw remains the most deprived Ward in the Antrim Borough Council area, particularly in terms of income, health and education.

6.0 IMPLEMENTING THE HOME SAFETY SCHEME

6.1 Recruiting volunteers

Recruitment, training and the provision of support for volunteers participating in the Home Safety Check Scheme followed good practice in terms of effective volunteer management.

Volunteers were recruited through local community organisations and each interested person was required to complete an application form.

Volunteers were required to supply the name of a referee and references were taken up prior to their recruitment to the Scheme.

In the Linn Road area there were 7 volunteers. The group of women came mainly from a group the local Community Development Worker had established. The fact that the volunteers already knew each other was a positive feature. The group was mixed in age and this helped in promoting the scheme to older people. Having volunteers that local people knew socially, helped engender local confidence and the scheme gain credibility and respect.

Eleven volunteers were recruited from the Rathenraw area, some of whom were already active in the community. Once again the Community Development Worker there played an important role.

6.2 Training volunteers

Volunteers participated in a training programme organised and delivered by the Child Accident Prevention Trust and Homefirst Trust in Linn Road and Rathenraw prior to carrying out the Home Safety Checks.

The target group for the Home Safety Checks was to be parents with children under the age of 5 and older people in the community. No set age was put on the older person category as it was felt the volunteers could use their own discretion. It was acknowledged that the needs of a highly mobile, healthy 65 year old person may be different from a less mobile, more frail 55 year old person and that local volunteers would be well placed to make this distinction.

Training began on Tuesday 25th February 2003.

Training on children and safety

The first 4 sessions centred on child safety and covered:

- Background information on the Child Accident Prevention Trust and its work
- Risk assessment, child development, influences on causes of accidents
- Statistical facts and figures on child accidents at national and regional levels
- Falls related accidents in young children and what happens to cause falls
- Safety equipment and good practice in the home that might help reduce falls
- Advantages and disadvantages of items of equipment on offer through the scheme
- Approaching people and personal safety
- How to provide information for any referral to another agency
- Administrative requirements of the scheme – checklists, expenses, timesheets, etc

Training on older people and safety

Falls represent the most frequent and serious type of accident in the over-65 age group. They are a major cause of death and disability. It is estimated that about one third of people over 65 will fall at least once a year. This rises to about half of those over 85 years of age. About 14,000 people a year die in the United Kingdom as a result of an osteoporotic hip fracture.

Falls are one of the common reasons why older people go into residential care. Over a 3-year period from 1996-98, there were 56 deaths, 8,127 serious injuries and 10,950 minor injuries due to falls in people over 65 years in Northern Ireland.

For the next 4 sessions older people's safety needs were considered. The purpose of this training was:

- to raise awareness about accidents to older people, particularly falls, and their devastating consequences for older people's lives.
- to provide information about risk factors that increase the likelihood of falls and to discuss how these risks can be reduced.

- to plan with the volunteers how they can advise older people about keeping safe in their home, with the help of a safety checklist.

The training was delivered over 4 weeks by a variety of health professionals including senior health promotion officer, senior occupational therapist, podiatrist and pharmacist. The training included issues such as:

- Accidents and older people
- Falls and their consequences
- Risk factors for older people's falls
- Reducing the risk of falls
- Mobility
- Environmental hazards in the home
- Walking aids
- Safety and footwear
- Medicines and safety
- Eye sight and safety

All the disciplines worked together to adapt and expand the checklist to suit the needs of older people. The Trust Orthoptist and the NHSSB Prescribing Advisor gave additional questions for the checklist.

For the final session a representative from the Warm Home Scheme talked to the volunteers and this scheme donated 200 energy efficient light bulbs which were all given out in the area. A nurse from the local Accident and Emergency Department also talked to the group about the realities of accidents for children, parents, older people and carers.

Also on the final session safety bags/packs were given out to each volunteer and these included:

- Measuring tape
- Identity badges and business cards
- Checklists and evaluation forms
- Information on Close to Home Sure Start
- Safety leaflets/books
- Pens/pencils/highlighters

After the training, Sharon Donnelly from CAPT, visited the group every fortnight to provide support and to deliver equipment requested.

6.3 Raising local awareness of the Home Safety Pilot Scheme

In the Linn Road area, the local volunteers and CAPT organised a Home Safety Awareness Day to raise the profile of the Home Safety Pilot Scheme within the local community and to inform residents of the opportunity to have a Home Safety Check carried out. Residents who signed up for a home safety check at the Awareness Day received a free safety device (17 residents registered for the scheme at the Awareness Day). A number of other organisations had stalls and displays including Age Concern, the local NIHE District Office, Barnardo's, Family Caring Project, Health Visitors, DTI Home and Garden Safety Unit (now provided by Northern Group Systems) and the Fire Brigade.

In Rathenraw, a more cohesive geographical area, the scheme was promoted using local networks and at a later stage, via the Senior Citizens Christmas event hosted by Rathenraw Youth Scheme with 70 older people attending.

6.4 The operation of the Home Safety Check Scheme in each area

Using their local knowledge, volunteers approached households in their respective areas to offer the Home Safety Check, offer guidance based on the findings of the Check and advise on the availability of safety equipment through the Scheme.

Home Safety Checks were undertaken in 36 homes in Linn Road and in 55 homes in Rathenraw.

Further information on the participating households is provided in Appendix 2.

The template for the Home Safety Check is presented in Appendix 3.

6.5 Gathering Baseline Data Before Carrying Out The Home Safety Checks

In homes with children under the age of 5, a brief questionnaire was completed with the householder before the home safety check was undertaken. This occurred in both Linn Road and Rathenraw. Findings from the questionnaire provided an insight into the levels of knowledge about injury and its prevention within the homes visited.

Collated results from the questionnaires in both areas showed that falls were the most common accident for children in the home, with most accidents occurring in the kitchen.

When asked to identify the cause of the accidents, householders in **Linn Road** gave the following reasons:

- Slippery floor /spills
- Untied shoelaces
- Climbing
- Stairs / Toys on stairs / Clutter on stairs
- Objects on the floor / Falling over things
- Kids running about / Not looking where they are going
- Loose carpets

In **Rathenraw**, the following reasons were given for causes of accidents among children, in the home:

- Not paying attention on the stairs
- Children not supervised properly
- Not aware of what can cause them harm
- Children are always climbing up on things
- Bleaches in bottom cupboards and not locked
- Parent less cautious in the home; it's a familiar place
- Lack of home safety equipment

6.6 The Home Safety Check

The Home Safety Check in each participating household was carried out using a standard questionnaire template. A copy of the questionnaire is included at Appendix 3. Volunteers sought permission from the householder to view all relevant rooms in their dwelling for the purpose of carrying out the Check.

6.7 Home Safety Equipment

A range of Home Safety equipment was provided free of charge through the scheme and items were distributed based on the individual needs identified through the Home Safety Checks.

The equipment offered included:

Children:

Bath mat
Smoke alarm
Batteries for smoke alarm
Bed guard
Bicycle helmet
Electric 4-way socket
Energy efficient light bulb
Fire guard
Harness for pushchair or highchair
Highchair with 5-point harness

Older people:

Smoke alarm with 10-year battery
Bath mat
Fire guard
Energy efficient light bulbs
Non-slip doormat
Long-handled shoehorn
Helping hand/Easy-reacher
Touch Lamp
Eye drops dispenser

6.8 Summary of equipment fitted

The following summary table, Table 1, outlines the number of pieces of equipment which were supplied in Rathenraw and Linn Road through this Home Safety Pilot Scheme.

Table 1: Equipment supplied			
Target Group	Type of Equipment	Number of pieces of equipment distributed and / or fitted in each neighbourhood	
		Linn Road	Rathenraw
Children (0-4)	Safety gate	8	23
	Bath mat	4	32
	Smoke detector	1	1
	Batteries for smoke detectors	2	2
	Bed guard	2	15
	Bicycle helmet	2	19
	Electric 4-way socket	0	12
	Energy efficient light bulb	1*	12*
	Fire guard	5	12
	Harness for pushchair or highchair	1	13
	Highchair with 5-point harness	2	2
	Table corner protector	2	15
	Window lock	0	9
	Cupboard locks	0	3
	Nightlight	6	28
	Play Pen	1	4
Older persons	Smoke alarm	9	2
	Bath mat	11	13
	Fire guard	1	1
	Energy efficient light bulbs	18*	17*
	Non-slip doormat	14	19
	Long-handled shoehorn	4	12
	Helping hand/Easy-reacher	7	16
	Touch Lamp	20	15
	Eye drops dispenser	0	4

**Note that it is unclear from the project records that 200 energy efficient light bulbs were provided to the project – the allocation of these does not seem to have been recorded in the same way as for other equipment. Hence the numbers of energy efficient light bulbs supplied, according to the lists on file, appears to be low.*

In Rathenraw, groups in the area also received between them: 68 personal alarms, bath mats, 2 sets of night-lights, an Easy-reacher and £110 donation from the volunteers. This money would have gone on a meal at the end of the project but the women voted to give it to the Senior Citizens' dinner.

The HomeStart Parent and Toddler Group and the Rathenraw Youth Scheme also each received 8 cycle helmets.

7.0 EVALUATION OF THE SCHEME

The external evaluation of the Home Safety Pilot Scheme took place during May and June 2004. The evaluation sought to assess how the Scheme met its original aims:

- to identify home safety needs in 2 NNHAZ neighbourhoods
- to train a panel of local volunteer home safety advisors in each pilot area to undertake the home safety checks
- to hold one awareness raising event in each pilot neighbourhood to inform local residents about issues relating to home safety
- to supply appropriate home safety equipment to householders to meet the identified need.

Early in the evaluation, volunteers were asked to comment on how they felt the success of the Scheme should be measured.

Points offered included:

- Did we make people more safety conscious?
- Did we make them more aware of the help available?

These were subsequently referred to in the design of a questionnaire for use with householders during the evaluation.

7.1 Evaluation methodology

The activities to inform the evaluation of the Scheme were as follows:

- Initial consultation with Steering Group
- Review of Scheme records
- Consultation with volunteers – group discussion in each area
- Direct contact with 40 households which had a Home Safety Check
- Final consultation with the Steering Group.

7.2 Identify Home Safety Needs in 2 NNHAZ neighbourhoods

In total, 91 Home Safety Checks have been carried out, 55 in Rathenraw and 36 in Linn Road. The checks are detailed and are carried out by the trained volunteers. Follow-up includes advice and guidance on making changes to improve home safety, the supply of equipment through the Scheme and/or referral to a relevant service provider if more specialised needs are identified.

7.3 Train a panel of local volunteer home safety advisors in each pilot area to undertake the home safety checks

Eighteen volunteers have been trained as home safety advisors by the Scheme.

Project records provide an insight into volunteers' reactions to the training they had received on risks to children. The following personal intentions were recorded:

- Stop putting cups of tea or coffee on the floor
- Stop children putting pens in their mouths
- Make sure that my 8-year old always wears a safety helmet when cycling or skating
- Measure my child's safety helmet
- Stop buying cotton buds
- Buy non-slip socks for my grandchildren
- Give CAPT information to the mums at our Mums and Toddlers group
- Buy a new bath mat for the shower
- Remember that a 3-year old's skin is very thin and will burn or scald very easily
- Make people aware of the dangers of using baby walkers
- Advise on the use of baby chairs being placed on high surfaces
- Try to take more notice of things that are potentially dangerous
- Take more notice of things, be more alert

As these comments were collected using anonymous questionnaires as part of the evaluation of the training sessions it is very difficult to check with individual participants as to whether they actually carried out the actions they described.

However, volunteers were consulted using a focus group style meeting at both the Linn Road and Rathenraw locations. This provided a lot of relevant feedback including an insight into volunteers' own responses to their involvement in the Scheme.

Feedback from consultations with Scheme Volunteers

Views on the benefits of using local volunteers

Those volunteers who had taken part were almost all of the view that working through local volunteers was very beneficial to the Scheme. Reasons given included:

- Familiarity – the volunteer was seen as a person known to the householder and not as threatening as a stranger. This was viewed as especially relevant as older people were seen as a major target group for the Scheme.
- Volunteers had the time to spend that professionals such as Health Visitors would not.
- Building community spirit and friendships – volunteers described the opportunity to make friends - *'I gained friends from doing this'*.
- The accessibility of the volunteer – the volunteer could be contacted easily if they were needed or if others in the neighbourhood heard about the Scheme through word of mouth.
- Skills and qualities in the community aren't normally recognised and used – about half of those spoken to claimed initially to not have volunteered in the past but when we explored this further, many had done voluntary work with young people or with church-based groups - work which they did not readily associate with volunteering. Some people had never volunteered before.

It was pointed out that as well as providing a service for others in the community, the volunteers were able to use the safety information themselves and the experience of working with a range of people offered reinforcement of the safety message at a personal level.

One good example of this raised-awareness for individual volunteers is evidenced by a comment from one person around hazards being designed into living environments when thought and due care could avoid this. Other examples of changed behaviours reported by volunteers included:

- No longer leaving clothes on stairs
- Fitting mats with non-slip backing

- Re-routing electrical wires
- No longer having a cup of tea while nursing a child

Suggestions for additions to the Scheme:

- A safety course for mothers with young children – a short programme with childcare on offer would be suitable
- An acceptable mechanism for advising volunteers of completion of follow-through on referrals
- An acceptable mechanism for dealing with breakages and breakdowns of equipment (as it was, problems with equipment, though few, were sometimes not able to be dealt with. The householder in question had no redress to a retailer and had no manufacturer details. That said, some touch lamps *have* actually been replaced through the Scheme.)

Volunteers were unanimous in their praise of the support received through CAPT. The Development Worker was described as down to earth and easy to talk to. She was found to be easily accessible if needed for information or advice.

Views on the benefits to the householders

Volunteers expressed views on the benefits of the Scheme to householders. These included:

- This was a speedy, simple approach, made more effective by the involvement of the local volunteer.
- People got equipment that they could not otherwise have afforded.
- Volunteers were able to refer people to other sources of support eg FOLD (Telecare packages) or (via the Health Promotion Department) to the Community Pharmacist, Occupational Therapy Department or Podiatry Service. One volunteer helped a householder access a cooker via Age Concern (see case study, Page 26).
- A key benefit was that older people in particular felt that someone cared and was taking an interest.

Problems and challenges

- A concern was expressed that approaches to householders were based on local knowledge rather than on any independent measurement of need. The person sharing this view felt that some people could have been overlooked simply because she did not know about them or that they could benefit from safety equipment. This point highlights the fact that while local knowledge can be harnessed to inform the delivery of a service, this also can have limitations.
- Demand was still evident after the Scheme had ended – there were others in the area who could have benefited. Volunteers are left to cope with this demand with no resources to respond.
- One volunteer described an experience where she expected someone to come along to help with fitting guards and gates and this did not actually happen
- Some older people at first protested their independence and were unwilling to accept equipment
- Volunteers reported that they did not have access to information on an outcome following a referral to a professional or agency (although this information had been passed on to the Scheme from Homefirst Trust) – while it was understood that it would be inappropriate for detailed information on referral outcomes to be shared, they would at least have liked to have known that the referral was followed up
- It proved difficult to keep up momentum during July and August as volunteers found their time taken up with other commitments. However activity simply resumed in September.

It was also commented (and borne out by other observations here) that volunteers in communities tend to be involved in a number of activities and therefore have a number of demands on their time already. A Scheme such as this should include a mechanism to attempt to attract more new volunteers as well as working through existing community activists.

7.4 Hold one awareness raising event in each pilot neighbourhood to inform local residents about issues relating to home safety

As detailed in section 6.0, an awareness raising event was held in the Linn Road area while awareness raising in Rathenraw took place through informal community networks and later via the Senior Citizens Christmas event hosted by Rathenraw Youth Scheme.

7.5 Supply appropriate home safety equipment to householders to meet the identified need

Equipment was supplied to households as recorded in section 6.0. Further exploration of the impact of this activity took place as part of the Scheme evaluation.

Review of Scheme records

Review of the available Scheme records indicated that 83 householders had completed a short evaluation form on the Scheme after they had received the home safety check. The form was designed to elicit participating householders views on the Scheme and included questions on:

- *Punctuality of the volunteers*

The volunteers were almost consistently on time and arrived early on three occasions.

- *The length of time taken for the check*

Volunteers in the Linn Road area generally took longer to carry out the Check than the volunteers in Rathenraw – most of the latter were completed within 30 minutes whereas the Check took between 30 minutes and an hour for the Linn Road volunteers.

- *Whether the householder felt that this was too long, too short or OK*

All but one person felt that the length of time for the check was 'OK'.

- *Whether they (the householder) were encouraged to take part in the Check*

The vast majority of the householders were encouraged to take part in the Home Safety Check process.

- *Whether the volunteer appeared knowledgeable*

All householders in this large sample felt that the volunteers appeared knowledgeable about home safety issues.

- *Whether they (the householder) felt more able to prevent falls*

All but one of the respondents to the questionnaire felt that as a result of the Home Safety Check, they were better able to prevent falls in their home.

- *How they had heard about the Scheme in the first place*

Most of the respondents had heard about the Scheme by word of mouth – 19 others had heard via some other channel.

- *Whether they would recommend the Scheme to anyone*

- All the respondents stated that they would recommend the Scheme to others.

Direct contact with householders where Home Safety Checks had been carried out

The evaluation included direct contact with forty households who had received a Home Safety Check. Thirty of these contacts were meetings between the evaluator and householder facilitated by the volunteers and ten people were contacted by telephone. Twenty-six households in the sample were in Rathenraw and fourteen in Linn Road and the mix included families with young children and households with older people.

Each contact involved a general introduction to the evaluation process followed by a number of questions in the following areas:

- What equipment had been received – a preliminary question
- Which pieces of equipment did they find most useful?
- Which pieces of equipment did they find least useful?

- Were they thinking more about safety in the home as a result of participating in the Scheme?
- Were they still using the equipment?

Equipment found to be most useful

The equipment that was identified as most useful is shown in Table 2:

Table 2: Equipment described as most useful and frequency	
Item of equipment	Frequency cited as most useful
Shower / bath mat	9
Safety / stair gate	9
Touch lamp	7
Easy-reacher	7
Smoke alarm	3
High chair	1
Bed guard	1
Door mat	1
Plug-in night light	1
Long handled shoe horn	1
Cupboard locks	1
Bicycle helmet	1

One person described the telephone alarm system and associated package of home security measures that she had had installed as the most useful item, although this was not part of the core range of equipment on offer.

Equipment found to be least useful

Only two items were offered in the least useful category, each item being offered once:

- Safety light (only used now and again)
- Locks on kitchen cupboards (keep breaking).

Were they thinking more about safety in the home as a result of participating in the Scheme?

The responses to this question and their frequency are summarised in Table 3.

Table: 3 Whether participants were thinking more about safety in the home as a result of their contact with the Scheme			
Thinking about safety in the home	Frequency Linn Road	Frequency Rathenraw	Frequency - total
Thought more about safety in the home	11	17	28
Thought about the same	3	9	12
Thought less	0	0	0

Almost three quarters of the householders in the sample described themselves as thinking more about safety in their home as a result of taking part in the scheme, while slightly more than one quarter felt that there was no difference in how much they thought about home safety. No-one spoken to said that they thought less about home safety.

'I'm thinking more when getting in and out of the bath.'

'Definitely thinking about it more – wouldn't have thought about it when older children were small.'

'I used to be scared to walk too far. I am happier now I have these things.'

'I feel safe and secure knowing that the stair gate is in place. It means that I can carry out household chores in the knowledge that the children are safe from falls.'

'I'd thought about safety before anyway – I already have a fire guard.'

Continuing use of the equipment

All forty households in the sample reported that they were still using the safety equipment that they had been given apart from one woman who did not currently use the stair gate which she had received along with a number of other items. She was however still using the other items.

Referral to other agencies

There were a number of referrals to other organisations for support of one kind or another. These included:

- Homefirst Community Trust – Occupational Therapy (8)
- Housing Executive (6)
- Community Pharmacist (1)
- Podiatry (1)
- Fold Help (1)

Householders' views on the value of using volunteers

In some cases there was discussion on the value of using volunteers in a Scheme of this nature. The general consensus was that using volunteers was a very good idea:

'Yes – because they know the people better.'

'Far better with local volunteers - you feel more comfortable and relaxed.'

'Yes – feel more comfortable with local people.'

'Brilliant scheme – thanks to the volunteers.'

One person however commented that she would have preferred that the Scheme be delivered by someone who was not local.

Case study – Householder A

Householder A is an older man and lives alone as a tenant in Housing Executive accommodation. The Home Safety Check revealed a number of safety issues which the volunteer discussed with him, in particular difficulties he was experiencing getting in and out of his bath and the need for a smoke alarm. General mobility difficulties meant that as well as the smoke alarm, other items of equipment were also provided, including a Touch lamp and an Easy-reacher.

The volunteer also referred this householder to the Occupational Therapy Department via Homefirst Trust's representative on the Home Safety Scheme Steering Group and at the evaluation visit the necessary adaptations had been made in the bathroom.

The volunteer had also noticed that there were inadequate cooking facilities available in the home and supported Householder A to secure a cooker from Age Concern at a reasonable price.

Householder A describes his appreciation for all of the practical help that he has received as a result of the Scheme but points out that the key benefit for him has been the realisation that someone cares about his welfare.

He cannot praise the Scheme or the volunteer highly enough.

Case study – Volunteer B

Volunteer B explained that she had brought the information she had gathered to other groups that she was involved with. Information brought back and shared with the Mums and Toddlers Group had led to the group no longer having baby walkers available and tea is now served at one table rather than mums carrying hot tea to the spot where they had previously been sitting.

Consultation with the Steering Group for the Scheme

The key findings from the various consultations were shared with representatives of the Scheme Steering Group at a meeting on 3 September 2004. The aim of the meeting was to enable the Steering Group members to comment on the report to date and to add their views on the implementation and impact of the Scheme.

Those present agreed that the Scheme had largely met their expectations in terms of impact:

- the Scheme was considered to have achieved what it set out to do
- the training programme was judged to have been successful
- the Home Safety Checks were carried out and equipment was distributed
- added value was recognised in terms of the involvement of volunteers, the social contact inherent in the Scheme and the feel-good effect for many Scheme beneficiaries associated with having someone take an interest in their well-being.

It was noted that the involvement of volunteers gave rise to a number of additional benefits from the involvement of voluntary agencies, to help with specific issues and an improved quality of life for the client, as well as the increased social contact which lasted beyond the lifetime of the Scheme.

In addition it was commented that young people were taking a greater interest in the safety of older people in Rathenraw and the referral to professionals had resulted in other people being assisted beyond the subject of the original referral. It was also noted that other groups in the Antrim area had shown an interest in finding out how they could become involved in similar work for their own areas.

However, a number of points for consideration were highlighted:

- The work in the Larne area was considered to have been somewhat rushed with the result that there were possibly fewer visits than expected.

However it was acknowledged that the Rathenraw and Linn Road sites were different in nature with the Linn Road a larger, more diverse and geographically spread location than the more cohesive Rathenraw area.

- No referrals were received from Homefirst staff to the Scheme indicating a need for improved awareness. It was noted that staff could well find it more difficult to refer as a matter of course to a project which only targeted a specific part of their area of operation.
- The input by volunteers should not be underestimated. If costed at a rate in the region of £9.00 per hour, (as applied by Volunteer Bureaux in Northern Ireland for the realistic valuation of volunteer time), the total volunteer contribution is very substantial indeed. It is clear that this project has depended upon the volunteer inputs for its achievements.

8.0 CONCLUSIONS

In summary, the Home Safety Pilot Scheme has demonstrated a number of key considerations for future work. These are:

- The Scheme has been effective in achieving what it set out to do. Vulnerable people and families in the community have benefited from advice and equipment. Almost three quarters of the sample contacted for the evaluation reported that they were thinking more about safety in their home as a result of participating in the Scheme. Practically all were still using the equipment supplied at the time of the evaluation.
- The volunteer home safety advisors represent important added value in work of this nature – the training programme for the advisors was particularly highlighted as an effective resource. The fact that there was access to an existing volunteer base in each community has been useful. Volunteers have benefited from having their knowledge and skills recognised in the community.

It will be important for future work which relies on volunteers to acknowledge the importance of the volunteer input *and not take volunteer time for granted*. The project has also shown that volunteers would benefit from support aimed at helping them deal with the project coming to an end in their community eg fielding community queries, signposting to relevant agencies etc.

- Project systems should be such that available information on referrals to agencies is fed back to the volunteer in question when made available by the relevant agency.
- The benefits of the Scheme have not been limited to the households receiving the Home Safety Checks. The volunteers themselves report changed behaviours as a result of their training and some have had the opportunity to take information back to other groups that they are involved with.
- The involvement of volunteers has led to the building of social capital in both communities, supporting as it has the development of relationships and new networks. Benefits reported have included the feeling of increased well-being arising from someone simply taking an interest. Almost all of the households contacted reported

that they preferred to have dealt with a local volunteer rather than someone they did not know.

- The role of CAPT and the inputs of the Development Workers at the two Scheme locations must not be overlooked. These roles have been critical to the successful implementation of the Scheme.
- There is some concern that a reliance on local volunteers could lead to some needs in the community not being met where the volunteers are unaware of these needs. It has also been noted that no Trust staff have referred clients to the Scheme for support. The involvement of relevant Trust staff will enable gaps in local knowledge on needs to be filled. It will be important to engage relevant staff in any future work.
- Some items of equipment have been more popular with householders than others. However this differs from household to household and it would seem appropriate to offer a full range of equipment rather than limit the list of available equipment for any future schemes.
- The financial outlay for the Scheme (£15,000) must be considered in terms of the additional inputs that have been levered when making a value for money judgement. It would appear that given the clear short term impacts (and the associated likely prevention of accidents and their subsequent cost in human and resource terms), the promotion of volunteering and the added value this represents, the local focus and the long term social capital / community development impacts, that the Scheme represents very good value indeed.

9.0 NEXT STEPS – SHARING GOOD PRACTICE

The future of this work was discussed and a number of points were deemed worthy of consideration for the future:

- The Scheme is still having an impact in the estates beyond its lifetime, thanks to the increased awareness and skills of the volunteers. There may be the potential to recycle the equipment within the estates thus contributing to the sustainability of the work for the longer term.
- It was felt that the scope and impact of the co-ordination role played by CAPT should not be underestimated. The role had involved the administration of the Scheme, sourcing the necessary equipment, purchasing the equipment, arranging storage and distributing the required equipment to the volunteers at both sites, supporting the volunteers (including the provision of training) and providing insurance cover. Equipment was made more accessible to volunteers for distribution in the community.

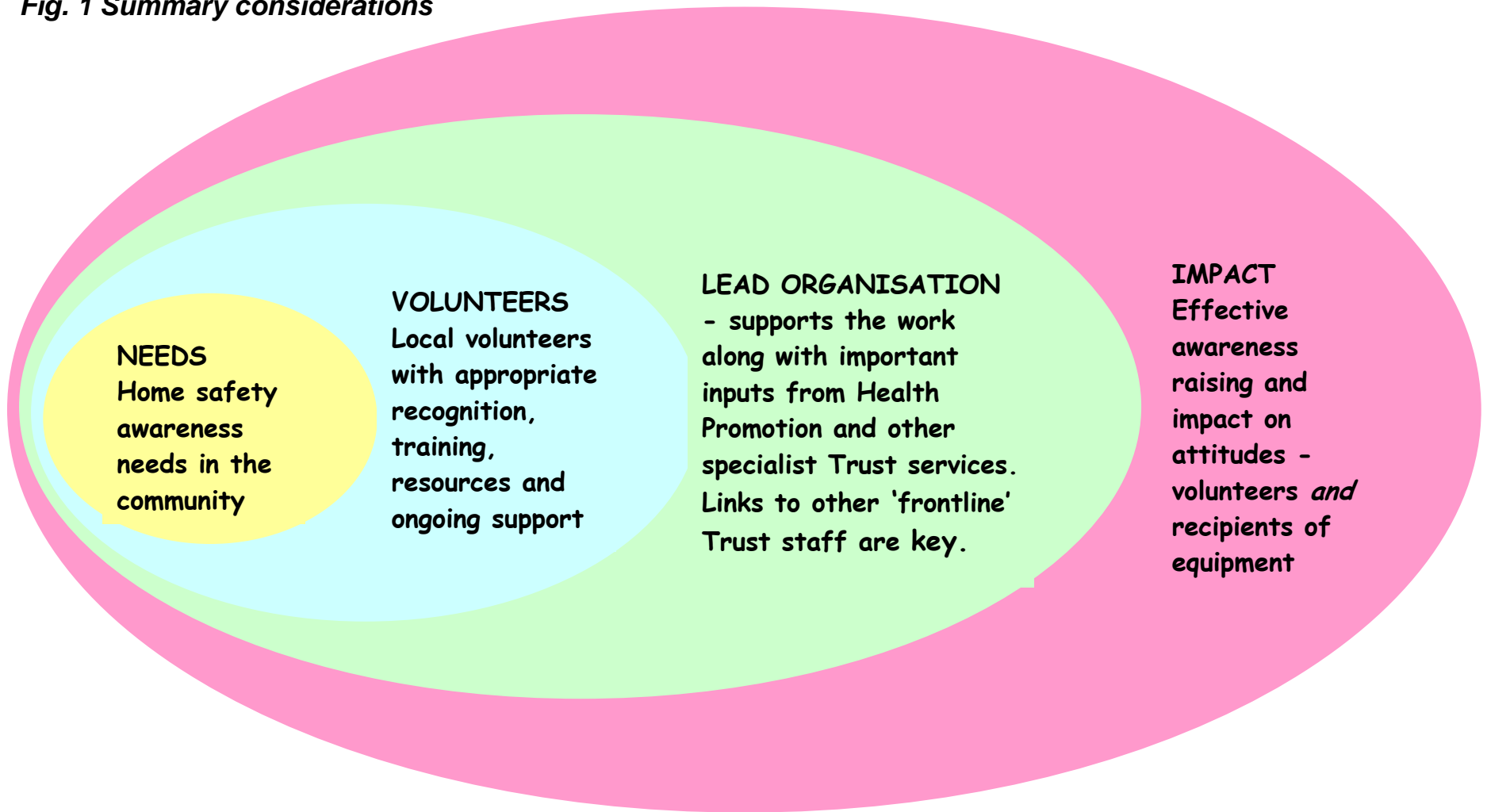
This must be taken into account in the design of future work using the model developed during this pilot.

- In each of the pilot areas there was a person in a Development Worker role and an existing core of people from which volunteers could be recruited. The support for the project work from the Development Workers must be taken into account. These will be important considerations for future work of this nature involving volunteers.
- Volunteer time and effort needs to be acknowledged – this important resource should not be taken for granted. Future work must consider whether additional pressure will be placed on volunteers and how more volunteers can be recruited to help if necessary.
- Improved communication with other relevant staff in Homefirst would be useful and would help other needs in the community to be identified.
- RoSPA, the local Home Accident Prevention groups and organisations such as St Vincent de Paul may have a role to play in future work of this nature.

- Decisions on the scope of future project work will therefore need to take into consideration a number of issues:
 - the existing areas and how they can be supported in future
 - the feasibility of expanding the work depending on the resources available
 - the opportunity to work with volunteers in other areas – existing volunteer base, levels of community development support etc.
 - the relationships with health and social care professionals and other relevant agencies – consider areas of operation and how this may influence decisions on project catchment areas
 - how the work can be practically supported and co-ordinated.

Figure 1 provides an overview of the key considerations for this type of volunteer-dependent work if it is to be effective.

Fig. 1 Summary considerations



APPENDICES

Appendix 1

Membership of the Steering Group includes:

Deborah Neill	Larne Community Development Project
Betty Given	Rathenraw Community Development Project
Nicola Salley	Environmental Health Department, Larne Borough Council
Olive McWilliams	Northern Group Systems
Kathleen Mulholland	Childhood Injury Prevention Health Visitor Health Promotion Department
Siobhan Gallagher	Health Promotion Department, Homefirst Community Trust
Philip Thompson	Environmental Health Department, Antrim Borough Council
Alison O'Neill	Rathenraw Family Caring Centre
Susan McKinley	HARPS Project
John Doyle	Rathenraw Youth Service
Noel Maguire	Rathenraw Community Association
Pamela McBride	Nurse Manager, Homefirst Community Trust
Liz McNabney	Head Occupational Therapist, Homefirst Community Trust
Isobel Knox	Rathenraw Integrated Primary School, Parents' Council Representative
Margaret Thompson	HomeStart
Sharon Brash	Chairperson, Rathenraw Community Development Project
Colette Mullen	NNHAZ Support Officer Northern Neighbourhoods Health Action Zone
Stephen Murray	Investing For Health, NHSSB

Appendix 2 – Project Areas – background information on participating households

Linn Road area

House type

Terraced	21
Semi-detached	2
Detached	2
Flat/maisonette	3
Farmhouse	0
Bungalow	8

Tenure

Home owner	21
NI Housing Executive	14
Housing Association	1
Private landlord	0

Number of adults normally present in the house

Older Persons' checklist		Children's checklist	
1 adult	11	1 adult	5
2 adults	12	2 adults	7
3 adults	1		

Number of children under 5 years

Age	No
1	9
2	3

Why people elected to have a Home Safety Check Scheme done:

Needs handrail in bathroom	Had a fall
To ensure safety for myself and child	Toddler in the home
Concerned about safety in the home	Interested in learning more
Concerned about falling in the home	
Not steady on feet and concerned about a fall	
Has problems getting around, needs support	
Has 4 children so realises the importance of home safety – keeping her informed	

Other feedback

*When asked whether they thought girls or boys under 5 years were more likely to attend the Accident & Emergency Department as a result of an accident. **Boys: 9***

Reasons why:

They are clumsy	They climb more
They are more boisterous	More adventurous
Carelessness with leaving toys lying about	

What advice will you take on board?

Advice on baby walker	Advice on slippers
Rewiring	Having a touch lamp
Leaflets	Use a bath mat
Make sure tidy up the floor	Trailing flexes
Keep mats from moving and curling up	Keeping stairs clear
To put light on to see the way to the bathroom	
Useful to have the touch lamp instead of a torch	

Referrals – Occupational Therapy: 6 Pharmacy - 1

From the results it is evident how well the volunteers acted on the information they had gained during the training. Volunteers took the opportunity when it arose to give advice on trailing flexes, wearing slippers, etc.

Rathenraw, Antrim

House type

Terraced	48
Semi-detached	4
Detached	0
Flat/maisonette	0
Farmhouse	0
Bungalow	3

Who owns the house?

Home owner	11
NI Housing Executive	44
Housing Association	0
Private landlord	0

Number of adults normally present

Older Persons' checklist		Children's checklist	
1 adult	7	1 adult	13
2 adults	9	2 adults	17
3 adults	0	3 adults	3
4 adults	0	4 adults	2
5 adults	0	5 adults	3
6 adults	1	6 adults	0

Number of children under 5 years

Age	No
1	23
2	9
3	4
4	1
5	1

Why people elected to have a Home Safety Check done:

Very active and boisterous child	Felt dizzy and unsure on feet
Mobility not as good	91 and special needs son
Lives alone	On her own with a new baby
Has one toddler and one on the way	
Learn more about health and safety, as this is my first child	
Grandchildren live with me at weekends	
Three children under 5 and one on the way	
Grandparents who mind the children during the day	
Young child unaware of the dangers around the home and was willing to take on advice	

Other feedback

When asked whether they thought girls or boys under 5 years were more likely to attend the Accident & Emergency Department as a result of an accident. **Boys: 23**

Reasons why:

More active	More boisterous
Climb and are more active	Clumsy
Into more	Run about more
More adventurous	Devilment
Adventurous	Experience
They get into more	Investigate more

What was the most useful advice on how to improve home safety?

Window locks	Bath mat
Careful of flexes	Keep chairs away from windows
Don't leave trailing flexes	Turn on fire alarm and get safety gate
Get eyes checked	Old medicines to go back to chemist
Use smoke alarm	Found out where my fire escape window was
How to check smoke alarm	All the advice and the leaflets
Keep house clear of objects	Keep stairs clear of toys
Good advice all round	Move bleaches to a safer place
Discarding old medicines, requesting bigger print on bottles	
Make sure smoke alarm is fitted	
Made me more aware of safety in the home	
Make sure fireguards and safety gates are used, bath temperature	
Made aware of equipment and why it should be used in the home e.g. bathmat	
Always make sure safety gate is on and batteries are in smoke alarm	
To keep an eye on children when visitors call	
Finding out about fire escape window	
Careful opening the door and straighten the bedclothes	

Referrals

NI Housing Executive – 6
Occupational Therapy – 2
Podiatry - 1

Appendix 3 – Home Safety Check Questionnaire

SURNAME OF HOUSEHOLDER _____

Address _____

Postcode _____

Telephone number if possible _____

1. What type of house is it?

Terraced Semi detached Detached Flat/maisonette Farm house Bungalow
Other (please say) _____

2. Who owns the house?

Home owner Housing Exec Housing Association Private landlord
Other (please say) _____

3. Total number of children under 5 years of age normally in home _____

4. Ages of all children under 5 years of age:

— — — — — — —

5. Total number of adults normally living in the home _____

6. Any special reason for seeking a home safety check?

Yes No

If yes, what was the reason:

7. Have any children attended hospital in the last 3 months as the result of fall?

Yes No

If yes, what happened and to what child:

Home Safety Check Volunteers names:

1. Porch/Hall/Stairs/Landing

Q	Item to check	What to check	Yes	No	N/A
1.1	Front door/glazed areas	Is safety glass used?			
1.2	Outdoor lighting	Adequate/visually safe?			
1.3	Threshold/doormat	Non trip/slip?			
1.4	Floor/floor covering	Non slip and secure?			
1.5	Hallway	Clear of obstruction?			
1.6	Hall lighting	Adequate?			
1.7	Flexes	Visually safe/non-trailing?			
1.8	Staircase/landing	Free of obstruction/toys?			
1.9	Hand rail/banister	Fitted and secure?			
1.10	Stair carpet	Non-slip and secure? Any tears/rips			
1.11	Stair lighting	Adequate and two way?			
1.12	Child safety gate	Bottom of stairs? Fitted and secure? Top of stairs? Fitted and secure?			
1.13	Smoke detector	Working properly?			
1.14	Buggy/pushchair	Harness fitted and secure?			

2. Living/Dining Areas

Q	Item to check	What to check	Yes	No	N/A
2.1	Internal/glazed doors	Is safety glass used?			
2.2	Lighting	Adequate and visually safe?			
2.3	Floor covering/rugs	Non slip and secure?			
2.4	Furniture	Away from windows			
2.5	Flexes	Visually safe/non-trailing			
2.6	Child safe fireguard	Present?			
		Secure?			
2.7	Playpen	Present?			
		Deep sides – 60cms			
2.8	Low coffee table	Present?			
		Table corner protectors?			
2.9	Dining table	Present?			
		Table corner protectors?			
2.10	Babywalker	Present?			
2.11	Baby bouncer	Present?			
		Not left on table/height			

3. Kitchen

Q	Item to check	What to check	Yes	No	N/A
3.1	Internal/glazed doors	Is safety glass used?			
3.2	Lighting	Adequate/visually safe?			
3.3	Floor/floor covering	Non slip and secure?			
3.4	Flexes	Visually safe/non-trailing?			
3.5	Dining table	Present?			
		Table corner protectors?			
3.6	High chair	Present?			
		Wide base/stable?			
		5pt harness fitted securely?			

4. Bedroom 1 (nursery kids)

Q	Item to check	What to check	Yes	No	N/A
4.1	Lighting	Adequate/visually safe?			
4.2	Floor/floor covering	Non slip and secure?			
4.3	Flexes	Visually safe/non-trailing?			
4.4	Night light	Present?			
4.5	Windows	Locks fitted and secure?			
4.6	Bunk beds	Present?			
		Safety bars/secure ladder?			
4.7	Bed guard	Present?			
4.8	Baby changing table	Close to all items?			
4.9	Cot	Present?			
		Deep – Min. 50cms			

5. Bedroom 2 (kids)

Q	Item to check	What to check	Yes	No	N/A
5.1	Lighting	Adequate/visually safe?			
5.2	Floor/floor covering	Non slip and secure?			
5.3	Flexes	Visually safe/non-trailing?			
5.4	Night light	Present?			
5.5	Windows	Locks fitted and secure?			
5.6	Bunk beds	Present? Safety bars/secure ladder?			
5.7	Bed guard	Present?			
5.8	Baby changing table	Close to all items?			
5.9	Cot	Present? Deep – Min.50cms			

6. Bedroom 3 (adult)

Q	Item to check	What to check	Yes	No	N/A
6.1	Lighting	Adequate/visually safe?			
6.2	Floor/floor covering	Non slip and secure?			
6.3	Flexes	Visually safe/non-trailing			
6.4	Windows	Locks fitted/secure?			
6.5	Cot	Present? Deep – Min.50cms			

7. Bathroom

Q	Item to check	What to check	Yes	No	N/A
7.1	Lighting	Adequate/visually safe?			
		Pull cord visually safe?			
7.2	Floor/floor covering	Non slip and secure?			
7.3	Windows	Locks fitted/secure?			
7.4	Bath mat	Non-slip mat present?			

8. Garden/outdoors

Q	Item to check	What to check	Yes	No	N/A
8.1	Outside steps	Visually safe?			
		Handrail secure?			
8.2	Outside light	Adequate?			
8.3	Paths/driveway	Even?			
		Clear of obstruction?			
8.4	Bicycle Helmet	Present?			
8.5	Outdoor play equipment	Secure/good condition			
		Sited over soft surface?			
8.6	Ponds	Covered/fenced?			
8.7	Fences	Horizontal footholds			

9. General Safety Items

Q	Item to check	What to check	Yes	No	N/A
9.1	Window fire escape	Present upstairs			
9.2	Smoke detectors	Downstairs?			
		Upstairs?			

SAFETY EQUIPMENT RECOMMENDED TO HOUSEHOLD

Please tick in the grid any equipment that the **householder said they might NEED**

Please tick in the grid any equipment that **you feel should be OFFERED – prioritise (1,2,3,...)**

Equipment	Needed	Offered	Accepted	Delivered (date)
Bath mat				
Batteries for smoke detectors				
				Size needed
Bed guard				
Bicycle helmet				
		Boy	Measurements	
		Girl	Measurements	
Electric 4 way socket				
Energy efficient light bulb				
				40 Watts
				60 Watts
Fireguard				
				Measurements
Harness for pushchair or highchair				
Highchair with harness				
Night light				
Playpen				
Safety gate				
				Measurements
Smoke detector				
Table corner protector				
Window lock				

Any other comments/suggestions from the householder?

THANK YOU FOR YOUR CO-OPERATION IN COMPLETING THIS FORM