

Health Education Population Survey Accidents and Safety 1996-2004



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Summary

Background

- This report presents data on time trends in accident and safety-related knowledge, attitudes, motivations and behaviours in Scotland over the period 1996–2004 from the Health Education Population Survey. It also highlights some key socio-demographic differences.
- While the aim of the analysis is to assess the degree of significant change in these indicators over time, the sample size and design mean that it is sometimes difficult to distinguish observed variations due to actual small changes from those due to random sampling error.
- More information on the survey can be found in the 1996–2003 HEPS report published by Health Scotland¹.

Risk of accidental injury

- Under one in ten adults reported serious injury in an accident in the year preceding the interview, with slightly higher rates for men and younger people.
- Whilst a third of serious injuries reported resulted from accidents in the home or garden, this risk was underestimated, with only one in ten believing this to be the place they were at most risk. In contrast, a fifth of accidents happen on the roads to road users, yet half believe this is where they are at most risk.
- Perceptions of levels of risk in different places tended to reflect where people spent more time, but all groups felt most at risk on the road, either as a road user or pedestrian.

Knowledge

- Whilst half believed the main cause of serious injury to the under-5s to be burns and scalds, a third believed falls to be to blame. Accident statistics for 2002 suggest that, in fact falls make up half of accidents in the home for the under-5s in the UK.
- Falls were believed by 85% to be the main cause of serious injury to older people. This is in keeping with the 2002 accident statistics for the over-65s.

Protective behaviour

- The majority had taken some protective measure to reduce their risk of an accident. Almost nine in ten had a working smoke detector, with use of other measures considerably lower.
- Use of a number of measures had increased from 1996 to 2004, including doubled use of safer kettles (52%) safety glass in windows (35%), trebled use of water being kept at hand-heat (28%) and carbon monoxide detectors (27%).
- Differential increase by age and social grade for these measures has resulted in different patterns of use for different measures. For a number of measures, however, levels of use increased with age.

¹ Health Scotland (2004) *Health Education Population Survey 1996-2003*. Health Scotland, Edinburgh. ISBN 1-84485-242-3

- Only a quarter of adults have received first aid training, and this is lower for women, older people and the lower social grades.

Motivation

- Very few adults were planning to take any specific new measures to improve safety in the home, with seven in ten not planning any new measures.
- The main motivation for taking these measures included it being 'just a good idea', along with professional advice, media reports and personal experience.

1 Introduction

1.1 Accident prevention and safety in Scotland

Since 1996, many organisations have been developing services to provide information, advice, resources and training in accident prevention. Safety is promoted in all areas of life: at work, in the home, on the roads, in schools, at leisure and on or near water.

Health and safety management plays a big part in most workplaces by law, and significant advances have been made in educating people in risk assessment and creating safe places to work. Research shows that, at present, Britain's biggest occupational safety problem lies in providing adequate training and information to people who drive as part of their jobs, and the problem is being addressed with education and information on the topic being made available. Lessons learned from accident investigation are playing a much bigger role in preventing incidents and accidents in the workplace. Statistics reflect the significant decrease in accidents in the workplace over recent years².

Road safety has also seen significant developments over recent years, with successes in reducing deaths and serious injuries by a third since 1988, when the UK government put in place a road safety strategy with a statutory duty for local authorities to undertake studies into road accidents and take steps to both reduce and prevent accidents. The biggest current problems are with deaths among motorcyclists and car users. Work is being done to reduce the drink-drive limit, and successful campaigning resulted in a ban on hand-held mobile phone usage in 2003. Safety cameras have been proven to reduce deaths and injuries in accident blackspots, and raised awareness of speed restrictions. Successful publicity campaigns have also contributed to improved safety on the roads.

The most worrying area, and the place where most deaths and serious injuries now take place, is in the home. Groups facing a much higher level of risk include those of a lower socio-economic status, children and older people. Home accident prevention is still generally under-funded and under-valued when compared with road and occupational accident prevention, although more deaths and injuries result from accidents at home than in any other location. Often the perceptions of the respondents to this survey reflect this imbalance.

However, in 2001–2004, the Department of Trade and Industry announced the establishment of a Modernisation Fund of £3 million which helped to provide targeted support for new community-based home accident prevention initiatives throughout the UK. This is still a drop in the ocean when compared with what is spent on occupational and road safety. The fight against home accidents has been boosted by support for initiatives to install safety features in houses when they are built or renovated. Demand for home safety training courses continues to grow, and more multi-agency work is taking place to spread good practice and help prevent injuries at home. Similarly, the number of Home Safety Practitioners is growing in Scotland, as various organisations and bodies begin to recognise the importance of home accident prevention.

For example, in child accident prevention, Scotland participates in implementing the WHO-led Children's Environmental Health Plan for Europe (CEHAPE) which lists the substantial reduction of health consequences of accidents and injuries amongst its four 'Regional Priority Goals'. Injury in Children, a Health Scotland commissioned research briefing paper makes

² www.rosa.com

recommendations like providing Home Safety Checks³. Much is already being done in Scotland by local authorities, RoSPA, the Fire Service, Police, Home Safety Officers, the NHS and others. The challenge is now to capture these efforts, identify gaps and develop a framework for tackling this significant health problem in children.

1.2 Background to survey

The Health Education Population Survey (HEPS) monitors health-related knowledge, attitudes, behaviours and motivations to change among the adult population in Scotland. A report was published in 2004 presenting an overview of key findings and trends from HEPS data during the first eight years (1996–2003)⁴. This report focuses on the data collected on the topic of accidents and safety.

1.3 Methodology

The survey

The survey is conducted by BMRB International. Fieldwork began in March 1996 and is carried out twice a year (March and September) in mainland Scotland. The survey was suspended for three waves during 1999–2000, resulting in a gap in data collection for the three survey waves covering September 1999, March 2000 and September 2000.

The survey is administered using computer assisted personal interviewing (CAPI) in respondents' homes, including a self-completion section for more sensitive information such as mental health, sexual health and drug use. Each survey wave has an achieved sample of approximately 900 people aged 16–74 years. Respondents are selected using a multi-stage clustered random sampling design with the Postal Address File as the primary sampling frame. A 'rolling' sampling procedure allows results to be combined from consecutive waves. The data are weighted to adjust for differing probabilities of selection and response bias with respect to sex and age. Most questions are asked using prompted closed-format response categories, and those asked using unprompted open-format are identified in the text.

Sample size and response rates

This report presents key data from all waves of the survey (1996–2004), using combined results for each year from the two waves of the survey conducted in that year. The exception to this is in 1999 when only one survey wave was carried out. The results for 1999 should therefore be treated with considerable caution since the much lower base will produce much greater levels of random variation. The number of achieved interviews and response rates with respect to the eligible sample are shown below for each year.

	1996	1997	1998	1999	2000	2001	2002	2003	2004
Achieved interviews	1810	1795	1794	880	–	1757	1742	1720	1784
Response rate (%)	72	73	72	72	–	71	72	72	70

³ Scottish Executive (Healthier Scotland) (2005) *Health in Scotland 2004*. Scottish Executive, Edinburgh.

⁴ Health Scotland (2004) *Health Education Population Survey 1996-2003*. Health Scotland, Edinburgh. ISBN 1-84485-242-3

Analysis

This report focuses on changes over time for key variables, both for the whole population and for subgroups with respect to sex, age, social grade and deprivation (base sizes for subgroups are given in Appendix B). Differences between years are tested for statistical significance using t-tests for means or hypothesis tests for proportions as appropriate. Unlike other significance tests, these tests also take into account the estimated design effect due to the sampling procedure (see 1996–2003 report for more details). The report describes observed changes and explicitly points out where such a change is statistically significant ($p < 0.05$). Differences should not be considered statistically significant unless it is specifically stated. Any use of the term significant is taken to mean statistically significant, but the use of this term does not imply substantive significance or importance. It should be noted that given the relatively small size of some of these differences, some caution is recommended in interpreting and generalising from this data in the absence of other supporting evidence.

The significance tests have been applied to look for change between two points in time (e.g. between 1996 and 2004). The period of change considered will be specified in the text, and any change will be considered in context. If the apparent change is not supported by trends of change in between the two points in time, or by change being sustained in the longer term, or by evidence of change from other sources, then caution should be used in interpreting the apparent change.

It is also not appropriate to attribute observed changes definitively and solely to health promotion activity as many other factors (e.g. macro-economic change, commercial marketing) will influence health-related attitudes and behaviours.

Classifications used

Age: In general, six age groups are used for analysis (16–24, 25–34, 35–44, 45–54, 55–64, 65–74). These are the standard groups used in presenting survey findings. However, in the absence of clear gradients, or in the case of small base sizes, results may be presented in terms of more aggregated age groups to clarify observed patterns of difference.

Social grade is used as a household-based proxy measure of social class. This classification is based on the normal occupation of the chief income earner in the household, which is categorised into AB (professional, managerial and technical), C1 (skilled non-manual), C2 (skilled manual), D (partly skilled and unskilled) and E (dependent on state and casual workers) (Market Research Society, 1991). The social grade of a retired person with a pension from their job is based on their previous normal occupation. The social grade of widows or widowers receiving a pension from their spouse's job is based on the previous normal occupation of the spouse. For those unemployed for two months or less, social grade is based on their previous occupation – the longer term unemployed are graded as E. The main advantage of this classification system is that it provides a relatively stable population profile over time and all respondents can be assigned a social grade, unlike occupation-based systems such as the Registrar General's Social Class Based on Occupation which excludes the long-term unemployed, arguably one of the most materially and socially disadvantaged population groups.

Deprivation: DEPCAT is used as an area-based measure of deprivation. This is based on the Carstairs scores which are derived from census data and are a measure of “access to material resources which provide access to those goods and services, resources and amenities and of a physical environment which are customary in society”⁵. The scores do not apply to individuals but are summary codes applied at postcode sector level. The scores are a composite measure of four variables: overcrowding, male unemployment, low social class and having no car. The Carstairs scores are used to define seven DEPCAT groups, from 1 (the most affluent) to 7 (the most deprived). Carstairs scores are updated periodically when more up to date Census data are available, or when there are changes to postcode boundaries. The division of the scores into DEPCAT groups was first done in 1981 on a pragmatic basis, using the first Carstairs scores. More recent DEPCAT groups have been achieved by dividing the population (according to the latest Carstairs scores) into seven new DEPCAT groups, each containing the same proportions of the population as those produced in 1981. The latest available DEPCAT scores were used for analysis in this report. For further discussion of DEPCAT, see the 1996–2003 report.

Tables and figures

When using tables and figures, the following points should be noted:

- percentages may not add up to 100 due to rounding, or the exclusion of don't know responses where they only represent a small proportion of answers
- percentages are used throughout the report, irrespective of base size – for each percentage given, the number of individuals constituting the base is given in Appendix B and should be taken into account when interpreting the findings
- percentages less than 0.5% and greater than zero are denoted by ^{*}’, while ‘–’ denotes zero
- the base for percentages consists of all respondents (including those for whom data are missing), unless explicitly stated.

Main points

- This report presents data on time trends in accident and safety-related knowledge, attitudes, motivations and behaviours in Scotland over the period 1996–2004 from the Health Education Population Survey. It also highlights some key socio-demographic differences.
- While the aim of the analysis is to assess the degree of significant change in these indicators over time, the sample size and design mean that it is sometimes difficult to distinguish observed variations due to actual small changes from those due to random sampling error.
- More information on the survey can be found in the 1996–2003 HEPS report published by Health Scotland.

2 Risk of accidental injury

This chapter focuses on who is most at risk of injury in an accident, and where these accidents are most likely to take place. It is also of interest to determine whether people's perceptions of where they are most at risk of an accident coincide with reported accidents.

2.1 Groups at risk of serious accident

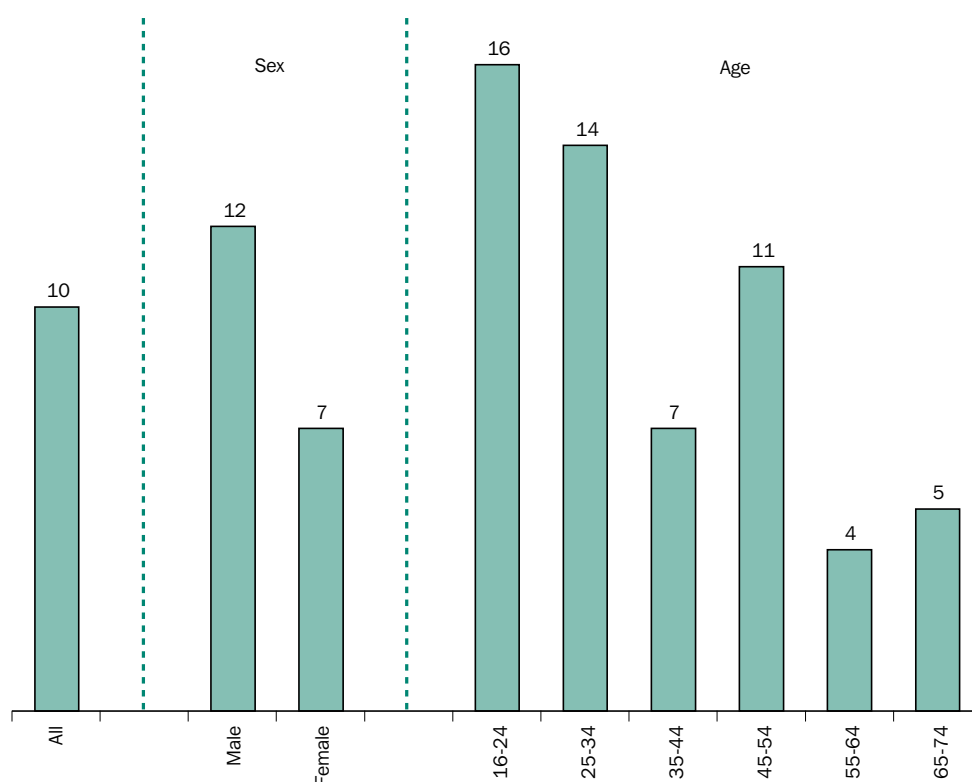
Risk of injury in a serious accident was assessed through respondent experiences over the 12 months prior to interview. This question was asked only at one wave of the survey per year (c900 respondents) therefore apparent differences between groups may not be significant. Just under one in ten respondents reported having been in a serious accident from 1996–2004, with no significant change over time (Table 2.1).

Table 2.1 Percentage of respondents involved in a serious accident in the 12 months prior to the survey

%	1996	1997	1998	1999	2000	2001	2002	2003	2004
All	8	7	7	–	–	9	7	7	10
Sex									
Men	11	8	10	–	–	12	8	9	12
Women	6	6	5	–	–	6	7	5	7
Age									
16–24	17	9	9	–	–	24	11	10	16
25–34	9	7	12	–	–	9	12	10	14
35–44	7	8	7	–	–	9	4	6	7
45–54	3	4	7	–	–	1	8	5	11
55–64	8	6	4	–	–	4	3	6	4
65–74	5	10	4	–	–	4	5	4	5
Social grade									
AB	9	5	9	–	–	4	5	8	14
C1	9	10	4	–	–	13	8	7	8
C2	5	6	11	–	–	8	7	8	9
D	9	8	11	–	–	6	12	5	5
E	10	5	4	–	–	5	4	6	13
DEPCAT									
1–2	7	7	8	–	–	3	8	7	7
3–5	8	8	8	–	–	13	6	6	11
6–7	9	7	5	–	–	5	10	8	9
Base: All respondents	904	893	894	–	–	857	892	1720	899

There were no consistent differences and no clear patterns of change over time by social grade or DEPCAT.

Figure 2.1 Percentage of respondents involved in a serious accident in the last 12 months (2004) – by age and sex



Base: All respondents

Whilst there was no significant difference in rates of accident between men and women, given the smaller base sizes at this question, there was a consistent tendency each year for more men to report being in accidents than women (see Figure 2.1 for 2004 figures).

Younger respondents were generally more likely to be seriously injured in an accident than older respondents with almost one in five 16–24 year old respondents (16%) reporting a serious injury compared with one in twenty 65–74 year olds (5%) in 2004.

2.2 Location of accident

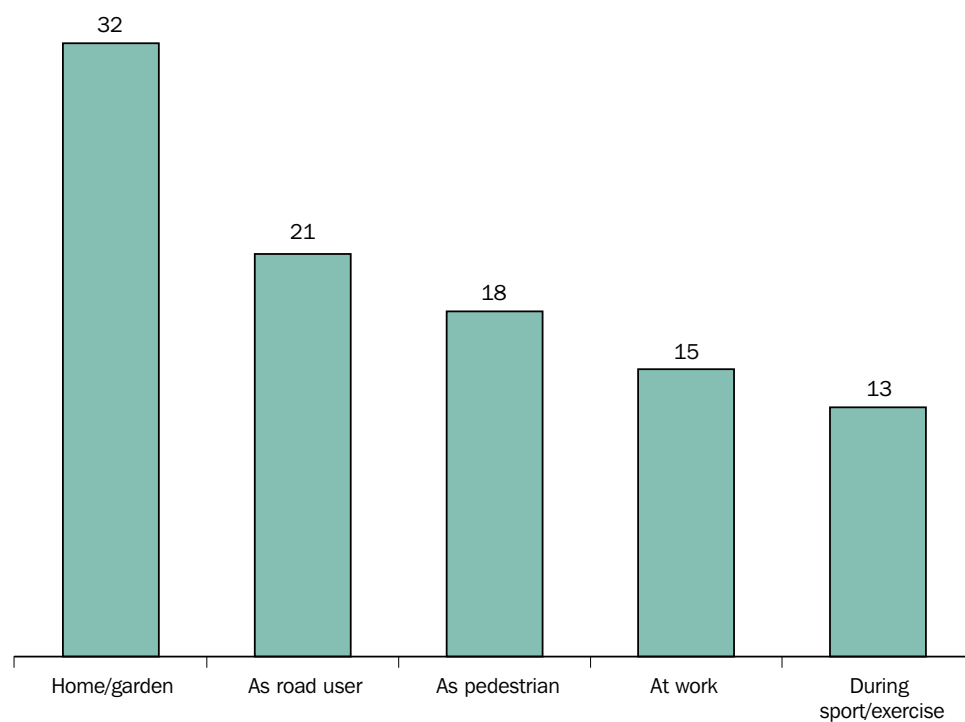
Given the small number of respondents involved in an accident each year, there was considerable fluctuation in the reported location of the accident. Nevertheless, there was no significant change in location over time (Table 2.2).

Table 2.2 Where accident happened

%	1996	1997	1998	1999	2000	2001	2002	2003	2004
In a private home or garden	16	16	11	–	–	11	19	25	32
On the road (as a road user)	17	26	19	–	–	14	10	8	21
On the street (as a pedestrian)	12	22	12	–	–	8	12	25	18
At work	24	16	32	–	–	27	39	17	15
At school/college/university	1	–	–	–	–	5	2	–	–
In sports/recreation facility	18	18	20	–	–	28	14	20	13
Other	12	2	6	–	–	8	5	5	2
Base: All in serious accident in last 12 months	75	65	67	–	–	75	64	119	86

Figure 2.2 shows where the accidents reported happened in 2004. The greatest proportion of accidents occurred in the home or garden (32%), the smallest during sports or exercise (13%).

Figure 2.2 Where accident happened (% , 2004)



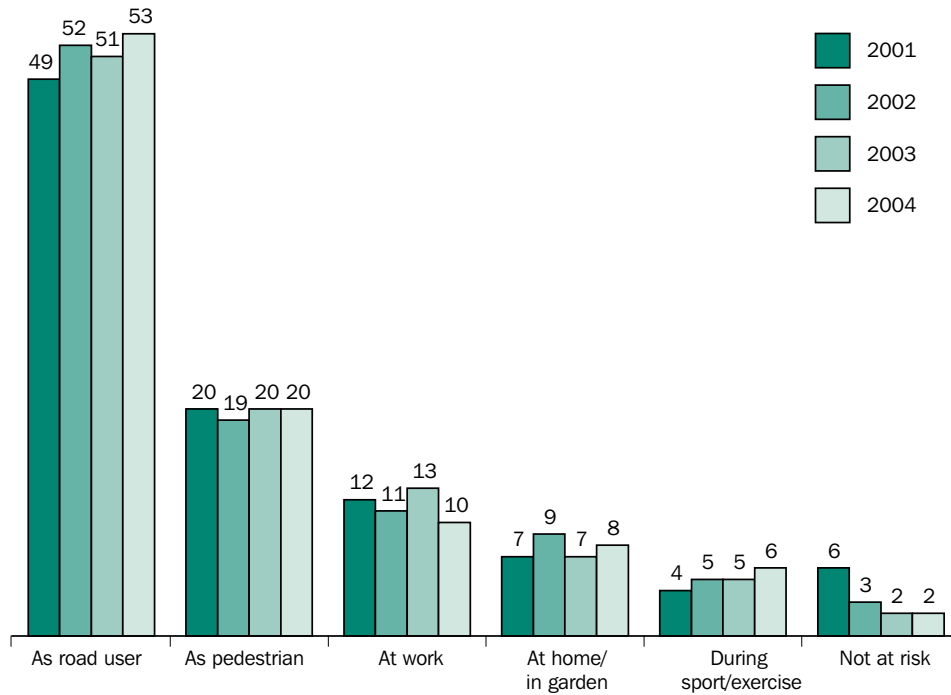
Base: All respondents involved in a serious accident in the 12 months previous to the 2004 survey

As base sizes are small, it is not feasible to analyse this data further.

2.3 Where people feel most at risk of injury in an accident

Since 2001, there has been no significant change in where respondents feel most at risk of being injured in an accident (see Figure 2.3). In 2004, three quarters of respondents (73%) considered themselves most at risk of accidental injury when on the road: half as a road user (53%) and one in five as a pedestrian (20%). The remaining quarter felt most at risk elsewhere, with similar proportions (between 6% and 10% of all respondents in 2004) feeling most at risk at work, in the home or during exercise.

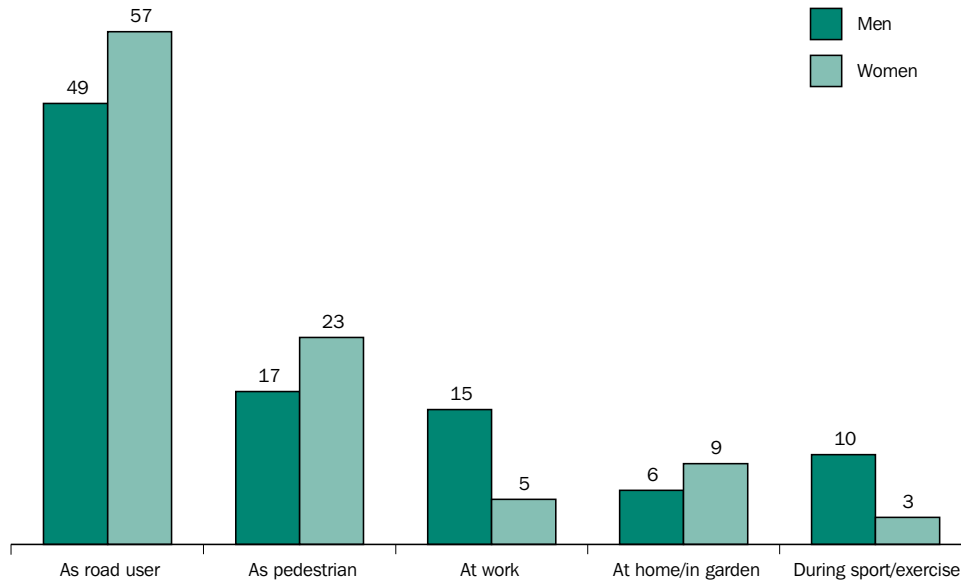
Figure 2.3 Where respondents feel most at risk of injury in an accident (% , 2001–2004)



Base: All respondents

There were some clear differences by age, sex, social grade and DEPCAT. In the main these patterns remained fairly consistent over time. The discussion will, therefore, focus on the 2004 data when exploring these differences. Section 2.5 gives details of results over time for these groups.

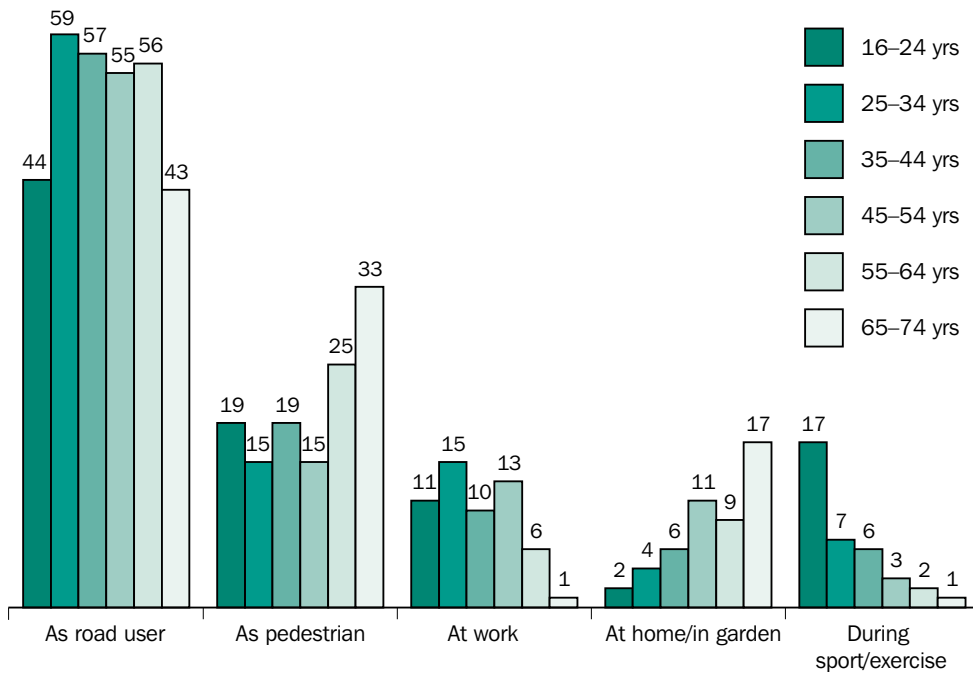
Figure 2.4 Where feel most at risk of injury in an accident (% , 2004) – by sex



Base: All respondents

There were clear differences by sex, and these remained unchanged from 2001–2004 (Figure 2.4 shows results for 2004). Women were slightly more likely than men to feel at risk on the road, either as a road user or pedestrian. In contrast, men were significantly more likely than women to feel at risk in the workplace. This may be related to men being more likely than women to be in work, particularly in a manual or physical environment. Men were also more likely than women to feel at risk during exercise.

Figure 2.5 Where respondents feel most at risk of injury in an accident (% , 2004) – by age



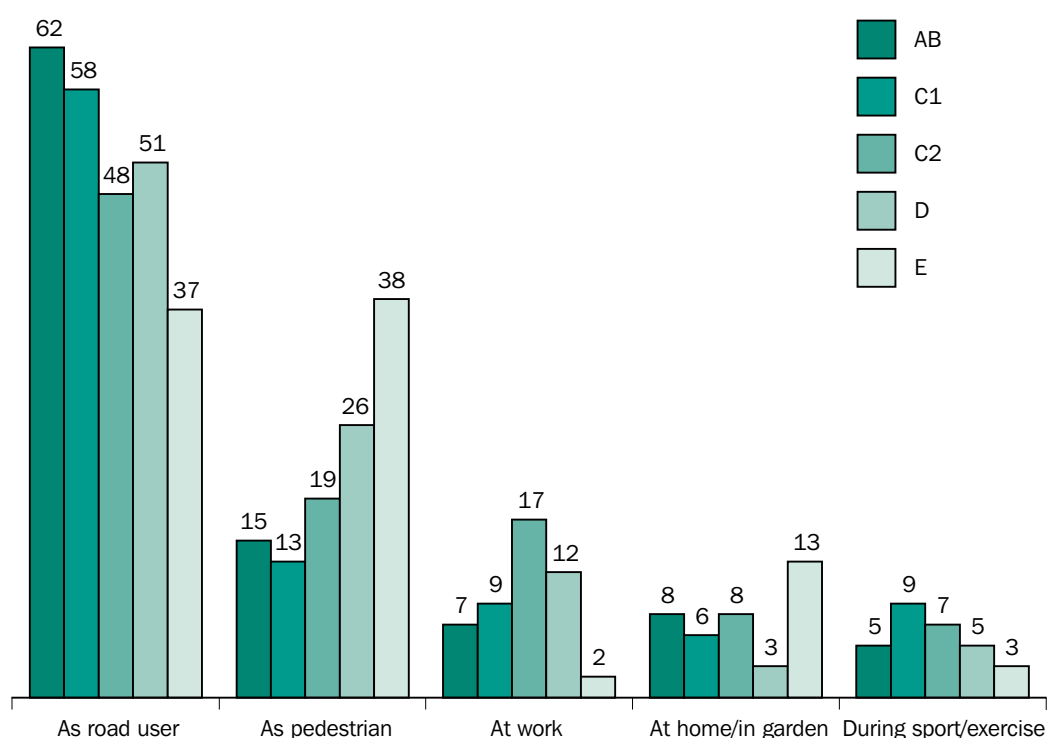
Base: All respondents

There were also clear age differences in perceived risk. These patterns remained largely consistent over time, and Figure 2.5 shows the results for 2004.

Those aged between 25 years and 64 years were most likely to feel at risk as a road user, compared with both older and younger respondents. This probably reflects the fact that respondents between these ages are most likely to be road users. In contrast, the over 65s were considerably more likely to feel at risk as a pedestrian, with a third (33%) feeling most at risk from this type of accident compared with 17% of those aged 16–54 years.

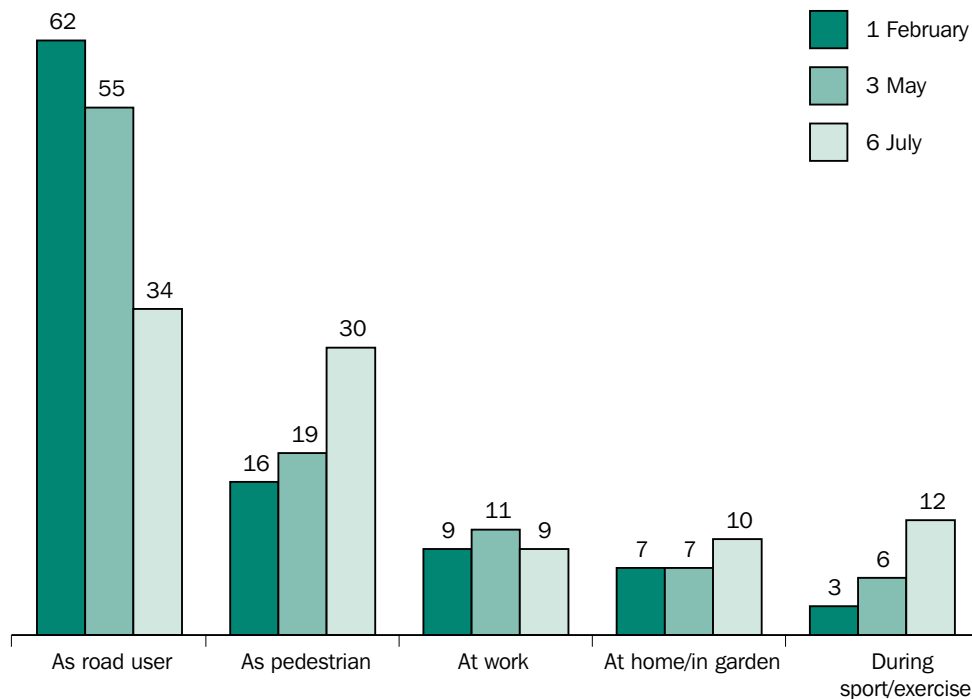
Not surprisingly, older people were less likely to feel at risk at work, with perceived risk declining for the over-55s. There was also a clear age gradient for accidents in the home or garden, with perceived risk increasing with age, whereas perceived risk of a sporting injury declined with age, being consistently highest for those aged 16–24.

Figure 2.6 Where respondents feel most at risk of injury in an accident (% , 2004) – by social grade



Base: All respondents

Figure 2.7 Where respondents feel most at risk of injury from accident (% , 2004) – by DEPCAT



Base: All respondents

Patterns of perceived risk by social grade and DEPCAT were consistent (Figures 2.6 and 2.7 show results for 2004). There were clear gradients of risk on the road by affluence, with perceived risk as a road user increasing with affluence, and perceived risk as a pedestrian decreasing. This is perhaps related to more affluent respondents being more likely than poorer respondents to have access to a vehicle.

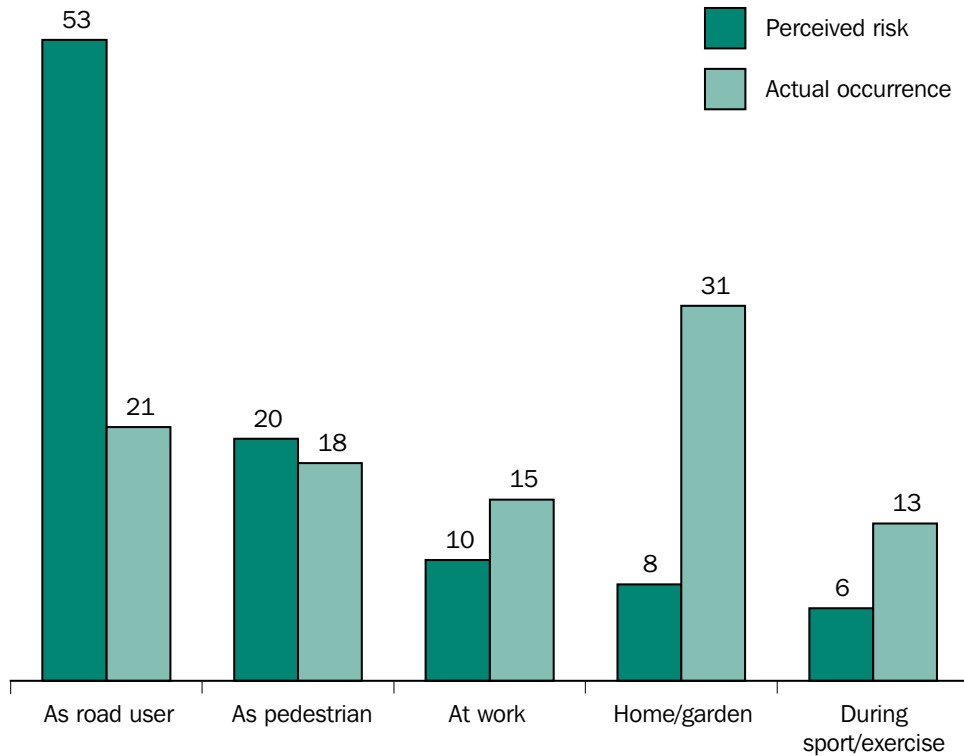
This disparity by affluence has, however, decreased over time. In 2001, seven in ten (70%) ABs stated they felt most at risk of accidental injury as a road user compared with just a quarter (25%) of Es. By 2004, this disparity had lessened significantly to just over six in ten ABs (62%) compared with just under four in ten Es (37%). There has, however, been no change in the disparity in perceived risk as a pedestrian, with those in social grade E consistently much more likely to feel at risk than those in the higher social grades.

Other differences were less clear, although those in social grades C2 and D (the more manual occupations) were more likely to feel at risk at work. Perceived risk at home or in the garden was greatest for the less affluent, consistently higher for those in social grades E who are likely to spend most time at home, as they are not in work.

2.4 Relationship between actual and perceived risk of accidents

Figure 2.8 shows that, in 2004, respondents significantly over estimated the relative likelihood of being seriously injured as a result of a road accident. Half (53%) said they felt most at risk of injury as a road user, where as only one in five respondents injured actually suffered their injury in this way (21%). This over estimation has been evident since it was first measured in 2001.

Figure 2.8 Relationship between actual and perceived risk in different locations (% , 2004)



Base: All respondents (1784)/all in an accident in past year (86)

In contrast, in 2004 respondents significantly under estimated the relative risk of injury in the home or garden. Despite three in ten (31%) reporting injuries as a consequence of an accident in the home or garden, under one in ten (8%) said they felt most at risk of such an injury. In previous years, respondents had also underestimated the relative likelihood of injury in the home; however this underestimation was only of significance in 2003.

Main points

- Under one in ten adults reported serious injury in an accident in the year preceding the interview, with slightly higher rates for men and younger people.
- Whilst a third of serious injuries reported resulted from accidents in the home or garden, this risk was underestimated, with only one in ten believing this to be the place they were at most risk. In contrast, a fifth of accidents happen on the roads to road users, yet half believe this is where they are at most risk.
- Perceptions of levels of risk in different places tended to reflect where people spent more time, but all groups felt most at risk on the road, either as a road user or pedestrian.

2.5 Annex – Where people feel most at risk of an accident by sex, age, social grade and DEPCAT (2001–2004)

Table 2.3 Proportion of respondents feeling most at risk of injury in an accident on the road as a road user

%	2001	2002	2003	2004
All	49	52	51	53
Sex				
Men	45	47	48	49
Women	53	56	54	57
Age				
16–24	36	40	31	44
25–34	53	48	52	59
35–44	54	62	57	57
45–54	56	55	60	55
55–64	42	56	57	56
65–74	46	43	46	43
Social grade				
AB	70	56	64	62
C1	57	59	55	58
C2	45	56	50	48
D	39	42	47	51
E	25	26	35	37
DEPCAT				
1–2	61	61	62	62
3–5	53	54	51	55
6–7	32	34	41	34
Base: All respondents	1757	1742	1720	1784

Table 2.4 Proportion of respondents feeling most at risk of injury in an accident while on the street as a pedestrian

%	2001	2002	2003	2004
All	20	19	20	20
Sex				
Men	19	47	17	17
Women	21	56	21	23
Age				
16–24	24	26	27	19
25–34	15	13	15	15
35–44	12	18	17	19
45–54	17	18	14	15
55–64	28	15	16	25
65–74	34	32	36	33
Social grade				
AB	8	17	8	15
C1	13	15	18	13
C2	16	13	17	19
D	32	24	20	26
E	45	42	40	38
DEPCAT				
1–2	6	12	10	16
3–5	19	18	20	19
6–7	32	32	29	30
Base: All respondents	1757	1742	1720	1784

Table 2.5 Proportion of respondents feeling most at risk of injury in an accident while at work

%	2001	2002	2003	2004
All	12	11	13	10
Sex				
Men	17	17	19	15
Women	7	5	7	5
Age				
16–24	13	12	14	11
25–34	20	16	17	15
35–44	13	11	14	10
45–54	12	12	15	13
55–64	7	9	10	6
65–74	*	2	2	*
Social grade				
AB	4	5	7	7
C1	14	9	12	9
C2	19	20	22	17
D	12	18	18	12
E	2	1	3	2
DEPCAT				
1–2	9	8	11	9
3–5	13	12	12	11
6–7	12	13	17	9
Base: All respondents	1757	1742	1720	1784

Table 2.6 Proportion of respondents feeling most at risk of injury in an accident while at home or in the garden

%	2001	2002	2003	2004
All	7	9	7	8
Sex				
Men	8	8	5	6
Women	8	10	10	9
Age				
16-24	2	2	2	2
25-34	4	9	6	4
35-44	8	6	6	6
45-54	10	11	9	11
55-64	16	13	12	9
65-74	7	17	11	17
Social grade				
AB	6	12	12	8
C1	6	7	4	6
C2	7	6	4	8
D	6	8	10	3
E	15	17	15	13
DEPCAT				
1-2	10	11	9	7
3-5	6	8	7	7
6-7	10	9	6	10
Base: All respondents	1757	1742	1720	1784

Table 2.7 Proportion of respondents feeling most at risk of injury in an accident during sport or exercise

%	2001	2002	2003	2004
All	4	5	5	6
Sex				
Men	6	8	7	10
Women	2	1	4	3
Age				
16-24	11	12	20	17
25-34	4	9	6	7
35-44	2	1	3	6
45-54	2	1	2	3
55-64	1	2	*	2
65-74	4	2	1	1
Social grade				
AB	6	4	8	5
C1	4	6	8	9
C2	3	3	3	7
D	5	3	2	5
E	1	6	2	3
DEPCAT				
1-2	3	3	4	3
3-5	4	3	6	6
6-7	4	10	3	12
Base: All respondents	1757	1742	1720	1784

Table 2.8 Proportion of respondents feeling most at risk of injury in an accident while at school, college or university

%	2001	2002	2003	2004
All	*	*	1	*
Sex				
Men	*	*	1	*
Women	*	–	1	*
Age				
16–24	1	2	3	2
25–34	*	–	–	–
35–44	–	–	–	–
45–54	–	–	–	–
55–64	–	–	*	–
65–74	–	–	–	–
Social grade				
AB	–	*	1	–
C1	*	–	1	*
C2	–	–	1	–
D	*	1	*	–
E	*	1	*	1
DEPCAT				
1–2	–	–	1	–
3–5	*	*	1	*
6–7	–	0	–	1
Base: All respondents	1757	1742	1720	1784

Table 2.9 Proportion of respondents not feeling at risk of injury in an accident

%	2001	2002	2003	2004
All	6	3	2	2
Sex				
Men	4	2	2	2
Women	8	3	2	2
Age				
16-24	11	4	3	3
25-34	3	3	3	*
35-44	10	1	1	1
45-54	4	2	1	3
55-64	4	3	3	1
65-74	5	3	3	3
Social grade				
AB	5	3	*	2
C1	5	2	1	3
C2	8	1	3	1
D	3	2	3	2
E	9	5	4	2
DEPCAT				
1-2	9	3	2	2
3-5	4	3	2	2
6-7	9	2	3	2
Base: All respondents	1757	1742	1720	1784

3 Knowledge

A crucial aspect of accident prevention is to raise awareness of the main causes of accidental injury, to enable people to take preventative action. The discussion in Chapter 2 highlighted the disparity between reported locations of accidents, and the perceived risk of particular locations. This chapter focuses on the perceived main causes of accidental injury for children under 5 years old, and for older people: two particularly vulnerable groups, and compares perceptions with the most recent accident statistics for the UK available on the RoSPA website⁶.

3.1 Main causes of accidental injury for children under-5

The perceived main cause of injuries for young children has not changed significantly over the course of the survey (Table 3.1). In 2004, half of respondents (51%) felt the main cause of injuries in the home to children under 5 years old was burns or scalds. Over three in ten (35%) felt the main cause was falls. These were by far the most common choices. No others were felt to be the main cause by more than 5% of respondents. There was a slight shift away from burns and scalds in favour of falls from 1996 to 2004.

Table 3.1 Perceived main causes of injury to children in home for children under 5 years old (1996 – 2004)

%	1996	1997	1998	1999	2000	2001	2002	2003	2004
Burns and scalds	56	52	57	–	–	50	53	48	51
Falls	29	31	25	–	–	27	28	32	35
Choking	7	4	6	–	–	7	7	7	5
Poisonings	3	7	7	–	–	10	6	6	4
Fires and smoke	4	4	4	–	–	3	4	5	3
Other causes	*	1	1	–	–	1	1	1	*
Base: All respondents	904	893	901	–	–	857	892	1720	899

Figures from the 2002 Home Accident Surveillance System (HASS) suggest that in fact, half of accidents for the under-5s in the home are caused by falls, with only 5% of accidents related to burns and scalds ('thermal effect').

⁶ www.rospa.com

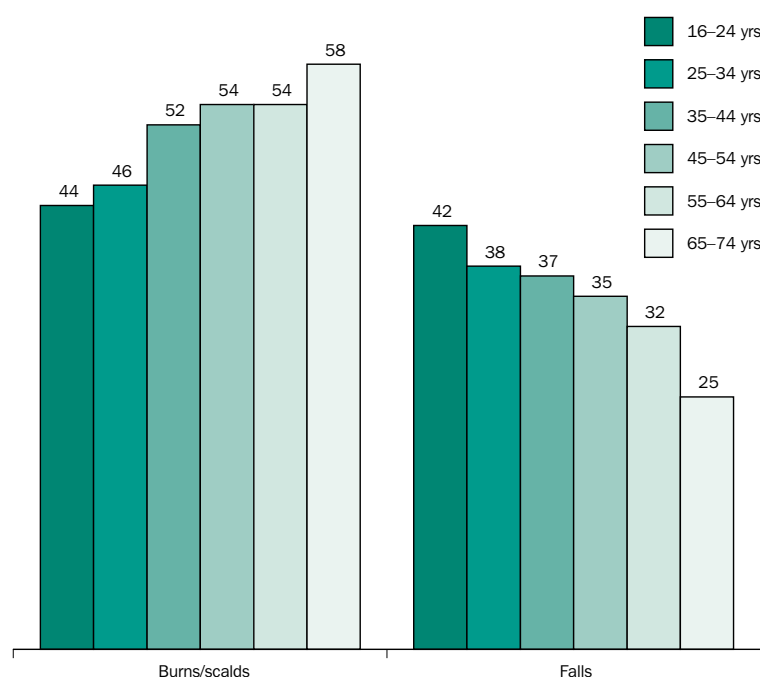
Table 3.2 Percentage believing burns/scalds and falls main causes of injury to children in home for children under 5 (1996 – 2004) – by sex

%	1996	1997	1998	1999	2000	2001	2002	2003	2004
Burns/scalds									
All	56	52	57	–	–	50	53	48	51
Men	50	55	57	–	–	49	47	47	43
Women	53	58	56	–	–	52	58	50	58
Falls									
All	29	31	25	–	–	27	28	32	35
Men	33	31	28	–	–	29	32	36	43
Women	30	26	23	–	–	25	25	29	28
Base: All respondents	904	893	901	–	–	857	892	1720	899

The shift away from burns and scalds towards falls (the true main cause of accidents for this group) was led by men. Whilst in 1996 there were no differences in belief by sex, by 2004 men were increasingly choosing falls rather than burns or scalds as the main cause of accidents (Table 3.2). By 2004, whilst men were equally likely to believe the main cause of in-home injury for the under-5s to be burns/scalds or a fall (43% for each), women were still significantly more likely to attribute this to burns or scalds (58%) and less likely to believe falls were the major cause of injury (28%).

There was a consistent pattern by age from 1996 to 2004. This is illustrated using the 2004 data for falls and burns/scalds in Figure 3.1. The likelihood of attributing childhood accidents to burns or scalds rose with age, whilst the likelihood of attributing them to falls declined.

Figure 3.1 Percentage believing burns/scalds and falls main causes of injury to children in home for children under 5 (2004) – by age



Base: All respondents

There were no significant differences in perceptions of causes of accidents in the home for the under-5s by social grade or deprivation category.

3.2 Main causes of accidental injury to older people

The main cause of injuries for older people as perceived by respondents has not changed significantly over the course of the survey (Table 3.3).

Table 3.3 Perceived main causes of injury in the home for older people (1996 – 2004)

%	1996	1997	1998	1999	2000	2001	2002	2003	2004
Falls	76	82	81	–	–	79	86	84	85
Fires and smoke	14	8	9	–	–	4	5	7	7
Poisonings	*	*	*	–	–	1	*	*	*
Burns and scalds	8	8	7	–	–	14	7	8	6
Choking	1	1	1	–	–	1	*	*	1
Other causes	1	1	2	–	–	*	1	*	*
Base: All respondents	904	893	901	–	–	857	892	1720	899

The vast majority believed that falls were the one main cause of injury in the home for older people (85% in 2004). No other cause of injury was selected by more than one in ten respondents in most years.

There were no consistent differences by sex, age, social grade and deprivation category.

Figures from the 2002 Home Accident Surveillance System (HASS) suggest that around seven in ten accidents among the over-65s are caused by a fall, meaning that perceptions of dangers for older people are more accurate than those for children.

Main points

- Whilst half believed the main cause of serious injury to the under-5s to be burns and scalds, a third believed falls to be to blame. Accident statistics for 2002 suggest that, in fact falls make up half of accidents in the home for the under-5s in the UK.
- Falls were believed by 85% to be the main cause of serious injury to older people. This is in keeping with the 2002 accident statistics for the over-65s.

4 Protective behaviour

In addition to building knowledge of where people are at risk of injury from an accident, it is equally important to give people the tools to improve their own safety levels, both through preventing accidents, but also through having the skills to deal with accidental injuries.

4.1 Safety measures in the home

The majority of adults have taken some measure to improve safety in their home. There was considerable variation in the use of different measures, but there have been a number of measures increasing in use over time (Table 4.1).

Table 4.1 Safety precautions used in the home (% , 1996 – 2004)

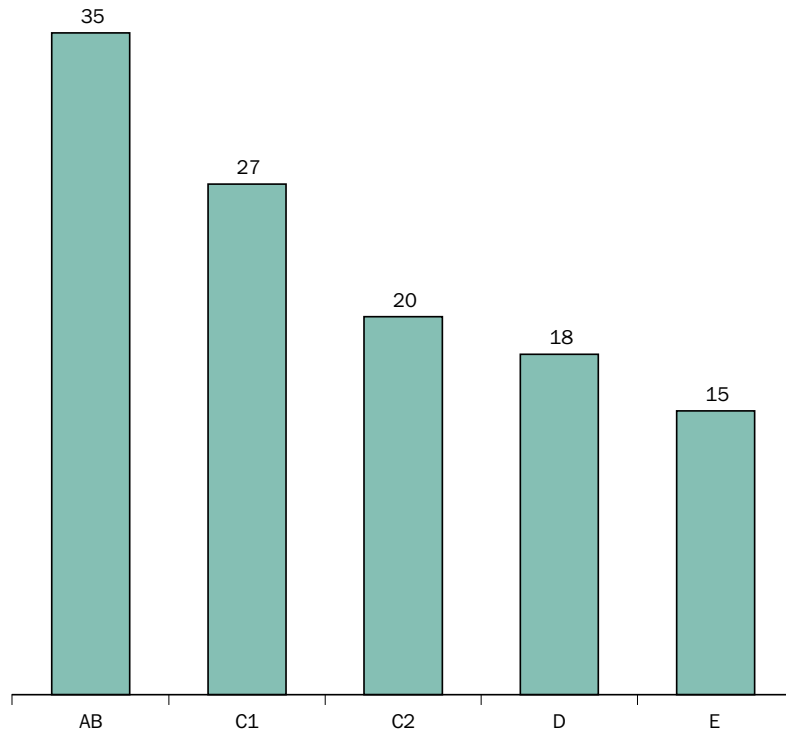
%	1996	1997	1998	1999	2000	2001	2002	2003	2004
Have a working smoke detector	81	–	–	80	–	85	86	86	86
Have window locks	47	55	57	57	–	60	60	62	68
Safer type of kettle	27	29	32	29	–	43	45	49	52
Use safety glass in windows	15	17	17	16	–	26	25	30	35
Keep water under 'hand-heat'	10	12	13	17	–	21	21	22	28
Use carbon monoxide detectors	8	6	11	18	–	20	20	27	27
Have a fire extinguisher or blanket	19	–	–	22	–	25	23	25	24
Have burglar alarm	18	19	19	22	–	19	18	21	22
Use fire guard	13	14	18	13	–	13	15	14	13
Use socket covers	15	14	16	13	–	13	13	13	12
Use locked cupboard for hazardous chemicals	13	12	11	10	–	9	10	11	10
Use stair gates	6	5	8	5	–	6	6	7	6
None of these	25	18	18	7	–	3	2	3	3
Base: All respondents	904	1795	1794	880	–	1756	1740	1720	1784

Smoke detectors were the most common measure with around eight in ten respondents having one in their homes. Their use was universally high with no consistent differences by age, sex, social grade or DEPCAT.

In general, there was an age gradient for use of the more common safety measures, with use greatest for older respondents. In particular, this age gradient was clear for window locks, safer types of kettle, safety glass in windows, keeping water below hand-heat and carbon monoxide detectors. For other frequently used items, such as smoke detectors and fire extinguishers, there was no clear age pattern.

There were no obvious sex differences in the use of different measures. In terms of social grade, some measures were higher in use by the higher social grades (window locks, safety glass, water below hand-heat, fire extinguishers), but this was not the case for all measures. For example, by 2004, the use of carbon monoxide detectors was greatest for the lowest social grades, and there was no clear social grade gradient for smoke detectors.

Figure 4.1 Percentage with fire extinguisher/blanket (2004) – by social grade



Base: All respondents

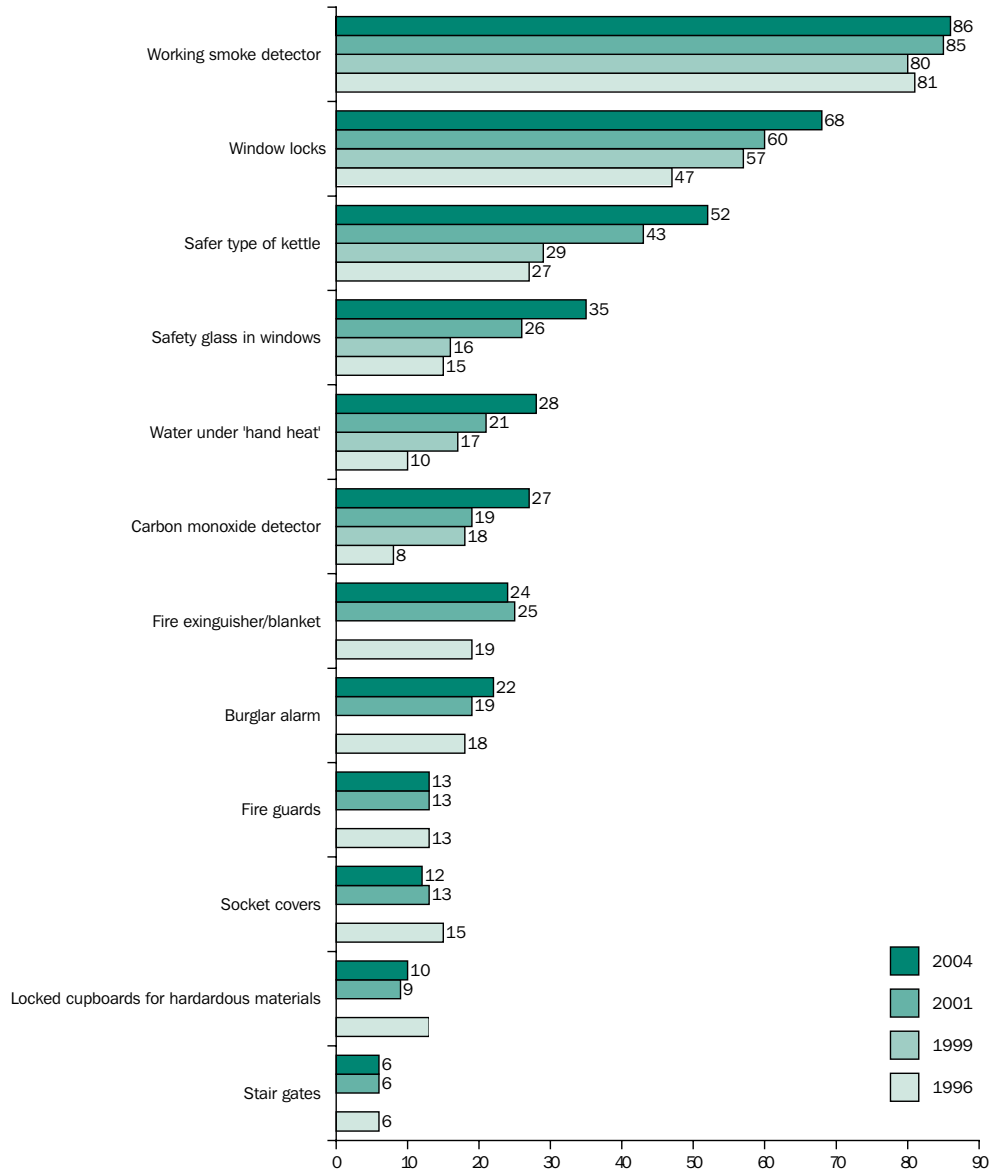
The differences by age and social grade for any measures changing in use over time will be discussed further in Section 4.2. Figure 4.1 shows the social grade gradient for a measure that changed little over time: the use of fire extinguishers and blankets in 2004 (this difference was consistent over time).

Less commonly used measures include stair gates, installed by around one in twenty respondents and locked cupboards for hazardous materials, socket covers and fireguards, used by around one in ten respondents (Table 4.1). These are the types of measure that would be taken in households with small children, so it is perhaps not surprising that they are less commonly used across the board.

4.2 Increase in use of safety measures over time

There has been a significant increase in the proportion of respondents utilising some safety measures in their homes over the last nine years (Figure 4.2).

Figure 4.2 Increase in use safety precautions (% , 1996 – 2004)



Base: All respondents

There was a slight increase in use of smoke detectors from 1999 to 2001. Two other measures increased in use at the same time, although these have continued to increase in use since 2001: use of a safer type of kettle (52% in 2004, doubled from 27% in 1999) and the use of safety glass in windows (35% in 2004, more than doubled from 15% in 1999).

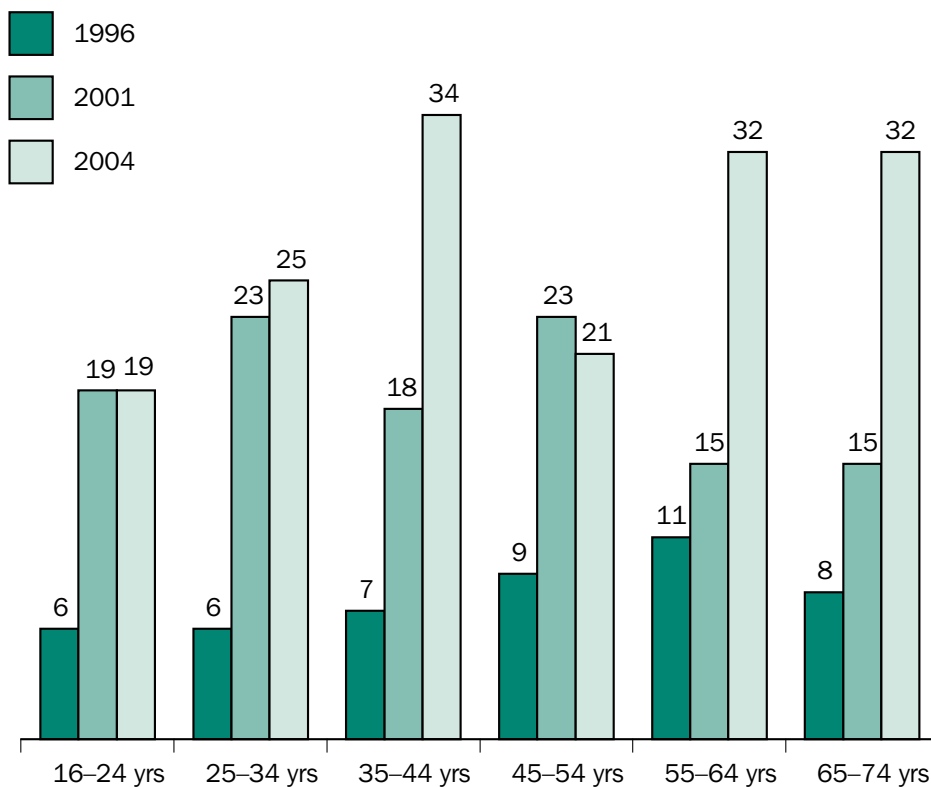
The use of other measures has increased more steadily, but no less dramatically over time. Whilst only three in ten reported keeping their water below hand-heat, or use of a carbon monoxide detector in 2004, this level had tripled from 1999. By 2004, two in three (68%) reported using window locks, up from under a half (47%) in 1999.

4.2.1 Change over time by age and sex

Focusing on the measures that have increased in use from 1996 to 2004, there was no difference in use by sex, and both men and women have increased their use of these measures equally.

There were varying patterns according to age. Whilst in 1996 there was no age difference in the use of carbon monoxide detectors, use initially increased most rapidly for younger respondents, but by 2004 use by older respondents was increasing more rapidly, leading to generally greater use among the over 35s (Figure 4.3).

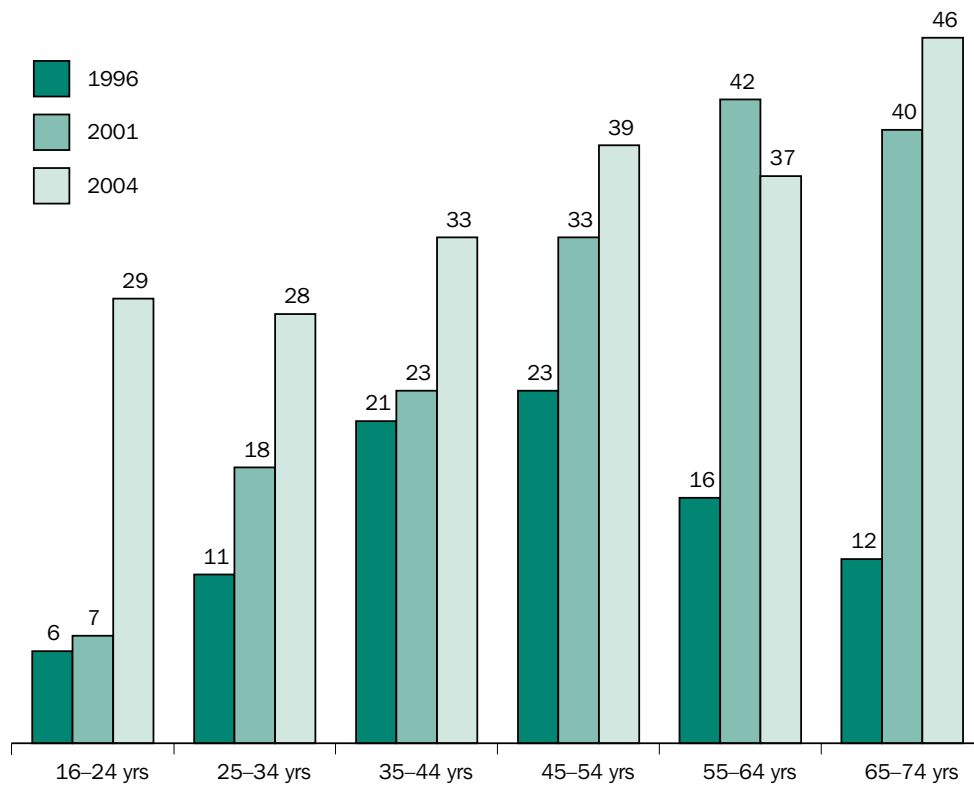
Figure 4.3 Increase in use of carbon monoxide detectors (% , 1996 – 2004) – by age



Base: All respondents

Two safety measures showed a similar pattern according to age: use of safety glass in windows (Figure 4.4) and keeping water at hand-heat (Figure 4.5).

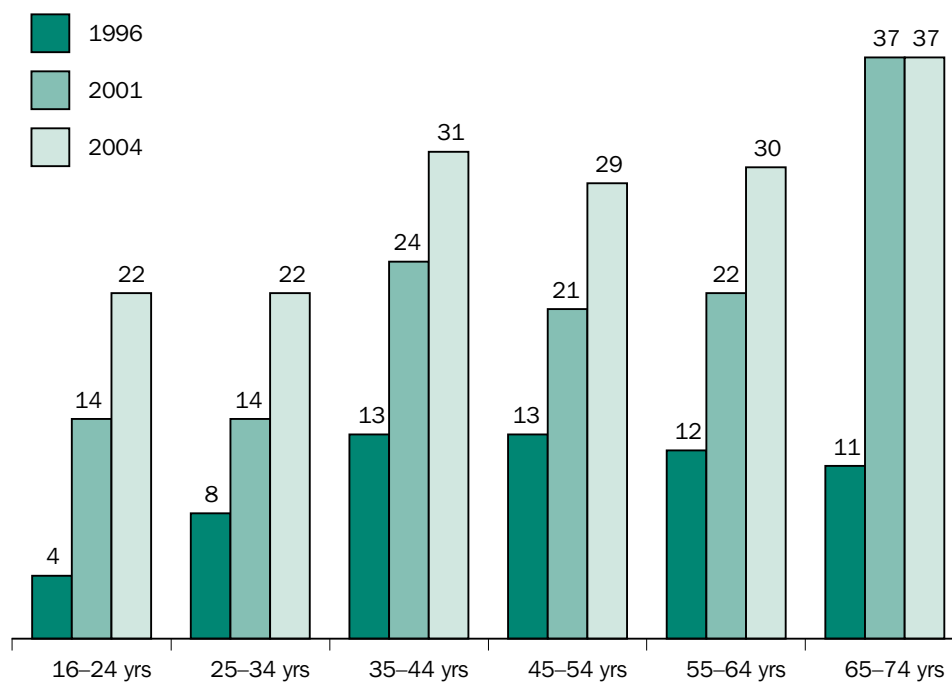
Figure 4.4 Increase in use of safety glass in windows (% , 1996 – 2004) – by age



Base: All respondents

For both measures, use was initially lowest for both the youngest and oldest age groups. By 2001, a far greater increase amongst the oldest age groups led to a steep age gradient, with use much lower amongst younger than older respondents. By 2004, use by the younger age groups had begun to catch up and the age gradient was less steep, although older respondents continue to use both measures more than younger respondents.

Figure 4.5 Increase in proportion of respondents keeping water below 'hand-heat' (% , 1996 – 2004) – by age

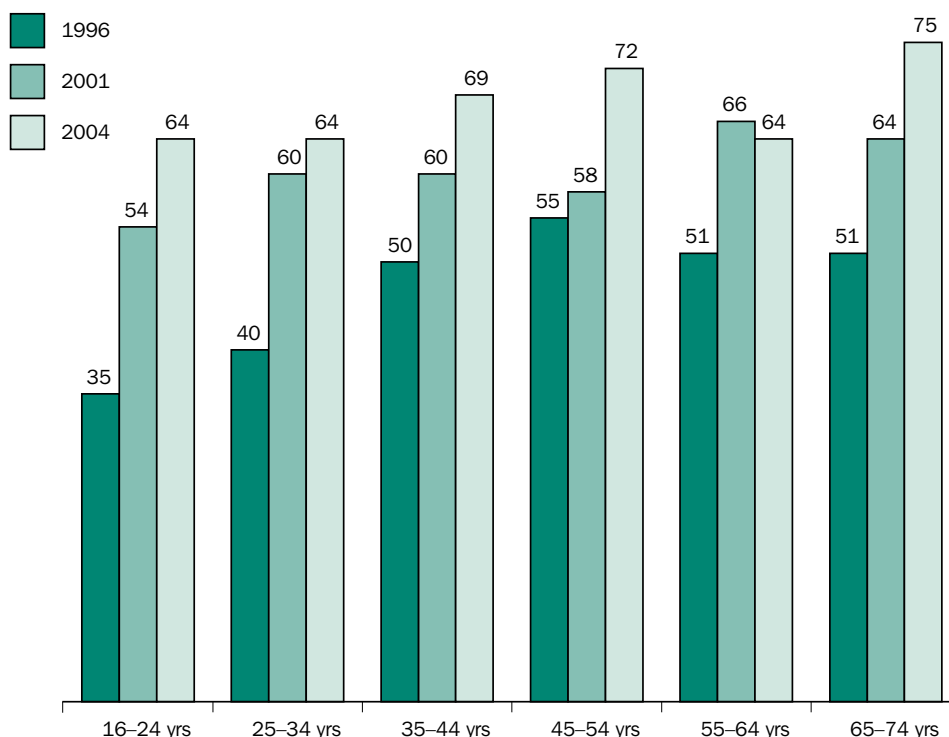


Base: All respondents

For the fourth measure, the use of window locks, in 1996 there was an age gradient, with use higher amongst older respondents (Figure 4.6). By 2001, a greater increase amongst younger respondents meant that the age gradient was less steep, and this remained the case in 2004.

Fuller details of differences by age on measures increasing in use are given in the annex to this chapter.

Figure 4.6 Increase in use of window locks (% , 1996 – 2004) – by age



Base: All respondents

4.2.2 Change over time by social grade/DEPCAT

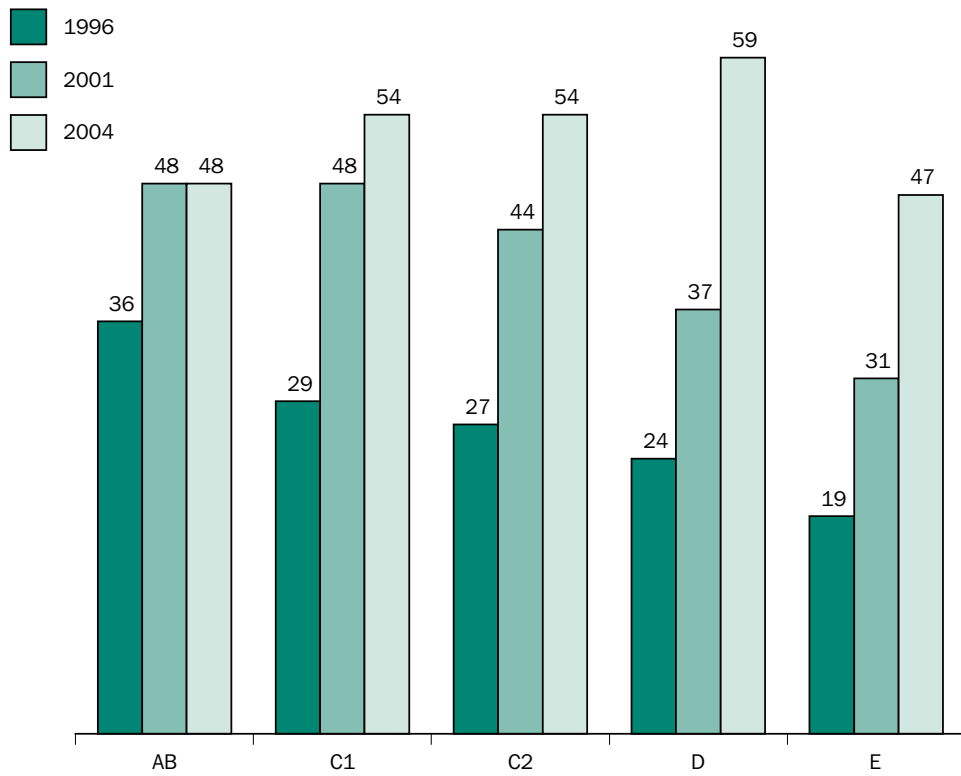
The pattern of use by social grade varies according to the protective measure. For two of the measures that have increased in use over time, the pattern by social grade has changed: use of a safer type of kettle (Figure 4.7) and use of carbon monoxide detectors (Figure 4.8).

In 1996, there was a clear social grade gradient, with use of a safer type of kettle decreasing with social grade (there was a similar pattern by DEPCAT). By 2001, use of safer kettles had increased fairly evenly across the social grades meaning the gradient was still clearly in place. By 2004, the use of safer kettles was increasing more rapidly amongst those in social grades D and E which reduced the social grade disparity considerably (Figure 4.7). The pattern was less clear by DEPCAT.

In contrast, there was no clear social grade disparity in the use of carbon monoxide detectors from 1996 to 2001. From 2002, use appeared to be increasing faster amongst the lower social grades, and by 2004 use of these devices clearly increased as social grade decreased (Figure 4.8). This pattern was not evident from DEPCAT analysis.

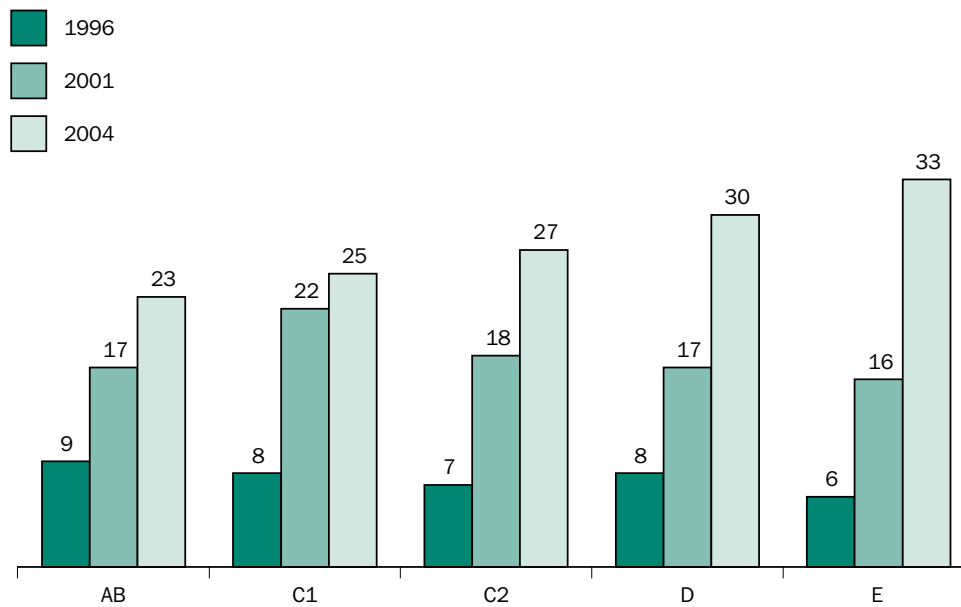
Fuller details of differences by social grade and DEPCAT on measures increasing in use are given in the annex to this chapter.

Figure 4.7 Increase in use of safer type of kettle (% , 1996 – 2004)
– by social grade



Base: All respondents

Figure 4.8 Increase in use of carbon monoxide detectors (% , 1996 – 2004)
– by social grade

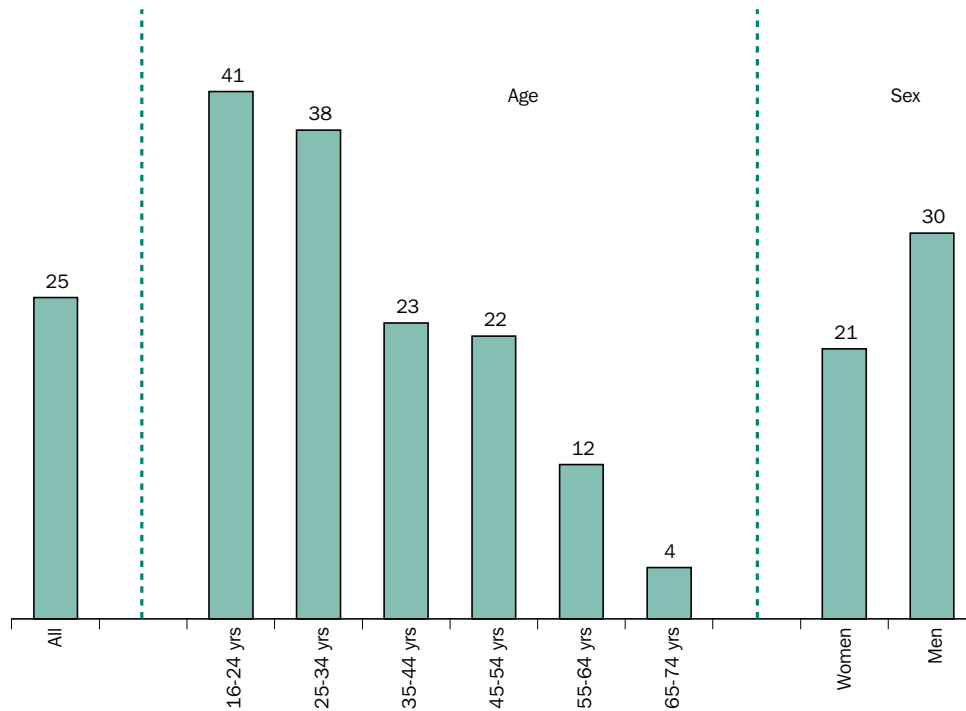


Base: All respondents

4.3 First aid training

Data regarding first aid training is only available for years 1996–97. During this period one in four respondents had received first aid training and significantly more men (30%) than women (21%) had the skill to deal with accidental injury. The proportion of respondents that had received first aid training lessened as age increased, with only 4% of those aged 65–74 having had training (Figure 4.9).

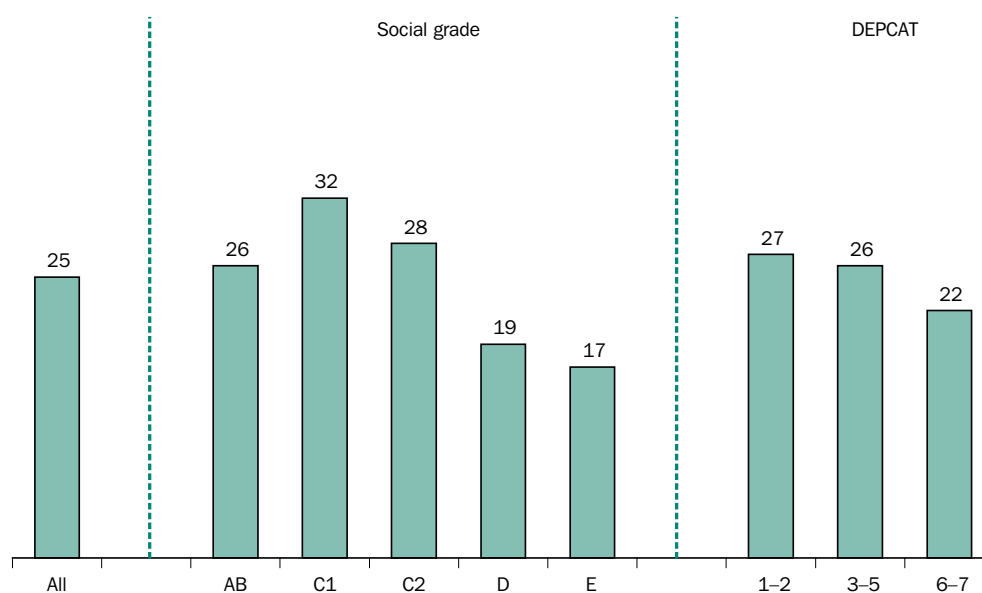
Figure 4.9 Percentage of respondents that had received first aid training (1996 – 1997) – by age and sex



Base: All respondents

Relative to the higher social grades, fewer Ds and Es had received first aid training in 1996–97 (Figure 4.10). Levels of training were highest amongst the C1 group (32%). A similar pattern was evident from deprivation category analysis.

Figure 4.10 Percentage of respondents who had received first aid training (1996 – 1997) – by social grade and DEPCAT



Base: All respondents

Main points

- The majority had taken some protective measure to reduce their risk of an accident. Almost nine in ten had a working smoke detector, with use of other measures considerably lower.
- Use of a number of measures had increased from 1996 to 2004, including doubled use of safer kettles (52%) and safety glass in windows (35%), and trebled use of water being kept at hand-heat (28%) and carbon monoxide detectors (27%).
- Differential increase by age and social grade for these measures has resulted in different patterns of use for different measures. For a number of measures, however, levels of use increased with age.
- Only a quarter of adults have received first aid training, and this is lower for women, older people and the lower social grades.

4.4 Annex – details of change in protective behaviours over time
– by sex, age, social grade and DEPCAT (1996–2004)

Table 4.2 Increase in use of window locks (1996 – 2004)

%	1996	1997	1998	1999	2000	2001	2002	2003	2004
All	47	55	57	57	–	60	60	62	68
Sex									
Men	46	57	57	61	–	59	59	59	68
Women	47	54	57	54	–	61	61	66	68
Age									
16–24	35	52	47	54	–	54	60	47	64
25–34	40	51	52	60	–	60	64	62	64
35–44	50	52	64	44	–	60	49	69	69
45–54	55	58	55	64	–	58	62	63	72
55–64	51	62	68	71	–	66	64	65	64
65–74	51	61	60	49	–	64	65	68	75
Social grade									
AB	60	61	67	71	–	59	68	71	75
C1	45	58	57	58	–	61	58	58	65
C2	50	52	59	54	–	63	59	65	70
D	39	51	50	57	–	57	56	62	66
E	42	50	50	46	–	57	61	62	61
DEPCAT									
1–2	53	61	65	67	–	63	68	69	67
3–5	44	53	57	54	–	57	58	61	67
6–7	47	57	48	58	–	64	59	60	71
Base: All respondents	904	1795	1795	880	–	1757	1742	1720	1784

Table 4.3 Increase in use of a safer type of kettle (1996 – 2004)

%	1996	1997	1998	1999	2000	2001	2002	2003	2004
All	27	29	32	29	–	43	45	49	52
Sex									
Men	27	28	30	24	–	40	43	46	51
Women	27	30	34	34	–	47	47	52	53
Age									
16–24	22	27	31	21	–	34	38	46	45
25–34	27	24	25	27	–	49	46	54	49
35–44	31	31	40	32	–	46	43	50	54
45–54	26	34	31	30	–	43	48	52	56
55–64	28	34	33	28	–	38	45	48	53
65–74	27	25	32	25	–	48	51	42	57
Social grade									
AB	36	37	38	50	–	48	52	58	48
C1	29	32	39	24	–	48	41	49	54
C2	27	27	25	26	–	44	50	52	54
D	24	25	28	18	–	37	39	44	59
E	19	19	28	33	–	31	43	39	47
DEPCAT									
1–2	31	35	35	32	–	53	54	57	48
3–5	27	28	33	28	–	43	45	49	52
6–7	24	26	25	28	–	37	36	41	59
Base: All respondents	904	1795	1794	880	–	1756	1742	1720	1784

Table 4.4 Increase in use of safety glass in windows (1996 – 2004)

%	1996	1997	1998	1999	2000	2001	2002	2003	2004
All	15	17	17	16	–	26	25	30	35
Sex									
Men	16	17	17	14	–	25	23	29	31
Women	14	17	17	19	–	27	28	30	38
Age									
16–24	6	10	6	7	–	7	12	17	29
25–34	11	9	14	16	–	18	21	22	28
35–44	21	21	23	17	–	23	21	38	33
45–54	23	26	20	14	–	33	33	32	39
55–64	16	23	20	27	–	42	36	38	37
65–74	12	15	19	20	–	40	35	31	46
Social grade									
AB	19	21	25	21	–	27	33	38	35
C1	15	23	18	14	–	27	26	29	37
C2	20	15	17	14	–	25	22	29	38
D	13	11	12	10	–	21	22	27	32
E	6	8	10	23	–	31	25	28	25
DEPCAT									
1–2	19	22	22	18	–	31	34	38	28
3–5	13	18	16	16	–	25	25	30	35
6–7	16	9	12	16	–	24	19	20	39
Base: All respondents	904	1795	1794	880	–	1756	1740	1720	1784

Table 4.5 Increase in use of carbon monoxide detectors (1996 – 2004)

%	1996	1997	1998	1999	2000	2001	2002	2003	2004
All	8	6	11	18	–	20	20	27	27
Sex									
Men	9	6	12	10	–	18	20	26	25
Women	6	7	10	11	–	20	19	27	29
Age									
16–24	6	4	9	8	–	19	15	28	19
25–34	6	5	12	10	–	23	23	27	25
35–44	7	8	13	17	–	18	16	29	34
45–54	9	4	9	11	–	23	26	25	21
55–64	11	9	14	10	–	15	17	27	32
65–74	8	8	7	5	–	12	19	23	32
Social grade									
AB	9	9	9	12	–	17	25	27	23
C1	8	7	14	10	–	22	19	27	25
C2	7	6	9	12	–	18	19	25	27
D	8	4	12	11	–	17	15	34	30
E	6	4	7	6	–	16	21	23	33
DEPCAT									
1–2	7	7	14	7	–	17	24	27	28
3–5	8	7	12	13	–	18	19	30	27
6–7	6	3	3	7	–	21	17	18	26
Base: All respondents	904	1795	1794	880	–	1756	1740	1720	1784

Table 4.6 Increase in proportion of respondents keeping water temperature below 'hand-heat' (1996 – 2004)

%	1996	1997	1998	1999	2000	2001	2002	2003	2004
All	10	12	13	17	–	21	21	22	28
Sex									
Men	12	11	13	18	–	22	21	22	27
Women	9	13	13	17	–	20	20	22	28
Age									
16–24	4	5	5	10	–	14	7	10	22
25–34	8	11	12	29	–	14	19	22	22
35–44	13	13	19	11	–	24	17	23	31
45–54	13	17	13	20	–	21	26	27	29
55–64	12	14	13	19	–	22	30	26	30
65–74	11	11	16	11	–	37	30	21	37
Social grade									
AB	12	13	17	24	–	22	30	28	30
C1	12	13	14	23	–	23	18	22	28
C2	11	9	13	9	–	22	16	24	27
D	9	12	10	5	–	16	18	17	31
E	7	11	11	19	–	19	26	15	22
DEPCAT									
1–2	10	17	15	34	–	27	29	31	26
3–5	10	10	14	13	–	21	20	21	27
6–7	9	11	9	12	–	17	14	15	35
Base: All respondents	904	1795	1794	880	–	1756	1740	1720	1784

5 Motivation

5.1 Intention to have safety measures within the home

Chapter 4 showed that a number of safety measures have been adopted by a high proportion of respondents. These already high usage levels may be the reason for the small numbers reporting they intend to use particular measures, with seven in ten not planning to take up any of these measures (Table 5.1).

Table 5.1 Intention to have safety measures within the home (1996 – 2004)

%	1996	1997	1998	1999	2000	2001	2002	2003	2004
Use carbon monoxide detectors	11	8	9	10	–	8	8	9	7
Have a fire extinguisher or blanket	–	–	–	7	–	7	7	7	7
Have a working smoke detector	10	–	–	5	–	6	5	6	5
Use locked cupboard for hazardous chemicals	4	4	3	2	–	3	4	4	4
Use socket covers	4	3	3	2	–	2	3	3	4
Have burglar alarm	7	6	6	6	–	5	6	6	3
Use stair gates	3	2	2	1	–	2	2	2	3
Use fire guard	2	2	2	3	–	2	1	1	2
Keep water under 'hand-heat'	1	1	1	1	–	2	2	2	2
Have window locks	4	3	2	3	–	3	1	2	1
Safer type of kettle	3	2	1	3	–	2	1	1	1
Use safety glass in windows	1	1	1	*	–	1	1	1	1
None of these*	66	73	73	64	–	69	67	67	70
Base: All respondents	1811	1795	1794	880	–	1756	1740	1720	1782

*Did not include fire extinguisher 96–98, or smoke detector 97–98

Planned use is highest for carbon monoxide detectors and fire extinguishers and blankets. These are measures currently taken by about a quarter of the population and this planned use by 7% in 2004 will not substantially raise levels of use. If the 5% planning to use a smoke detector carry through this intention, this will raise use of this particular measure to over nine in ten.

Table 5.2 Intention to take up no new safety measures within the home (% , 1996 – 2004) – by sex, age, social grade and DEPCAT

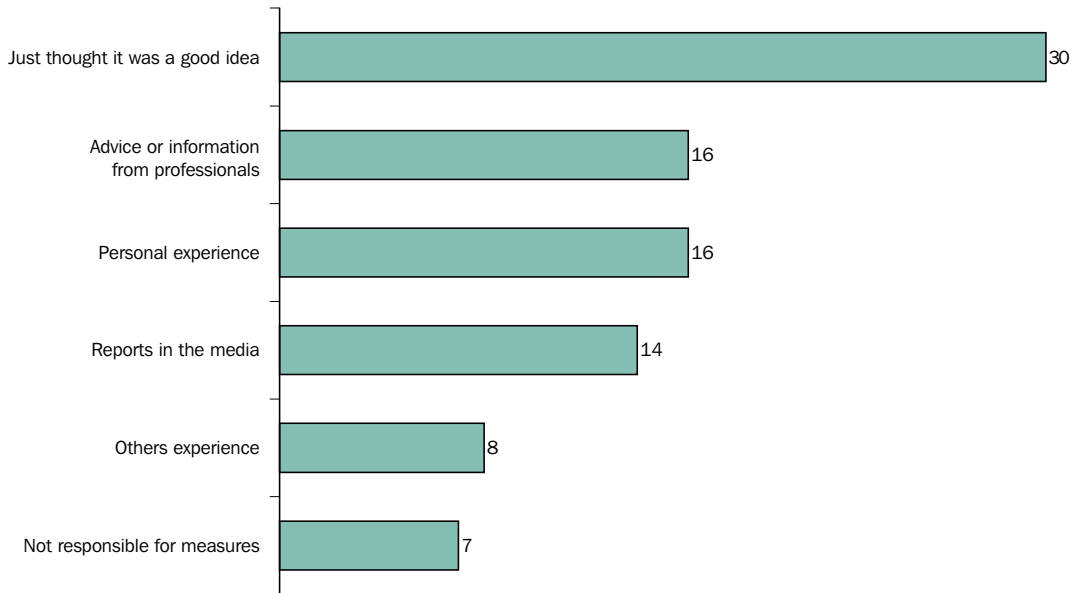
%	1996	1997	1998	1999	2000	2001	2002	2003	2004
All	66	73	73	64	–	69	67	67	70
Sex									
Men	66	74	73	66	–	71	68	70	71
Women	67	72	74	63	–	68	66	64	69
Age									
16–24	62	75	83	69	–	64	55	69	66
25–34	62	61	61	57	–	63	61	55	65
35–44	66	73	66	60	–	63	72	65	71
45–54	67	71	77	64	–	73	70	70	68
55–64	74	76	78	65	–	78	68	70	74
65–74	72	88	81	79	–	82	78	78	79
Social grade									
AB	66	74	74	65	–	64	69	69	65
C1	64	71	69	57	–	74	66	69	71
C2	68	75	71	65	–	64	68	60	73
D	69	71	77	72	–	71	69	65	68
E	69	72	81	68	–	71	62	73	74
DEPCAT									
1–2	61	77	77	58	–	68	66	70	69
3–5	69	72	71	65	–	69	69	67	70
6–7	63	69	76	68	–	72	62	62	70
Base: All respondents	1811	1795	1795	880	–	1757	1742	1720	1784

There were no consistent sex differences in the intention to take up new measures (Table 5.2). Action was more likely to be planned by younger people each year. By 2004, whilst two in three younger people were not planning any action, this rose to eight in ten of those aged 65–74. Given that younger people were generally less likely to have a number of existing safety measures, this could result in a narrowing of the age gap in the future. There was no consistent pattern of difference by social grade or DEPCAT, with fluctuation year on year.

5.2 Reasons for taking/planning to take protective measures

Data regarding the motivation behind the use of safety measures within the home is only available from years 1996–97. This data has been combined (Figure 5.2).

Figure 5.2 Reasons behind the use (or not) of safety measures in homes (% , 1996 – 1997)



Base: All respondents

Three in ten respondents (30%) in 1996–97 had put in place or intended to have safety measures in their homes because they ‘just thought it was a good idea’. Other motives for around 15% included professional advice, personal experience or reports in the media.

It is notable that those aged 16–24, who had tended to be less likely to take a number of safety measures, or to intend to take new measures, were a great deal more likely than older respondents to say that they were not responsible for safety measures (Table 5.3). Older respondents and those of social grade E were slightly less likely to be acting on information from the media.

Table 5.3 Reasons behind the use of safety measures in homes (1996 – 1997)

%	Just thought it was a good idea	Advice or information from professionals	Personal experience	Reports in the media	Others' experience	Not responsible for safety measures
All	30	16	16	14	8	7
Sex						
Men	29	15	18	15	8	7
Women	31	18	14	13	8	7
Age						
16–24	25	14	12	14	6	22
25–34	29	16	14	17	11	4
35–44	29	16	15	18	10	5
45–54	33	15	20	14	8	4
55–64	35	23	19	9	5	4
65–74	30	16	17	9	9	7
Social grade						
AB	32	17	16	13	8	6
C1	31	15	18	17	6	7
C2	28	19	15	17	9	5
D	30	17	14	13	11	7
E	29	15	16	8	8	10
DEPCAT						
1–2	27	19	16	18	7	6
3–5	33	16	15	13	8	7
6–7	25	16	21	15	10	7
Base: All respondents	2412	2412	2412	2412	2412	2412

Main points

- Very few adults were planning to take any specific new measures to improve safety in the home, with seven in ten not planning any new measures.
- The main motivation for taking these measures included it being 'just a good idea', along with professional advice, media reports and personal experience.

APPENDIX A Questions analysed in report

I'd now like to ask you some questions about accidents and safety.

2001–2004

Q78	Where, if anywhere, do you feel most at risk of being injured in an accident? SHOW WHITE CARD Y		
	On the road (as a road-user)	1	
	On the street (as a pedestrian)	2	
	At work	3	
	At school, college, university	4	
	While playing sport or exercising	5	
	At home or in the garden	6	
	Other	7	
	None of these, do not feel at risk	8	Q79

Half sample 1996–1998, 2001–2002, full sample 2003

Q79	In the last 12 months, have you been seriously injured in an accident where you had to be seen by a doctor or go to hospital for treatment?		
	Yes	1	Q80
	No	2	
	Don't know	3	Q81

Half sample 1996–1998, 2001–2002, full sample 2003

Q80	IF YES SHOW WHITE CARD Z Where did the accident happen?		
	On the road (as a road user)	1	
	On the street (as a pedestrian)	2	
	At work	3	
	In a school, college, or university	4	
	In sports/ recreation facility (indoor or outdoor)	5	
	In a private house or garden	6	
	Other	7	Q81

Half sample 1996–1998, 2001–2002, full sample 2003

Q81 Now I'd like to ask you a few questions about accidents and keeping safe in the home.		
SHOW GREY CARD A		
a)	First of all, I'd like you to tell me what you think is the main cause of serious injuries in the home for young children (under 5). By serious, I mean when someone is injured and has to be seen by a doctor or go to hospital.	
b)	Now, which do you think is the main cause of serious injuries in the home for older people (over the age of 65).	
	a) Pre-school children (under 5s)	b) Older people (65+)
Poisonings	1	1
Falls	2	2
Burns and scalds	3	3
Fires and smokes inhalation	4	4
Choking	5	5
Other causes	6	6
None of these	7	7
GO TO Q82a		

Half sample 1996–1998

Q82 Do you have a working smoke detector in your home?			
Yes, have a working smoke detector	1	Q83a	
No, don't have one	2	Q82b	
No, don't have one that works/don't know if it works	3	Q83a	
Don't know	4		

Half sample 1996–1998

Q82b Do you intend to get a smoke detector in the next 6 months?		
Yes	1	
No	2	
GO TO Q83a		

Half sample 1996–1998

Q83 Do you have either a fire extinguisher or a fire blanket in your home?			
Yes	1	Q84	
No	2	Q83b	

Half sample 1996–1998

Q83b	Do you intend to get either of these in the next 6 months?	
	Yes	1
	No	2
	GO TO Q84	

1996–1999, 2001–2004

Q84	SHOW GREY CARD B Do you do anything else in your home to improve your own or others' safety?	
	Keep hot water temperature under 125F/ 52°C	1
	Use carbon monoxide detectors	2
	Use fire guard	3
	Use socket covers	4
	Have curly flex on kettle/plugless kettle with detachable base	5
	Have window locks	6
	Have a burglar alarm	7
	Use a locked cupboard for hazardous chemicals	8
	Use safety glass in windows	9
	Use stair gates	10
	Have a working smoke detector (2001–2004 only)	11
	Have a fire extinguisher or fire blanket (2001–2004 only)	12
	GO TO Q85	

1996–1999

SHOW GREY CARD B	
Q85	IF NO: And which of these things, if any, that you do not do at the moment, do you intend to start doing in the next 6 months?
	Keep hot water temperature under 125F/ 52°C 1
	Use carbon monoxide detectors 2
	Use fire guard 3
	Use socket covers 4
	Have curly flex on kettle 5
	Have window locks 6
	Have a burglar alarm 7
	Use a locked cupboard for hazardous chemicals 8
	Use safety glass in windows 9
	Use stair gates 10
	Have a working smoke detector (2001–2004 only) 11
	Have a fire extinguisher or fire blanket (2001–2004 only) 12
	GO TO Q86

1996, half sample 1997

SHOW GREY CARD C	
Q86	Thinking of all the safety measures you have taken or intend to take. What was the main reason you took, or intend to take these measures?
	Personal experience 1
	Others experience 2
	Reports in the media 3
	Advice or information from professionals 4
	Just thought it would be a good idea 5
	Other 6
	GO TO Q87

half sample 1996–1997

Q87	Have you had any training in first aid in the last five years?
	Yes 1
	No 2
	GO TO Q87a

APPENDIX B Base sizes

Below are the annual un-weighted base sizes for the tables and charts.

Base	1996	1997	1998	1999	2000	2001	2002	2003	2004
Total	1810	1795	1794	880	–	1757	1742	1720	1784
Sex									
Men	771	762	761	360	–	738	742	728	771
Women	1030	1032	1033	520	–	1019	1000	992	1013
Age									
16–24	215	194	194	88	–	228	214	179	199
25–34	395	394	327	170	–	322	284	268	285
35–44	330	362	349	182	–	353	330	355	382
45–54	279	267	333	160	–	269	279	296	298
55–64	289	287	281	149	–	295	319	317	292
65–74	282	289	302	128	–	290	316	305	328
Social grade									
AB	229	294	303	124	–	252	298	250	338
C1	478	516	512	268	–	544	518	528	539
C2	356	358	354	167	–	423	363	361	335
D	325	259	306	135	–	210	270	256	249
E	401	360	312	179	–	328	293	325	323
Deprivation category									
1–2	310	342	418	173	–	324	366	383	342
3–5	1130	1112	1088	566	–	1064	1055	1045	1207
6–7	370	341	288	141	–	369	321	292	235

Below are the annual weighted base sizes for the tables and charts.

Base	1996	1997	1998	1999	2000	2001	2002	2003	2004
Total	1810	1795	1794	880	–	1757	1742	1720	1784
Sex									
Men	886	841	879	431	–	863	856	845	877
Women	925	954	916	449	–	894	886	875	907
Age									
16–24	300	280	298	146	–	270	268	264	274
25–34	397	387	389	192	–	360	357	352	365
35–44	334	355	333	164	–	362	359	354	367
45–54	301	304	298	145	–	310	308	304	315
55–64	257	257	251	124	–	250	248	245	254
65–74	218	211	218	106	–	205	203	201	208
Social grade									
AB	248	335	318	120	–	238	321	262	355
C1	507	540	526	281	–	594	573	587	581
C2	388	411	398	162	–	472	393	407	357
D	337	256	298	152	–	199	246	230	241
E	321	240	249	154	–	253	210	235	249
Deprivation category									
1–2	328	345	388	186	–	310	351	373	331
3–5	1107	1084	1075	548	–	976	1057	1032	1227
6–7	378	365	331	147	–	471	333	315	226



