



RaFT Research
Asking the right questions

Evaluation of RoSPA Training in Blackburn

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The one day RoSPA training in Child Safety in the Home was held at on 16 May 2013 in Blackburn.

Evaluation Methods

This evaluation was carried out five months after the course and it was not feasible to ask course participants for accurate figures on the number of contacts they had with refugee and asylum seeker families. The data was originally intended to be captured in paper-based format. The data has therefore been collected through one-to-one telephone interviews, one joint face-to-face interview and one group meeting of refugee and asylum seeker parents. Telephone interviews were chosen as an appropriate method of collecting the data as this is cheaper and quicker than holding face-to-face interviews, and the subject matter was not sensitive, nor complex and therefore did not require a face to face interview. Short telephone interviews were also more convenient for busy professionals.

The telephone interviews were semi-structured using the original monitoring form as the basis of the interview guide.

The interviews were digitally recorded with the interviewees' permission. Notes and quotations were taken from the recording. The individual responses of the interviews have been recorded on the monitoring form and are attached as an appendix.

This report provides (1) a profile of the interviewees, the number of contacts they have per month with refugee and asylum seeker families and the context in which these contacts take place, and (2) a thematic analysis of the interviews.

Profile of attendees and the approximate number of contacts they have with refugee and asylum seeker families per month since the training.

	Course Participant	Activities	Contacts per month
1	Health Outreach Team Worker	Informal risk/safety checks, General discussion at Drop-in sessions	40
2	Health Outreach Team Worker	General discussion with 2 people since the training	Less than 1
3	Housing team (Floating Support Worker)	Informal risk/safety assessment (2 per month when people get new home) General discussions	60 (some of them the same family)
4	Children's Society Manager		Sick leave
5	Children's Society Support Worker/Manager (MLH)	Parenting Group –same as (16) Child safety activities, written material	20
6	Home School Liaison Officer (Refugees and Asylum Seekers)	Informal risk/safety checks	16
7	Well Being Champion – Children's Society Volunteer	Drop-in, general conversation	500 per month
8	Well Being Champion – Children's Society Volunteer	Group sessions giving child safety message and general discussions	60 per month
9	Geo Worker -Early Years Excellence Section of Children's & Education Dept	Parenting Group (same as (5) and (16) Displays at Drop-ins	20
10	Police Officer		0
11	Leaving Care Worker	Informal risk/safety assessment	1
12	Outreach Worker – Asylum and Refugee Community (ARC) Project	Drop-in, general conversation and Child Safety Week Posters.	100 (with 20 -30 families
13	Volunteer – Asylum and Refugee Community (ARC) Project	Drop in and 3 visits per month to one family.	40
14	Children's Society Support Worker/Manager (MG)	Parenting Group same as (5) Child safety activities, written material	20
15	Geo Worker -Early Years Excellence Section of Children's & Education Dept	Group meetings, general discussion	2
16	SERCO Housing Officer	Safety checks pre-occupation	200-300

Themes

Changes refugee and asylum seeker families have made.

It is difficult for professionals to assess changes that individuals have made to their home environment or in their attitude to child safety but there was some evidence that refugee and asylum seeker families had made changes.

Changes reported by refugee and asylum seekers

One mother in the Parenting Group said she used to have a kettle in the bedroom to make it easier to have a hot drink in the morning. After discussions in the Parenting Group she decided this was not safe as she has a 2 year old who comes in the room, so she took it away. She also used to leave the hair dryer in the socket and now she makes sure it is unplugged before she leaves the house.

Another mother in the group, with a hyperactive 6 year old, reported that she had become more aware of making her home safe for her son and had obtained window restrictors so that he could not climb out of the windows.

One new professional in the Parenting Group reported that, although she had no children, there were children often visiting her house and so she cooked on the back rings of the cooker and had encouraged her mother to do the same.

As well as making practical changes, changes in attitude and awareness were also reported. The mothers in the Parenting Group said the statistics on child accidents in the home had made them much more aware of how important child safety measures were. However, one mother (not present at the group) initially found it difficult to accept that not paying attention to child safety was neglect. Over time she did come to understand the importance of child safety.

Changes in parent behaviour reported by professionals

All the interviewees brought up the topic of child safety when the opportunity arose. One interviewee described two opportunities to deliver a child safety message;

“I visited a house..... they left the baby (18 months) unattended on the bed and they were looking for their papers in the other room. I think the baby woke up at that time and his dummy fell on the floor and the baby was trying to get the dummy. Luckily I was there and the Mum realised at that time that the baby was trying to fetch his dummy, and then we discussed about that subject – not leaving the baby unattended”

This family didn't have a cot for the baby.

“Again the bath is another problem. The majority haven't got baby baths, and they usually put the baby in the normal bath, again somebody knocked at the door, I noticed that they go and open the door leaving the baby (3 years) unattended.”

As the interviewee pointed out it was not just a problems of lack of awareness with regard to child safety but also lack of equipment.

One interviewee recounted two occasions when she had given safety messages. On one occasion visiting a refugee and asylum seeker family, there was a baby in a bouncy chair on a table. The support worker pointed out the danger and the family put the chair and the baby on the floor. On another occasion a family had the fridge in the living room and whilst she was there the 4 year old child opened the fridge and took out medicine. She pointed out that this could be dangerous and that the medicine should be on a top shelf that the child couldn't reach.

The support worker says she would have done this before the course because she is a mother herself. In both instances the child safety message was well received by the families.

Difficulties in making the changes

There are difficulties in obtaining safety equipment such as stair gates. Refugee and asylum seeker families are only given vouchers for food so it is difficult for them to afford equipment such a stair safety gate.

The mothers in the Parenting Group reported that there were problems with some of the equipment; the stick on cupboard restrictors soon fell off, as did the corner cushions.

Cultural differences

The mothers in the Parenting Group confirmed that the cultures they came from did not have the same beliefs and awareness about child safety as in the UK. Their cultures don't see the child's safety as particularly the parents' responsibility. Children are considered the community's responsibility. They also come from countries where child safety does not have

the same legal structure as in the UK, for example, the age at which a child can be left at home on their own.

Other risk areas are the technological differences between the UK and their home country. They may not have used electricity or gas before, and therefore don't understand the dangers. They often come from hot countries and therefore feel very cold in the UK. This can result in them leaving babies too near to heating without realising the danger this poses.

One interviewee felt that because it takes time for refugee and asylum seeker families to adapt to the UK culture on child safety that it should be the business of all professionals;

"it takes time for those safety issues to click into the mind and become routine in the family life. So there is a need for different professionals to be working together to keep reinforcing the message...I don't see it like a one organisation business."

Another interviewee pointed out that some refugee and asylum seeker families are worried that if they reveal any issues about child safety it may result in a visit from Social Services and affect their claim for asylum.

The change in climate, as well as culture, for refugee and asylum seeker families added to the risk environment. One interviewee described the risks that may occur.

"A family coming from a hot country when they get here, even before the winter kicks in they are already freezing cold so you find that they won't remember that the baby's cot is next to that heater that leave on maximum maybe throughout the whole night, that's going to affect the health of the baby. Plus it might cause burns during the night when the baby is fast asleep. Or those who may sleep with the baby, the baby may be left on the side of the heater because they want to keep warm, they don't see the danger."

Changes in professional practice

Most interviewees said that the RoSPA course had brought child safety in the home to the fore of their mind. One interviewee who regularly does informal safety checks only of the downstairs of the house said the course gave her more awareness on what to look for.

Another interviewee, who does health assessments, now takes the opportunity to do an informal child safety check as well.

"When I do the health assessment, now I do the health aspect of the house as well and do the assessment in the room I'm in and I talk to the family, if they would like me to look around the house and talk to them about any hazard I see and tell them about the safety"

He also explains about road safety and safety in the car. He generally finds the families respond well to the information.

An interviewee, who works with young people between 16 and 21 years, now records that she has done an informal home safety check and the advice she has given, which she didn't do before the course. The training has triggered her to think more of safety issues for all young people, not just refugee and asylum seekers. She reported that the team she works with have a 'Supported Lodgings' scheme for care leavers. Some of them have children so they plan to include an initial home risk assessment but to date they haven't had anyone with a child. The RoSPA training has been useful in the development of this addition to the scheme

An office-based refugee and asylum seeker worker said the staff in the office were now more aware of the cultural aspects of child safety and the need to point out safety issues when families are in their offices, for example telling parents to keep an eye on their children and that they can't just let children do what they want.

A volunteer, born abroad, said she learned a lot from the course and she's applies the new knowledge, telling family members and friends about child safety issues when incidents occur. This includes raising child safety issues with her own family and after prayer meetings in the community.

Since the RoSPA course support workers at a community centre have established a new practice of not allowing parents to have hot drinks in the area where children are playing. They have also put together resources to teach about child safety using the materials from the RoSPA course which includes a large spiral bound book of illustrations. They select child safety topics to discuss at each session and the mothers choose a child safety goal for themselves after reflecting on the session and write it down. In the group the parents discuss the issues with each other and talk about incidents they have experienced. The support worker feels this is very beneficial because they are helping each other. They also take the opportunity to mention safety issues to others in the community centre, such as young singles who are playing table tennis. They make sure know they can't go into the table tennis area with a hot drink and to play safely in a way that a child is not going to be hit by a ball.

One volunteer at the centre said he takes the opportunity to mention child safety when he sees a child at risk in the community centre. He also passes on child safety messages when visiting friends and family.

A support worker reported that the RoSPA training had been cascaded down to the members of the Geographical Team who run groups in Children's centres and in the community.

A housing officer said that the organisation already carried out safety checks before the refugee or asylum seeker family moved in. However, he really found the course has given him a much wider knowledge of child safety and he thinks everyone should do such a course.

Challenges in delivering the child safety message to refugee and asylum seeker families

Languages are the most obvious barrier to getting the child safety messages to refugee and asylum seeker families but all the interviewees said they found ways round this. One volunteer said she was able to demonstrate non-verbally, for example, by taking a child off a chair when they were climbing on it and demonstrating the chair tipping over

All the interviewees felt they gave the child safety messages in a sensitive way and, most of the time, the messages were taken well. A housing officer explained the importance of conveying good intentions.

“Some people take it better than others, you’ve got to be delicate about it, you know. You can’t just go in and say ‘oh you should be doing that’ and you’ve got to think about different cultures and things like that, it is different over here than it is in many other countries... as long as you’re sensitive about it most people take it quite well and they know that you’re meaning good.”

There were, however some occasions when the message was not very well received and the clients blamed poor quality accommodation, such as steep stairs or loose carpets.

“I think I need to be diplomatic with the kind of clients we get, often the client says ‘we know all these things’ we don’t need you to tell us about our house safety.”

One young male volunteer at a community centre felt that because he is only 26 years old and he has no children, some people don’t feel he is ‘qualified’ to give them advice on child safety. Consequently he doesn’t feel too comfortable giving the child safety message. If the parents won’t accept the invitation and stop what they’re doing, for example, drinking a hot cup of tea with a child on their knee or letting children play on the stairs, then he goes to get one of the three managers to give them the child safety message. On reflection he feels the fact that he has no children is irrelevant and the message is still the same.

“You don’t have to have a child to know this stuff”

Another import challenge in delivering the child safety message is the lack of time of professionals. One interviewee said that their team had been cut by 50% and so it was difficult to find the time to provide additional advice on child safety messages on home visits. Another said that more time would be necessary if he was going to do safety checks as well as health checks.

“I think we need more time when we do a visit because time is given for a health assessment and we use a health questionnaire. And to do home safety for the child, you need more time to speak to the clients”

Support that would enhance child safety in refugee and asylum seeking families

There were many suggestions on how professionals could be supported to enhance child safety in the refugee and asylum seeker community.

- It was generally agreed that written information for parents, based around illustrations, would be useful. The mothers in the Parenting Group wanted this to be in English so it would also help with learning English.
- Written information on child safety can be included in general information packs
- It would be useful to have a checklist of child safety issues would be useful in risk assessments, even if these were informal risk assessments.
- More time is needed on home visits to do child safety checks.
- Child safety training should be provided for refugee and asylum seeker families directly.
- Child safety checks should be routinized into the checks that all professionals carry out.
- Visual resources for primary school children and teenagers would be useful – for example, in comic strip format.
- It is difficult for refugee and asylum seeker families to afford safety equipment such as a stair gates because they only receive food vouchers from the government. The mothers in the Parenting Group felt it would be helpful for RoSPA to also provide safety equipment.

Comments on the RoSPA training

Most of the interviewees found the training very useful even though they may have previously highlighted child safety issues as part of their work. They appreciated the refresher and the training brought child safety to the fore in their minds.

“The training has triggered things off in my mind that I might have forgotten about...that’s got me thinking it though and looking at it in more depth really”

“...probably realising more, after that training, the different things to look out for, you know, just being mindful really of where accidents can happen”

“It highlighted to me and gave me a reminder that we need to point it out to people “

“The training was very beneficial... (it) was useful in bringing child safety to the fore and it was good to get together with other professionals and share experiences of child safety, discussing what works and what doesn't work.”

For others, especially those from other cultures the training was revelatory.

“The training was very good, I found it very useful and I found it an eye opener. Previously I just went round and did a health assessment, now I'm more cautious and looking around if there's a baby”

“It was wonderful, I really got a lot, because, I was born in Africa and had all my children in Africa and now as a Grandma, I've got all these people having children and I try to explain to them how to look after them and I explain that here the system is totally different to back home, so you need to be careful, you need to comply with the rules and the regulations and listen to what people are telling you because this is for your good and for your children's good as well”

One person, not born in the UK, felt that the trainer spoke too quickly and too quietly

One interviewee felt that the RoSPA course was very basic and not as in-depth as the regular health and safety training she received as part of her job. She, and one other interviewee, noted that the information with regard to the age at which a child can be left on their own to eat, 18 months, was wrong.

Recommendations

- Provide illustrated information booklets with English text
- Illustrated booklet can be placed in currently used information packs
- Provide illustrated posters in several languages
- Make delivering the child safety message the responsibility of all health and social care professionals

- Reconsider the information on the age at which children can be left alone when they are eating
- Develop a checklist for formal and informal child safety checks
- A focus on younger people, even those without children can be useful in spreading the message
- Investigate ways to procure safety equipment, or normal baby equipment such as cots and baby baths for refugee and asylum seekers
- Consideration should be given to the fear of some refugee and asylum seekers that if they are open about child safety issues this may affect their claim to asylum.