

# Investigating Home Safety amongst Young Parents

## Educ8 2 Keep Myn Safe -

Zahida Begum



### Abstract:

Four focus groups and safety workshops were carried out with 26 parents who are/were teenage parents. The aim of the project was to gain an insight into the attitudes towards safety in the home and to gain an idea of how safety messages could be better tailored to meet the needs of this target group. The sessions received a high satisfaction rate and the researchers were able to conclude that educating young parents is pivotal to raising awareness of potential risks and dangers.

The **recommendations** put forward by parents for effective safety messages include: increased advertising and information leaflets provided within 'bounty' packs for pregnant women. The researchers proposed that teenage parents could design informative safety gadgets and perhaps a safety workshop could be implemented in to Secondary school lessons in school for 14-16 year olds.

February, 2011

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## 1. Acknowledgements

I would like to acknowledge and extend my heartfelt gratitude to the following persons who have made the completion of this report possible.

To RoSPA and Changemakers, who have made it possible for young people like me to demonstrate our potential: thank you for empowering and encouraging us by giving us the responsibility to design and carry out our very own projects.

Thank you to Millisa Johnson at Bromford Housing Group, Anne Williams at St Basil's, Machel Hunt at St Michael's Fellowship and Karen Jones at Rights of Children for their co-operation and dedication to the cause of the project.

To all twenty six parents that gave up their time to join us in the focus group sessions: thank you for sharing your views with us and inspiring me to produce the final report.

To Elaine Ellis, Jenny McWhirter, Louise Prescott, Claire Reed, Lindsey Simkins, Jane Trobridge, Duncan Vernon and other RoSPA staff involved in proof reading: many thanks for all the help and input they had throughout various parts of the project.

To all the staff I have met at RoSPA: thank you for welcoming me and all the hospitality you provided.

A special thanks to Cassius Francis (Champion), for his understanding, patience, assistance and for the much-needed motivation, and also to Sheila Merrill (Sponsor) for her guidance and support. Without both of their contributions, the completion of project and report would not have been possible.

Thank you,

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Changemakers Young Advocate 2010-11

## 2. Introduction

Accidental injuries are the most frequent cause of death amongst children aged over one year. Every year they leave many thousands permanently disabled or disfigured for life. The purpose of this project was to research issues relating to safety in the home of teenage parents. The target group were parents/carers aged 13-19 years (or became parents in that time frame) with children aged 0-4 years (high risk group). RoSPA feels that this research will help towards their aims of working with young people i.e. young advocate, to break down the barriers that can often hinder delivery of safety messages to one of the highest risk groups: teenage parents.

Van Beelen et al (2010) carried out research based on the effect-evaluation of internet-based, tailored safety information combined with personal counselling on parents' child safety behaviours, they hypothesised that after six months of follow-up, the parents in the intervention group will show more child safety behaviours regarding the prevention of falling, poisoning, drowning and burning. They will explore any differences regarding the effects of the intervention between subgroups (ethnicity and socio-economic status). As the results of this research are eagerly anticipated, in terms of our project it is not practical to focus on internet based resources as not all parents have access to the internet, especially those of lower economic status. Furthermore it is crucial to highlight that the participants in their research were those who were eligible for the regular well-child health visit with their child at child age 7.5 months (regular protocol in the Netherlands). This is a sharp contrast to the purpose of our project and the target group. For instance, 'there is a significant social class gradient in the death rate of children from injury or poisoning' ("Better Safe Than Sorry" report, 2007). To date there has been very little research aimed at teenage parents; this is an essential topic which has been continually overlooked. Most of the accidents involving children in the home are preventable through increased awareness, improvements in the home environment and greater product safety. This project seeks to examine how best to tailor safety messages so that they are acceptable to these groups of parents.

### 2.1 Aim

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

### 2.2 Objectives

- Run interactive and engaging focus groups for young parents and carers
- Present the research and findings
- Develop a pilot workshop for young parents and carers concerning safety in the home that addresses how messages are accepted and acted upon, with suggestions for suitable resources and how best to make effective contact with parents and carers

Throughout the course of this research, we hope to have assessed whether the parents previously received any home safety messages and how aware they were of the risks relating to home safety prior to the focus groups. We also hope to emphasise that supervision and education are fundamental in relation to reducing the risks of an accident in the home

### 3. Data Collection Method

The researchers chose to run focus groups as it allowed us to explore the social and communication issues as well as examining the cultural construction of experience. The data obtained from focus groups is very rich in that it demonstrates the multi-levelled and dynamic nature of human understanding. (Smith, 2003)

Communicative processes such as storytelling, joking, disagreement, boasting, teasing etc. form narrative accounts that are all the more naturalistic and emphasise the fluidity and/or divergence of discourses around a topic. Group interaction has dynamic quality in which we compare and contrast narratives as well as creating a 'synergistic' effect that leads to extra depth in accounts given. In addition to this, through group interaction it is possible to highlight themes that may not have otherwise come to attention without having people discuss it. Considering that the aim of the research is to gain an insight into attitudes towards safety and current awareness, a focus group seemed to be the ideal method for the research in question, especially as it would stimulate discussion into how young parents would prefer safety messages to be tailored to their needs. Through use of this method we can explore the personal and embodied aspects of the value of home safety among young parents, who perhaps due to their age and experiences in life have come to view safety in their world in a particular way.

#### 3.1 Participants

The project set up four focus groups involving 26 parents aged 13-19 at the time they entered parenthood. The focus groups took part in the following places:

1. Bromford Housing Group, Solihull, Birmingham: a leading provider of affordable and supported housing throughout most of Central England
2. St Michael's Fellowship, Streatham, London, (young fathers group): an independent charity, based in London that runs residential projects for vulnerable families
3. St Basils, Acocks Green, Birmingham: these hostels provide accommodation and support to young mothers with babies, or pregnant young women to enable them to cope with the first time experience of motherhood
4. Rights of Children, Handsworth: is a part of the Birmingham City Council that works with children, young people and families. We ran a focus group with care leavers who are young mothers

The researchers aspired to gain a diverse participant sample that reflected hard to access groups and which successfully represented the varied backgrounds that teenage parents may come from. Hence, the above mentioned groups were prioritised as they were less likely to respond to other forms of research methods such as mass surveys and generic questionnaires.

## 4. Background Data on Respondents

18 of the parents were aged 19 and above (69%), whilst eight were aged between 17-18, (31%), two of the parents had children that were aged above four, and three had children aged below six months. 77% of the parents had children aged between one and four years.

Only two of the parents considered themselves to have a disability.

Twelve of the participants were White-British, three were of Black African origin, another three were White and Black Caribbean, five were Black Caribbean and two were White-Irish.

All of the parents from St Basil's classed themselves as homeless (9/26), whilst all of the parents from 'Rights of Children' group classed themselves as 'in or leaving care'; however, the majority of St Michael's fellowship and Bromford housing group regarded themselves to be of low income (66% in both cases). Only two of the parents saw themselves as lone parents.

Figure 1

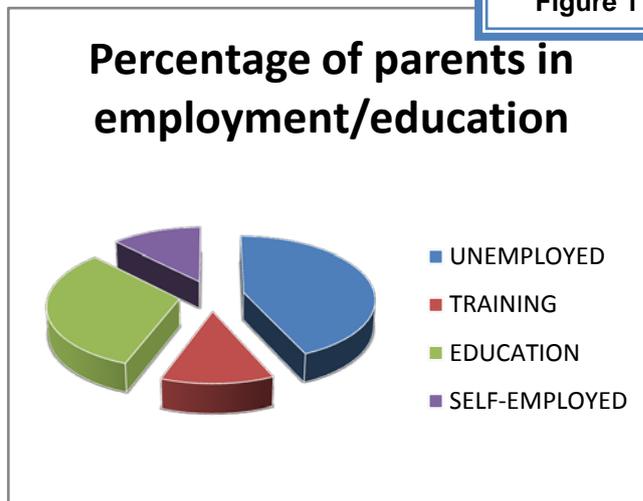


Figure 1: Percentage of parents in employment/education

Eleven (42%) of the parents were unemployed at the time of the focus groups, three (12%) were in some form of training, eight (31%) were in education, (two of these eight were also either employed or self-employed) and one parent was self-employed (Figure 1). 23% of the parents had no qualifications of any form whilst 35% had NVQ's, 19% had qualifications above level 2 (GCSE's at grades A\*-C, including Maths and English) and only 15% of the parents had A-levels (Figure 2).

Figure 2

### Qualifications

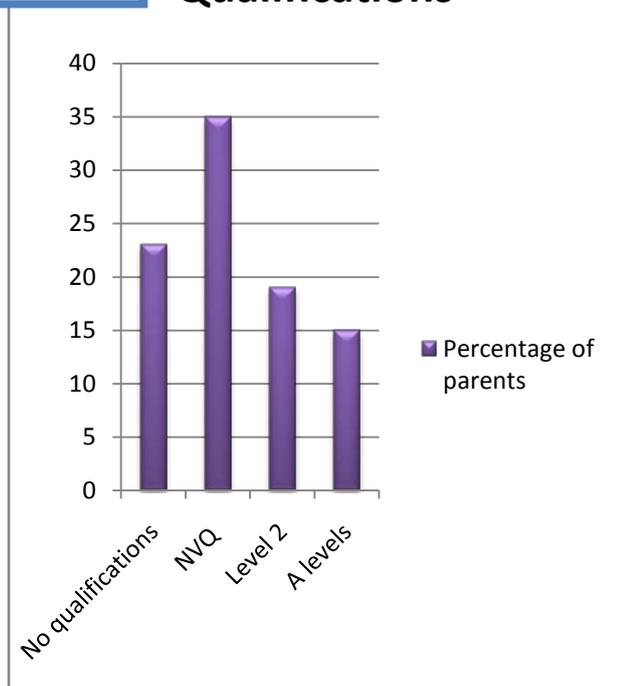


Figure 2: Qualifications of respondents

The 'Better Safe Than Sorry Report' (2007) reports that "there is a significant social class gradient in the death rate of children from injury or poisoning. For children of parents in 'routine occupations' (National Statistics Socio-economic Classification class 7), the death rate is 2.6 times higher than that of children of parents in 'higher managerial and professional occupations' (NS-SEC class 1). However, the greatest difference in mortality is between children of parents who are employed and children of parents who are not. The death rate of children of parents who have never worked or are long term unemployed (NS-SEC class 8) is 13.1 times higher than that of children of parents in NS-SEC class 1."

The children of the father's group at St Michaels spent the majority of their time at the mother's residence due to custody. During that time the father did have access to the child, it appeared that most of this time would be spent at a grandparent's house, where the father felt there was more of a safe environment for his child.

## 5. Procedure and Ethics

### 5.1 Structure of Focus Group (Procedure)

The session was divided into two sections: the first was an interactive focus group discussion that contained both individual and group building activities. Discussion points were decided in advance of the focus groups, these were agreed upon on the basis of obtaining qualitative data that will address the main issues that were concerning RoSPA. The discussion points are listed below:

- **Was anybody aware of RoSPA and its purpose?**
- **Had anybody experienced an accident that they were happy to discuss?**
- **Had anyone been approached with safety messages in the past, if so, who by? And what type?**
- **How useful did they find the information?**
- **Did they follow the advice that was given? If not, why not?**
- **What was the biggest influence on them in keeping their child safe?**
- **As a parent with everything they currently have to cope with how important is safety in day to day life?**
- **How best did they think we could get safety messages across so they were acceptable to themselves and their friends?**

The focus groups were conducted throughout November 2010, a researcher and a facilitator were present in all focus groups. The young people that participated in the focus groups engaged enthusiastically throughout the process and seemed happy to talk openly about their experiences, although this usually came after building an effective rapport with the researchers and facilitator.

Each focus group followed a similar structure (this script can be found in Appendix 4), the researchers began with an icebreaker as these helped to create an atmosphere for participation and encourage cooperation. Hazard hunt tasks were included as a 'fun' and light exercise which allowed the participants to discuss safety in a less structured manner. The 'draw and write' tasks (i.e. draw a risky situation for your child and write about how you will make this safer) (McWhirter, 2007), allowed the researchers to tap into the minds of the participants and discover what they considered to be a risky situation and how they could demonstrate initiative by reducing the risk and making their homes a safer place. It also allowed the parents to offer solutions to each other that otherwise would not have been considered. Another icebreaker task was included midway to diffuse the intensity of the session.

The second half of the session was a workshop which included viewing of the 'Safe at Home' DVD (2009), followed by information from a home safety flip chart resource. The researchers also talked through why children are likely to have accidents and how their physical development gives potential to greater risk that may result in more serious injuries (Figure 3 & 4: can also be found in Appendices 6 & 7). Safety equipment was distributed as issues on relevant points of discussion were covered; Participants were advised on how to install and maintain these.

**Safety equipment that was provided included:**

1. Bathmat



2. Cupboard Locks



3. Blind Cord Cleats



4. Corner Cushions



5. Safety DVD



6. Height and Flip Chart (with safety information)



The sessions were recorded on a Dictaphone, which was then transcribed. Once this had been completed, it was possible to identify common themes, contrasts of opinion and attitudes.

**5.2 Ethical Issues**

Participants were made aware of the purpose of the research by providing informed consent; they were notified of the right to withdraw from the session at any point and were ensured anonymity as the audio of the focus group discussions were recorded for transcription (pseudonyms were used throughout this report to maintain the anonymity of the participants). Issues of confidentiality were also covered and basic ground rules were explained at the beginning of each session. (Copies of the consent form and ground rules can be found in Appendices 2 & 5.)

Figure 3

Zahida Begum, Changemakers Young Advocate, November 2010

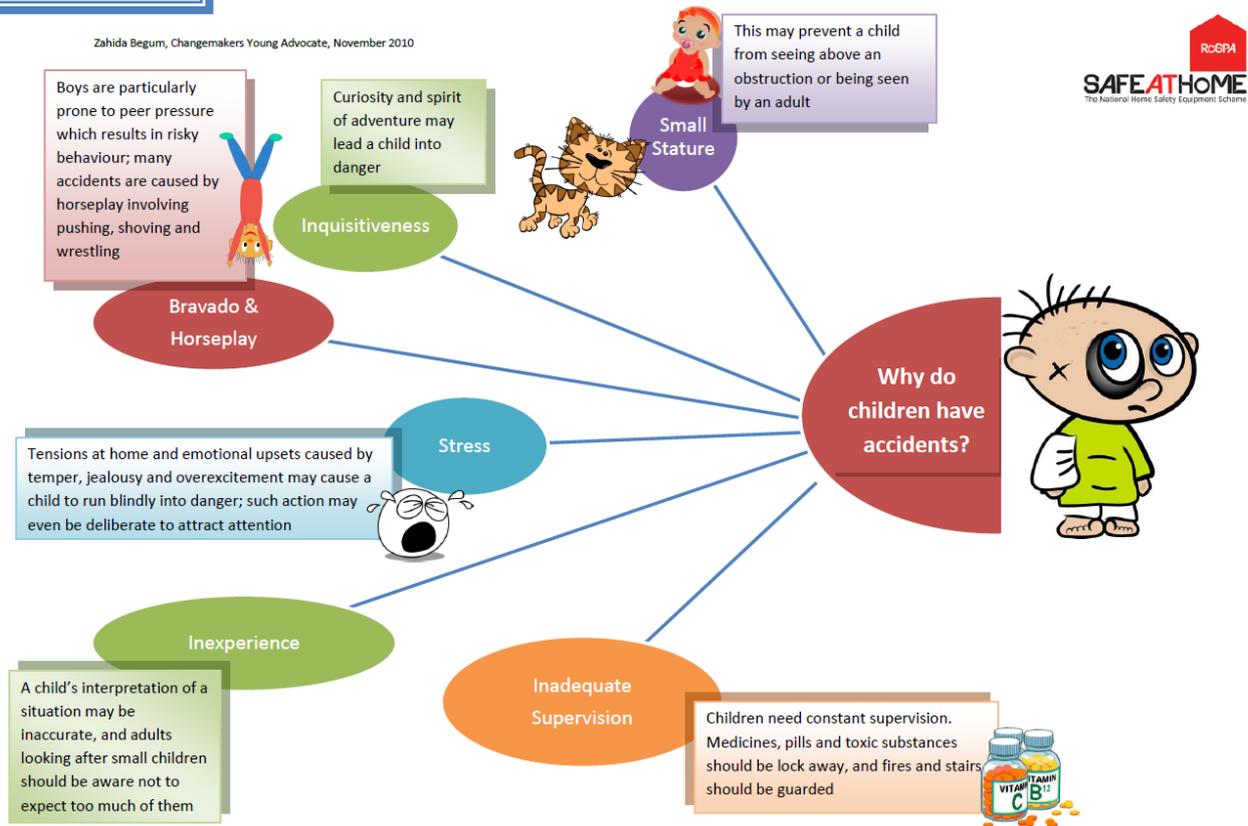


Figure 3: Why do children have accidents?

<http://www.safeathome.rospa.com/>

Figure 4

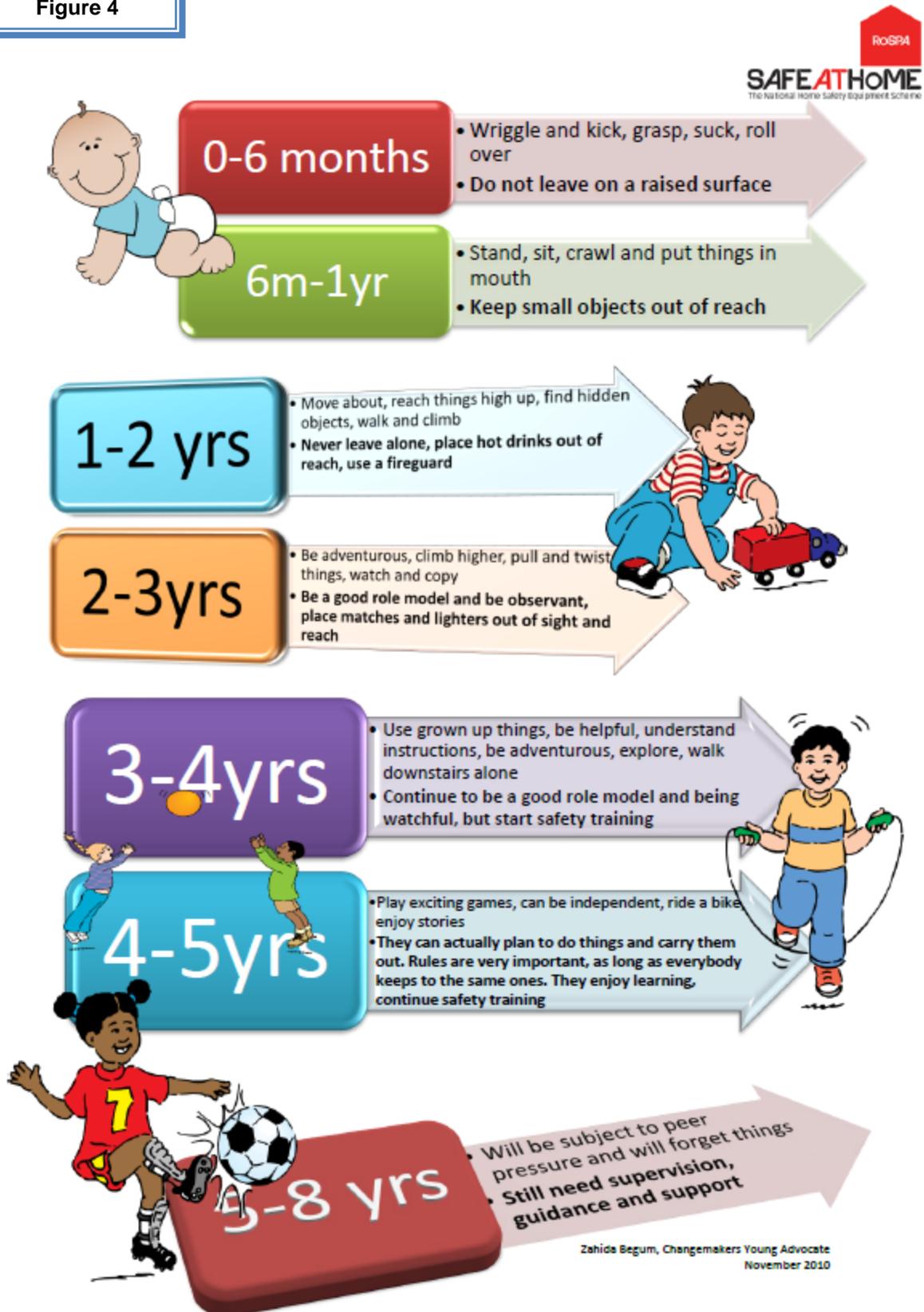


Figure 4: Safety and Child Development



## **6. Results and Analysis**

### **6.1 Atmosphere and group dynamics**

#### **Bromford Housing Group**

Three parents were present for this session, two of which were a couple and one a single mother. The parents were already familiar with each other and were comfortable throughout the session to discuss the topics that were covered. The single mother at times was more dominant than the other two. For this session there was no crèche service arranged beforehand; this meant that there were two toddlers present at the time which often led to divided attention. However, overall, there was a casual and relaxed atmosphere.

#### **St Michael's Fellowship**

Nine fathers in total were present for this session; many had arrived late and some had to leave early. The atmosphere was challenging to begin with, but as the session progressed the fathers let their guard down, became more expressive and conversed freely with each other and the researchers. The fathers seemed pleased with the notion of having a session on safety where they were given an opportunity to express their own thoughts and concerns. There were three to four members in the session that appeared to dominate most of the discussions, but the researchers did prompt the more reluctant participants. There were times when the discussions went a little off target to become more personal; however, the researchers set subtle but firm reminders of the purpose of the session. At times it appeared that there was a lack of confidence amongst some of the young fathers, uncertainty as to whether they would fulfil the immediate role of a parent with all the issues that they currently faced. They conveyed the impression of disempowerment, as though they were vulnerable to the mothers of their children in terms of the access they were granted to their children; this was reflected in the anxiety some of the fathers expressed throughout the focus group session.

#### **Rights of Children**

These mothers were very welcoming; they were happy to discuss and express their concerns. Three of the five mothers were more expressive; the other two mothers did not speak English as their first language. Therefore, at times, it seemed as though they were happier to listen than to talk because of the language barrier. This was however only a small inconvenience because these two parents did respond when asked questions or their opinions.

#### **St Basil's Group**

This group was the most challenging in terms of the atmosphere and the group dynamics. The mothers were all homeless and were currently residing in the hostel where the session was carried out (in the lounge area); also, this was the youngest group that the session was carried out with. The mothers had a very defensive and agitated attitude, with a couple of them having verbally aggressive attitudes that caused other mothers to shy away. Like the fathers' group, as the session progressed the parents became less hesitant. The lack of support from the parents' own families was very apparent and sometimes it appeared that this was expressed through the resentment towards most forms of authority. The researchers adapted to this by attempting to befriend the parents and create common ground rather coming across too authoritative.

## 6.2 What is considered to be a risky situation amongst young parents?

The 'Draw and Write' (McWhirter, 2007) task was used to identify what the parents considered to be risky in their homes and what they could do to make this situation safer for their child.

Figure 5

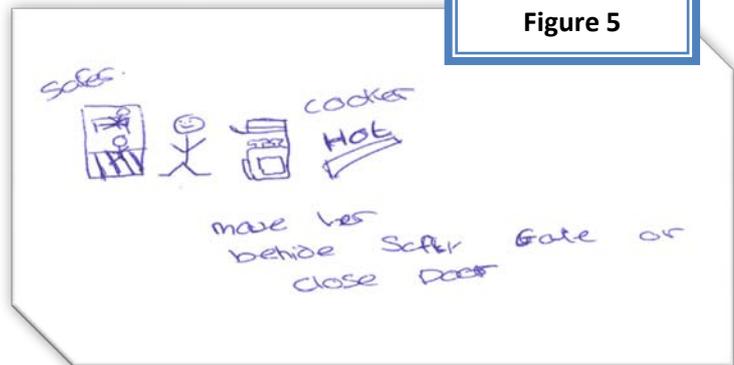
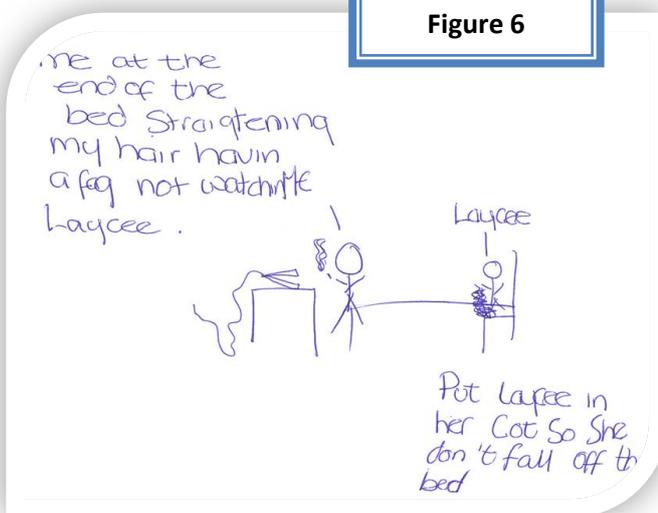


Figure 6



The most common responses mentioned in all groups at least once included the cooker (Figure 1): because it was hot, and the child could often reach up and grab handles that were hanging over the cooker; the stairs because the child could easily fall and plug sockets (Figure 3) because the child was likely to put their fingers inside and risk electrocution.

Other instances that the parents reported included the dangerous naked flame of a candle, cleaning products that are stored in a child-accessible cupboard (Figure 4), sharp corners on furniture, fireplace danger, unlocked front doors, hot drinks left within reaching distance and untidy wires. One parent

described a situation where she was 'straightening her hair' while smoking a cigarette (Figure 2), she noted that she was not watching her child therefore she would put the child in the cot to reduce the risk of an accident occurring; this instance is discussed further later in the report. Overall parents demonstrated a high ability to identify these and demonstrated initiative in reducing the presented risks.

Figure 7

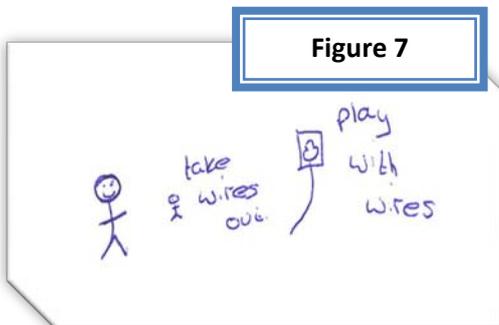
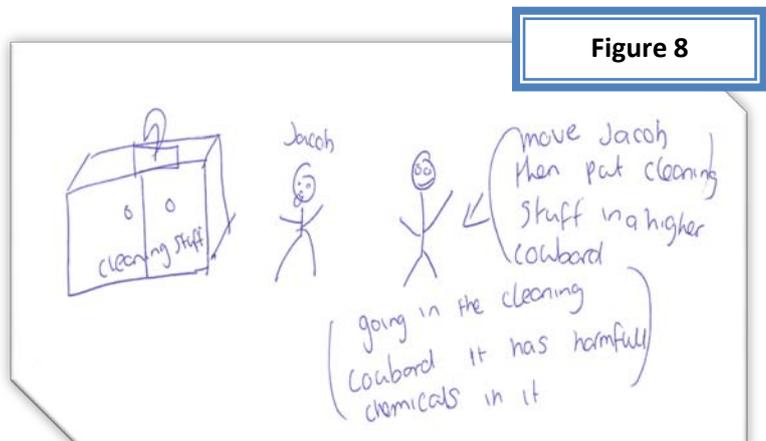


Figure 8



### 6.3 Current knowledge of RoSPA and its activities

No parents from Bromford Housing group had heard of RoSPA including the care co-ordinator who was our point of contact. No one from St Michaels, one parent from 'Rights of Children' had heard of the term but did not know what it meant and one parent from the same group assumed RoSPA worked in association with the fire service because of a television advert that she had seen. One parent stated

*'It was some people who got some money given to them and decided to use it to make homes safer for kids. Giving free stair gates and free safety things for like the fridge and cupboards and stuff like that. That is all I know.'* (Ann age 18 from St Basils Group)

This parent had stated that she had heard this information from a member of staff that worked at the hostel; however, none of the other young mums were aware of RoSPA in this depth. Another parent at St. Basils stated that she had heard of RoSPA through her workplace, where she was required to attend a course on the prevention of accidents in the workplace. Only two of the 26 parents that had taken part in our focus group had a very vague idea of RoSPA and its activities, with only one parent actually aware of the fact they could get free safety equipment for their child installed in their homes.

### 6.4 What is regarded as an accident and attitudes towards the incidents?

Amongst the St Basil's Group the question of whether they had ever experienced an accident in the home was initially greeted by silence but, once the researcher encouraged further, reluctance reduced - one person had broken her arm in seven places and dislocated it by 'smashing' into a skateboard. One of young mothers described a rather dangerous instance involving matches. The most shocking fact being how unconcerned her attitude was about the instance and the fact that she did not even really regard it to be an accident-

*'It wasn't exactly an accident. My mom left matches on the fire when I was about when I was about three, and I set the house on fire with the matches.'* (Jane age 20 from St Basils group)

Another instance described was jumping out of a downstairs bathroom window; once again quite a serious injury was incurred but a very carefree attitude was expressed towards it i.e. she states 'I just broke my arm and knocked it', another parent continued to state some other accidents she had had, but her attitude was rather general, as though accidents are frequent occurrences in her life so she is not too concerned about changing this pattern i.e. she states

*'I've never broke anything, but I fell down the stairs...and knocked my head off the door – yea, just things like that.'* (Louise age 19 from St Basils Group)

None of the other parents seemed as if they wanted to discuss the topic further, even after further encouragement from the researcher, reluctance increased along with silence.

The Rights of Children group were less hesitant to talk about accidents, in contrast to the other groups. The parents described accidents that had happened to their children or to children they knew. A mother described an instance where her son had put a number of Nurofen tablets in his mouth and began to chew them. These pink tablets look much like Smarties to the child who was three years of age at the time. She expressed her distress through her tone of voice and was met with the same response of concern amongst other group members. She demonstrated an in-depth understanding of the potential of the danger that was created and she identified her mistakes. For

example, she explained that putting the tablets into a clear plastic 'freezer' bag would have made them more appealing to her son. She also went on to clarify that if the tablets were found by the child in their original packaging they may not have seemed as appealing as they were in the 'freezer' bag. Two other parents described instances where the child had been in the kitchen with the mother but while the mother was not watching, the child, had got hold of washing tablets and began to chew on them. Apparently the doctor informed the parent that this is quite common, although it had caused no harm to the child, it definitely contains toxic chemicals that have the potential to be rather poisonous. The idea of an accident is addressed clearly here. Parents show significant concern for each other and insightful reflection on their own accidents, however this maybe because they were discussing their children having accidents rather than themselves. This usually presents an innate duty of care and is likely to induce such a reaction.

In the St Michael's Group only some of the fathers talked about accidents they had experienced. One father talked about how he had just had an accident on the way to the focus group session we were having on that day, another father commented on the irony of having an accident just before attending a safety workshop. Although he had not had an accident in the home, it was quite a serious incident as his children were in the back of the car. Although there were no injuries the father emphasises that the children were 'strapped in' and the accident therefore was 'not that bad'. The fathers' attitudes towards their children suffering injuries from accidents were also met with immense trepidation which was somewhat intensified because of the lack of supervision they could personally provide to their own children due to access restrictions.

Amongst the parents in the Bromford Housing Group, situations were described where a mother had stuck her finger in the door by accident and her entire nail came off. This was something that was also mentioned in the 'draw and write' task that one of the parents regarded as a risky situation for their child. The question was this time greeted with careful comprehension rather than reluctance to answer.

## **6.5 Safety messages that were received prior to the session and how effective the parents regard these messages to be: Opinions of other organisations that have attempted to put forward safety messages**

### **Bromford Housing Group**

The father mentioned that midwives had told him about using cupboard locks and the reason for this, but states that this was the full extent of the information that he had in fact received. Although this presents subject bias, it does emphasise how much was remembered from the exchange of information and the significance it held to the father. The Bromford Housing Co-ordinator who was present in the focus group commented on how there had never previously been any raising safety awareness programmes prior to our session at the group. It appeared that the workshop on safety delivered by the researchers was a relatively new concept that had not been presented before. One of the parents did however state that she had regular safety checks, in which an individual would come into the household and check the fire alarms and all other appliances. She did not however name the organisation that funded this or how often these checks were carried out. It is assumed that this service is in compliance to the Bromford Housing protocols.

### **St Michael's Group**

Majority of the fathers responded as though they had not really been approached with safety messages, although one participant did mention being seen by a health visitor who 'touched on safety issues'. He also mentions being given information about free safety gates via the health visitor; however the father did not pursue the issue any further. It was not clear as to the form in which the information was provided but it appeared to have little impact of the father's decisions. Another interesting comment that came through was the idea that, in some form, messages provided by any professionals almost always have an underlying message of safety within the

detail. The term 'professionals' is used loosely and the participant did not go on further to explain the comment in greater detail. This concept is perhaps upheld by the positive view of the role of health professionals in society as altruistic beings, which is complimented through the power and authority they have to influence the lives of others. Throughout the discussion it became apparent that some of the fathers had an anxious nature to their personality and these were the fathers that seemed to adhere and respond more to safety messages that they may have encompassed. A popular concept held by all the fathers was the desensitization they felt as a result of being exposed to 'too many' safety messages. Although this appears to be rather contradictory because when initially asked whether they had been approached with safety messages they responded negatively, perhaps the desensitization has led to them disregarding safety messages. Especially if these messages are not tailored to their needs and/or they feel preached at rather than listened to. Another parent went on to highlight the importance of individual parenting styles that influence responsiveness to safety messages. The assumption that came through about health visitors was that they seemed to be repeating information upon visits as though it was a 'policy' rather than providing new and more suitable information to the fathers.

### **Rights of Children Group**

A mother described how health visitors had only addressed safety issues and first aid after a significant incident. The mother had been residing at a mother and baby unit and was experiencing difficulties which led to her accidentally scalding her baby with hot water. In her opinion, the majority of the information that was given to her by the health visitor was common sense; however she addressed the fact that, had she not been warned about taking safety measures then she probably would have continued behaving unsafely. In addition, although it was common sense she was glad that it was brought to her attention so she would actively change certain behaviours. Another mother stated that she had received leaflets from Sure Start over a year ago, detailing the free equipment that she was entitled to, but after she pursued this she was unable to gain access to the equipment because the individuals who had agreed to deliver the equipment did not follow through and the mother had grown impatient after attempting to arrange several appointments that never took place.

### **St Basil's Group**

Majority of these mothers confirmed that they had been approached by safety messages via the pregnancy nurses and/or received information through pregnancy books or they had been informed through the staff at St Basil's. The mothers seemed satisfied with receiving information in this way and from these sources, however as we progressed into the workshop, the mothers reacted as though they had been hearing the majority of the information for the first time, which questions the extent to which information was delivered through the pregnancy nurses or the significance this information may have had in retaining in their memory. Interestingly, one parent mentions how she had asked staff up to four times for a stair-gate because her child had begun to crawl, but she still had not received one. She also comments on how the staff have stair gates in their possession and that 'we get moaned at for health and safety, but when we ask them to help us it is different'. Although this comment could not be verified with the St. Basils staff, these instances make us question whether authorities are responding appropriately to needs of young parents.

## **6.6 Greatest influences in the parent's lives that make them keep their children safe. How has being a parent altered the way in which safety is viewed?**

The most common response to this question was that having the responsibility for another little person (their children) has altered their outlook on life, and genuine love and devotion towards their children has most definitely been the strongest influence in their lives in keeping their children safe. The strongest notion of conflict that presents itself here is a battle between 'instinct and learned behaviour'. There is an idea of 'parental instinct' which stems from basic survival needs to protect

ones young. Parents usually commented on how many things were common sense and how some behaviours are socially unacceptable. These instincts are deep rooted, however, when asked further about how they had learnt to be safe around children aged between 0-4, they usually commented on how they had learnt this behaviour from parents or significant adults in their lives. There are strong components of the social learning theory present in the parenting styles of the participants. With this in mind, parents did not usually reinforce negative behaviours that their own parents had done. For example, one parent emphasises how his father would usually smoke around him when he was younger, and how this is a behaviour that he would not continue around his child. In contrast to this, a female from the St Basil's Group commented on how she would smoke in the same room as her baby, although she is aware of the health risks of smoking around infants. She does not have the option of leaving the baby to go outside because she is a single mother residing in a hostel. Importantly, one of the parents points out that the status of the person delivering a safety message to them strongly influences whether they accept the message or not. On the other hand, another father states that 'any information' is useful, regardless as to where it was sourced from, if it can be applied to oneself and help protect their child then they are more than willing to adhere to the message. Interestingly, the fathers group mentioned how they were likely to look to the government legislation for guidance on safety due to the substantial amount of credibility given to research on safety. This idea is further concluded by another father who describes the potential the government provides for managing a child's behaviour. However, due to huge variances in individual differences, messages on home safety are not particularly targeted to appeal to these parents.

## **6.7 Priority of safety in a young parent's life and how it is linked to the issue of supervision**

Fifty per cent of the parents responded to this question with an immediate 'safety is always first' with the other half responding with 'but it's often easy to forget'. One parent states 'if it (safety) was always on your mind then accidents wouldn't happen'. It appeared that a significant incident that may have occurred with their child in the past would have caused them to prioritise safety more so than if the incident had not taken place at all. Perhaps because once the ideology that 'this will not happen to me' is shattered, it causes one to rethink vulnerabilities and take extra precautions. For instance a mother describes an incident where she had strapped her child into a high chair to leave him for five minutes, and came to find that he had climbed out, after which she vowed not to leave him unsupervised again. Another example provided by a mother describes a situation where she would give her baby a bottle of milk in his cot, and he would often drink himself to sleep, but once her friend pointed out the potential dangers of this i.e. choking, the mother never repeated the same behaviour. The St. Basil's Group seemed to be the most accepting to the fact that although they would like safety to be on their mind at all times, they are easily distracted by other pressing matters in their lives

*'It's just easy to forget when you have kids because you go to do something, but you have to do something else because the kid wants you to.'* (Emma age 17 from St Basil's Group)

Perhaps this is a reflection of their background, as they are the youngest parents to have attended the workshop and their circumstances are somewhat more extreme to that of those from other groups, in terms of being homeless and lacking a strong support base which usually comes from ones family. For example another parent comments

*'You learn from your mistakes and that sounds a bit harsh but it's like....I'm on placement... by the time I get back and sort her (baby) out I don't wanna be thinking about safety at all, I just want to sleep.'* (Laura age 17 from St Basil's Group)

The exhaustion of being a homeless parent in education as a teenager with a lack of support from a loving family environment is bound to have detrimental effects, in this case her judgment and ability to make sure her child is safe, is in effect suffering.

## 6.8 Gender differences

The significance of constant supervision of the child came through most strongly amongst the fathers group, this was perhaps due the limited access the fathers had to their own children. This was also the strongest gender difference in opinion. The issue of supervision was associated with the age of the child, for example the fathers stated

*'That's important about the age group, because I know that I could have never left my daughter at the age of two or even three years old for five minutes.'* (Adrian age 22 from St Michael's Fathers Group)

They feel that once the child is older and wiser it will be easier to loosen the constrictions they feel about supervision. This comprehension is also confirmed by the mother of a seven year old who confirms that her child is at a more understanding age so she does not need to constantly watch him.

Fathers voiced concerns about their child experiencing inconsistent environments, which made it difficult for them to predict the supervision, care and surroundings their child experienced in their mother's residence and whether this created a sharp contrast to the father's home environment. The fathers were also concerned about dangerous behaviours that the child may have picked up from the mother, and the fact that they are not all aware of their child's habits because they have not spent enough time together. This sometimes scares them in to fearing that 'anything can happen'. Therefore they feel that constant supervision is the only way to avoid dangerous accidents but regrettably, this limits the child's ability to learn through experiences and rules out the father as a vital role model in adapting dangerous situations to a format where the child can learn from rather than be in fear of. As a result, the fathers would often take the child to their grandparent's house rather than their own homes because they felt more confident to have their child in a setting where there was a more experienced member of the family. Another great disadvantage of not living with their children, in terms of safety, is concluded effectively by one of the fathers:

*'It is really difficult if you are putting in safety precautions but it is not reinforced when they go back home, it is hard because it's conflicting for the child.'* (Tom age 18 from St Michael's Fathers Group)

## 6.9 Suggestions

The parents presented many different methods in which they felt that safety messages could be better tailored to reach them. The content of safety messages was not of prime importance because the parents found most information relating to safety useful and felt that a greater knowledge base would reduce the risk of injuries occurring. Hence as long as the messages covered all aspects of safety, the parents could make use of the information that was only relevant to them. One parent suggested that the council should take an active part to send a person out to visit teenage parents in their homes every so often, and assess their situation, offer them the equipment and an interpersonal interaction on safety issues. Whilst another parent felt that this 'chat' would be better delivered by a representative from RoSPA that had to provide the information because it was made mandatory, whilst another suggestion was to put some information on a leaflet that would always be included in a 'bounty pack' that new mothers receive in the hospital. She suggests that this way the mother is almost guaranteed to look at the information because as a new mother you are inclined to learn all you can about parenting. The mother further proposes that a RoSPA representative could approach mothers after they had given birth in hospital and provide a five minute briefing on all the safety 'dos and don'ts' and the young person is more likely to listen 'as they cannot escape', but more importantly they will be in that

frame of mind where they are protective of their babies and safety issues will compliment this. Parents felt that having a professional or someone in authority visit the home and assess potential dangers would give them a sense of security. This suggestion did not sit well with all the parents however, some of them felt that this would be intrusive and patronising as it implies that the parents themselves do not know how to care for their own children. In addition to this, mothers of newborns in hospitals are often in need of medical attention and require rest along with bonding time with their baby, therefore it may not be the ideal time to be discussing home safety at such an emotional time. Another parent mentioned having online resources, as this was usually her first reserve. Of course the issues here are that although the younger generation are becoming increasingly technically based, not everyone has access to the internet and RoSPA already has many resources online. The primary issue is that not enough young parents are aware of RoSPA's presence or purpose.

The mothers at St Basil's emphasised that there should be some form of information poster covering child safety in each room inside the hostel, so that they could use this as the first point of call. In general the fathers also favoured the interpersonal interaction approach where they would have liked a representative to visit them perhaps monthly and they would be given the opportunity to voice any concerns they may have around safety. The fathers felt that there was not enough media coverage for such a pivotal topic as child safety. They seemed disappointed at the numerous amounts of advertisements covering superficial necessities and not enough on the imperative value of taking precautions to prevent accidents especially when infants are concerned. Advertising on buses and billboards seemed also to be a popular concept. A separate proposal that was put forward included:

*'Jazzy gadgets, everyday gadgets that people use would be a good way to put your message across.'* (Kate age 19 from Bromford Housing Group)

items such as tea coasters, 'handy' pen and notepads, calendars, fridge magnets etc. Although this was a popular idea because it was a form of visual aids, some mothers felt that this would make their houses feel less like homes and more like offices. The males tended to favour interesting visual aids whilst the majority of females preferred to read, but overall 95% of the parents were most partial to having an interaction where they would be able ask questions, this way they receive maximum benefit.

## **6.10 Thoughts on current RoSPA materials**

The safety equipment was very gratefully accepted by all the parents. The only issue was with the corner cushions, as some parents already had these and had found that they tend to fall off or crack at times. The researchers emphasised the importance of maintaining and checking the cushions as with all safety equipment. An interesting point that was made covered the difficulty in making the transition in: saying that you will carry out an action and actually doing it, rather than just thinking "I've got to do it" and getting it done. Many young parents are already very safety conscious; perhaps it is this lag between stating and acting that presents the window of opportunity for accidents to occur. The information that was provided from the flipchart resource was received well and parents had the chance to ask questions about aspects they felt were unclear. It was clear that the DVD, had a strong impact on all parents, particularly when the child actor is burnt. Some parents stated that they need to reassess their homes after watching the DVD and the fathers felt that this was a piece of material they would share with the mothers of their children and people in the family. Some of the mothers disagreed with this and stated that they no longer use matches as lighters are more practical and children have difficulty operating them, and whilst the DVD was interesting they do not know very many young mothers with children under the age of 4 who would make time to sit down and watch this unless they were in a workshop. The most popular material by far was the height chart with safety information; the parents thought these were extremely useful and almost guaranteed that they would be used.

## 7. Discussion and Conclusions

The parents were asked to evaluate the focus group session in terms of effectiveness, and we received 23 responses from 26 parents. All of the participants that completed the forms agreed that the purpose of the session was clear to them, 91% found the workshop to be interactive and engaging and everyone felt that they had the opportunity to discuss any issues that were concerning them in relation to home safety. 91% of the parents found the researchers and facilitator to be clear and concise with 86% of the parents confirming that they had learnt something new from the workshop concerning the prevention of accidents amongst 0-4 year olds. 86% also agreed that the session had led them to be more cautious in the home and that the information they had received was useful and would be used in the future. In terms of the least useful aspects of the session, one parent mentioned that watching the home safety DVD was not interesting and another parent commented that many of the topics covered were common sense and that she had already been on a course covering safety. Many parents had left good comments on the session with the most complimentary one being that the workshop had been an 'eye opener'. In light of this, we were able to conclude that sufficient emphasis had been placed on the fact that supervision and education are fundamental in relation to reducing the risks of an accident in the home and the session was successful in raising awareness amongst teenage parents.

The participant sample was not completely representative of the teenage population as three of the four groups were based in Birmingham and one in London, the sample size was also rather small. The parents that took part only provided us with a reflection of their particular background i.e. young fathers with limited access living in the suburbs of Streatham or homeless teenage mothers residing in a hostel in Birmingham. Hence it provided us with little insight into the attitudes of teenage parents that belong to other groups such as those in full time jobs or fathers who are sole carers of their children and mothers that may have limited access.

There were some disadvantages to using focus group discussions as a research method for this project because it created an imbalance in the group dynamics between the more expressive characters which negatively influenced the more reserved participants. Therefore, we were not able to understand certain points of view that may have come across in an interview style. Also focus group discussions are susceptible to social desirability bias, where some participants may have chosen not to share information about accidents because of the fear of being judged by the group members and researchers. Despite these issues, we were able to gain a rich body of data and achieve the targets that we had aimed for.

The session allowed us to make a note of the suggestions made by the parents for suitable resources and how best to make contact with that target group. However these did not come without their disadvantages. For instance, it may not be cost effective to send a representative from RoSPA to run safety workshops with parents as there would be no guarantee whether parents will attend. More importantly, it is probably those parents that would not attend such a session that would require the greatest guidance. With this in mind it would not seem plausible to send the representative to each teenage parent's home as a part of a mandatory scheme (e.g. local fire service as part of home safety check) as this can be rather intrusive and not all teenagers respond well to authority. This may also present geographical challenges where deprived or secluded areas become the most difficult to reach. The same disadvantages are applied to enforcing this responsibility on to local councils or housing agencies. Not all parents agreed with this approach as some preferred to read about safety rather than discuss it. In spite of this being a popular approach with most parents it does not appear to be the most feasible.

Due to the great range in individual differences, it became quite apparent that there is a requirement for a multi component model that is flexible to all needs. The researchers felt that there were a few credible recommendations which should be put forward to RoSPA by the parents.

## 8. Recommendations

	For whom
1. Increasing media coverage of home safety messages via television broadcasting, magazines, newspapers, billboards, buses, social networking sites etc allows greater and much needed exposure, advertising through channels that will reach teenagers.	RoSPA
2. It was suggested that implementing mandatory sessions into secondary school lessons targeting 14-16 year olds would prove beneficial. For instance P. Greaves et al. (1994) found that 'educational programs on child injury control directed at parents needs to incorporate parenting skills education as well as child development.' In addition, more recently, Jim Bennetts (formerly Her Majesty's Inspector of Schools), recommended that 'With the support of local authorities, schools should clarify their policies for safety education and practical opportunities for pupils to learn how to adopt safe practices'. (CSEC, January 2010)	Government
3. Another suggestion is perhaps to ask young parents to design useful gadgets for those in the same position as themselves, perhaps something similar to the height charts because these were extremely popular. For example: a fridge magnet with an inserted scroll that pulls out and contains important safety messages.	RoSPA
4. Information about the free safety equipment and how to access these should be made available to all new mothers thus providing a simple leaflet detailing this information could be included in the bounty pack that pregnant women receive. This would increase the likelihood that teenage parents would take the necessary steps to access the equipment.	RoSPA, NHS
5. Sending personalised automated text messages containing safety information and a helpline that could be reached for further information may appeal to those parents who prefer to read about safety and/or have the opportunity to ask questions via the helpline. Phone numbers could be collected through a database for young parents.	Government
6. Training and working with young parents as peer facilitators or safety 'champions' in their local communities may be less threatening way of getting home safety messages across. A starting point could be work with the parents who participated in the focus groups for this research.	RoSPA
7. Given the small sample for this research it is clear that further investigation and research is required before committing significant resources to any of the recommendations.	RoSPA, Government

Not only will the recommendations provide a step towards reducing injuries amongst 0-4 year olds, it would raise current awareness about RoSPA and its key message of accident prevention.

As a result of the project, we were able to gain an understanding of young parents' and carers' attitude towards safety in the home. We gained an insight in to how aware they are of the risks by discussing accidents and by asking the parents to portray the hazards that are currently present in their homes as well as how these can be overcome. We managed to examine the barriers as to whether they are able to receive and accept the messages relating to home safety, and most importantly how best to give those messages so they are acted upon. In addition to this, we have assessed whether the parents previously received messages and the personal significance these had.

## 8. References

Bennetts, Jim, et al. (2010) Learning to Adopt Safe Practices: A Survey for the Child Safety Education Coalition, CSEC

Better Safe Than Sorry Report (2007) - *Audit Commission/Healthcare Commission*

Greaves, P., Glik, D., C. Kronenfeld, J., J.. & Jackson, K (1994) 'Determinants of controllable in-home child safety hazards' *HEALTH EDUCATION RESEARCH: Theory & Practice* 9(3): 307-315

McWhirter, J. (2007) 'It's a bit risky is this!' *Safety Education Journal, RoSPA*

Smith, J.A (2003) Focus groups (Ed.) in *Qualitative psychology: a practical guide to research methods*. London: Sage; pp184-204

Van Beelen et al.(2010) 'BeSAFE', effect-evaluation of internet-based, tailored safety information combined with personal counselling on parents' child safety behaviours: study design of a randomized controlled trial. *BMC Public Health* 2010 10:466.

### Videos

DCSF, RoSPA & Child Accident Prevention Trust, Home Safety film (June 2008), <http://www.dcsf.gov.uk/video/downloads/childhomesafety.mp4>

RoSPA, Safe at Home DVD (2009), produced by Signal Films



# Appendices



## Appendices

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## Appendix 1: Example of Leaflet to promote focus group session

**YOUNG PARENTS**  
come & discuss  
**SAFETY AT HOME**

ROSPA  
The Royal Society for the Prevention of Accidents

take u/verb u/s  
COME ALONG  
and discuss  
safety at home

**STEREOTYPES ?**  
AN? POOR? SPONGERS? AT  
RESPONSIBLE? LOVE?  
PARTNER? IMMATURE?  
ABSENT?

Enjoy a  
Light  
Lunch

Free Safety  
Equipment  
Goody Bag

WANT THE OPPURTUNITY TO **DISCUSS** THE **SAFETY** OF YOUR **CHILD** IN THE HOME AND YOUR EXPERIENCES AS A **TEENAGE PARENT** IN STRICT CONFIDENTIALITY?

ARE YOU INTERESTED IN **MEETING** OTHER **TEENAGE PARENTS** THAT ARE IN THE SAME POSITION AS YOURSELF? AS WELL AS RECIEVING TRAINING TO MAKE YOUR HOME A SAFER ENVIRONMENT FOR YOUR CHILD?

COME ALONG AND SHARE YOUR VIEWS IN OUR **FOCUS GROUP**

DATE: **05/11/10** TIME: **4:30-7:00PM** VENUE: **TRENTHAM HOUSE, ACOCKS GREEN**

\*Contact information: Anne Wiliams 0121 708 0355 Cassius Francis 0121 248 2025



## Appendix 2: Consent Form for Project: Educ8 2 Keep Myn Safe

### Background information

Accidental injuries are a major health problem throughout the United Kingdom. They are the commonest cause of death in children over one year of age. Every year they leave many thousands permanently disabled or disfigured. With this in mind, at RoSPA we are hoping to carry out some very important research which will help us to understand a young parents perspective concerning safety in the home.

RoSPA is the organisation that are funding this project, currently there is already a 'safety at home scheme' in place which is directed generally at all parent, for the purpose of this research we have directly chosen to target young parents as RoSPA finds that this is a group that perhaps does not receive sufficient support when concerning safety in the home, therefore you have been selected to take part in the research.

### Invitation

We would like to invite you to part take in one of our focus groups; this is a group discussion with 6-9 other parents like yourselves to discuss issues around safety in the home. During this time we will also provide safety training on the equipment that you will receive in your 'goody' bag. For research purposes we will need to record the discussion on a Dictaphone. With regards to confidentiality, we will ensure your anonymity by providing pseudonyms in replacement for your actual names. Any information you disclose will be seen by the researcher and members that are funding this research. You have the right to withdraw from this research at any point even after the focus group has been carried out without any given reason.

We will be having detailed discussion about your personal experiences as a parent, due to the nature of discussion we suggest that you only disclose information that you are comfortable to discuss within your given group. We ask that you are mindful and respectful towards any input from all other group members. Whilst we encourage intense discussion (agreements and disagreements alike) we do not tolerate abusive behaviour.

We have every confidence that this will be an excellent session which will benefit you and your child as well as provide us with the means of contacting your age group more effectively when concerning safety at home. Before you agree to take part in this research please read this information carefully and discuss it with friends and family if you are unsure. If you would like more information about the 'Educ8 2 keep myn safe' project do not hesitate to contact us. Please complete the attached questionnaire which will help to analyse research findings.

Thank you very much for your co-operation

---

### Volunteers statement:

I have read and understood the above explanation and have had the opportunity to discuss with the investigators about any queries I may have. I am aware of the sensitive nature of the research and I understand that by signing I also agree to the discussion being recorded via Dictaphone. I have been informed of the right to withdraw from the research at any time and am happy to proceed.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_



## Appendix 3: Form 1A: Questionnaire

<b>Name of parent/carer:</b>	
------------------------------	--

**Age:**            13-16

                      17-18

                      19+   

**Gender:**        Male  Female

**Do you consider yourself to have a disability?**

                      Yes  No             I prefer not to say

**If yes please tell us what your disability is:**

Learning difficulty

Learning disability

Long term or life limiting illness

Multiple disabilities

Sensory Disability

Mental health issues

Physical disability

I prefer not to say

None of the above, please specify .....

<b>Ethnicity (as identified by family)</b>			
White: British		Bangladeshi	
White Irish		Any Other Asian Background	
Any other White Background		Black – Caribbean	
White and Black Caribbean		Black – African	
White and Black African		Any Other Black Background	
Mixed: White and Asian		Chinese	
Any Other Mixed Background		Any Other Ethnic Group	
Indian		I prefer not to say	
Pakistani			

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

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

**Do you have any educational Qualifications?**

- No qualifications
  Below level 2
  Above level 2

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

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

**Do you consider yourself to belong to any of these other groups?**

- Low income
  Homeless
  At risk of exclusion  
 In, or leaving, care
  Offender/Ex-Offender
  Lone parent  
 Refugee or Asylum seeker
  Young carer
  I prefer not to say

Please tick necessary boxes below

Please enter numbers in boxes below

Dwelling type		Bedrooms		Ownership		Total no. living in household			
Terrace		1		Parent/Carer		No. of children in family			
Semi-detached		2		Council		Please enter number of Children within the age ranges below			
Detached		3		Housing Association		Under 2 Yrs		6-11 Yrs	
Bungalow		4		Private Landlord		2-5 Yrs		11+ Yrs	
Flat		4+		Other		Date of Birth of Youngest Child			

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

## Appendix 4: SCRIPT FOR FOCUS GROUP SESSION

QUESTION/ITEM	ACTIVITY/NOTES	TIME
Welcome and Introductions	RoSPA and safety research Go the plan for the 2 hours = couple of activities, discussion, lunch, and workshop	5 mins
Ground Rules and Consent	Cover confidentiality, fire exits, recording and disclosure of information make sure we have all consent notes	5 mins
Ice-breaker	Line up - need space 1. Arrange by height 2. Names 3. Birthday/date	5-10mins
Draw & Write and Use 'Hazard Hunt Posters'	Flat surface, paper and pen "so I will hand every1 some paper, and I would like every1 to draw an environment or a situation that would be dangerous for a child, it can be anywhere inside the home, feedback to and introduce yourselves in doing so	20-30 mins
Hand Out Post It Notes for Sticky Wall	Let young parents know the purpose of this (write down ideas or anything you may not get a chance or want to share, and you can stick these on the wall as when they come to you)	
Focus group questions: 1. Has anybody experienced an accident? If the answer is yes, ask are you happy to share the experience with us? Can you describe an accident that you have had? 2. If you have been approached with safety messages in the past, who by? And what type? 3. How useful did you find the information? 4. Did you follow the advice you were given? If not, why not? 5. What is the biggest influence on you in keeping your child safe? 6. My experience of looking after children... 7. As a parent with everything you have to cope with how important is safety in day to day life? 8. How best do you think we could get safety messages across so they are acceptable to you?	In case focus group and questions do not stimulate discussion as planned then: 1. Use hazard hunt/refer to draw and write.	30 mins
Play if game (optional)	Use general questions as light hearted finish	5-10mins
Lunch/break		20-30mins

Show DVD		10 mins
Discuss DVD	<p>What are the issues that the DVD raises for you?</p> <p>Did the DVD prompt you to think about things that you would like to change at home?</p> <p>Does the number of children injured by accidents in the home surprise you?</p>	10 mins
Present information: 'Why do children have accidents? Followed by Safety and child development.		10mins
Height Chart	Will I be reading this out?	5-10 mins
Flip chart	Highlighting what's in the goody bag	20 mins
Questions		
Evaluation sheet		

# A reminder of our ground rules

1. **Respect** the teacher, visitors, each other and the property



2. **Listen** to what is being said so we don't waste time or miss important communication

3. **Ask Questions** if something is not clear or you need more information



4. **Confidentiality** - what we say in this room should stay in this room unless we are concerned about your safety or someone else's





## Appendix 6: Safety and Child Development



**SAFEATHOME**  
The National Home Safety Education Scheme



**0-6 months**

- Wriggle and kick, grasp, suck, roll over
- Do not leave on a raised surface

**6m-1yr**

- Stand, sit, crawl and put things in mouth
- Keep small objects out of reach

**1-2 yrs**

- Move about, reach things high up, find hidden objects, walk and climb
- Never leave alone, place hot drinks out of reach, use a fireguard



**2-3yrs**

- Be adventurous, climb higher, pull and twist things, watch and copy
- Be a good role model and be observant, place matches and lighters out of sight and reach

**3-4yrs**

- Use grown up things, be helpful, understand instructions, be adventurous, explore, walk downstairs alone
- Continue to be a good role model and being watchful, but start safety training



**4-5yrs**

- Play exciting games, can be independent, ride a bike, enjoy stories
- They can actually plan to do things and carry them out. Rules are very important, as long as everybody keeps to the same ones. They enjoy learning, continue safety training



**5-8 yrs**

- Will be subject to peer pressure and will forget things
- Still need supervision, guidance and support

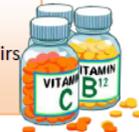
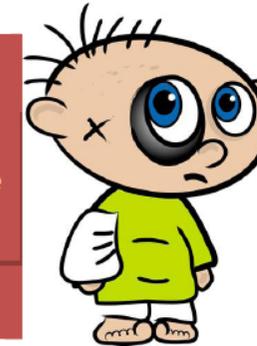
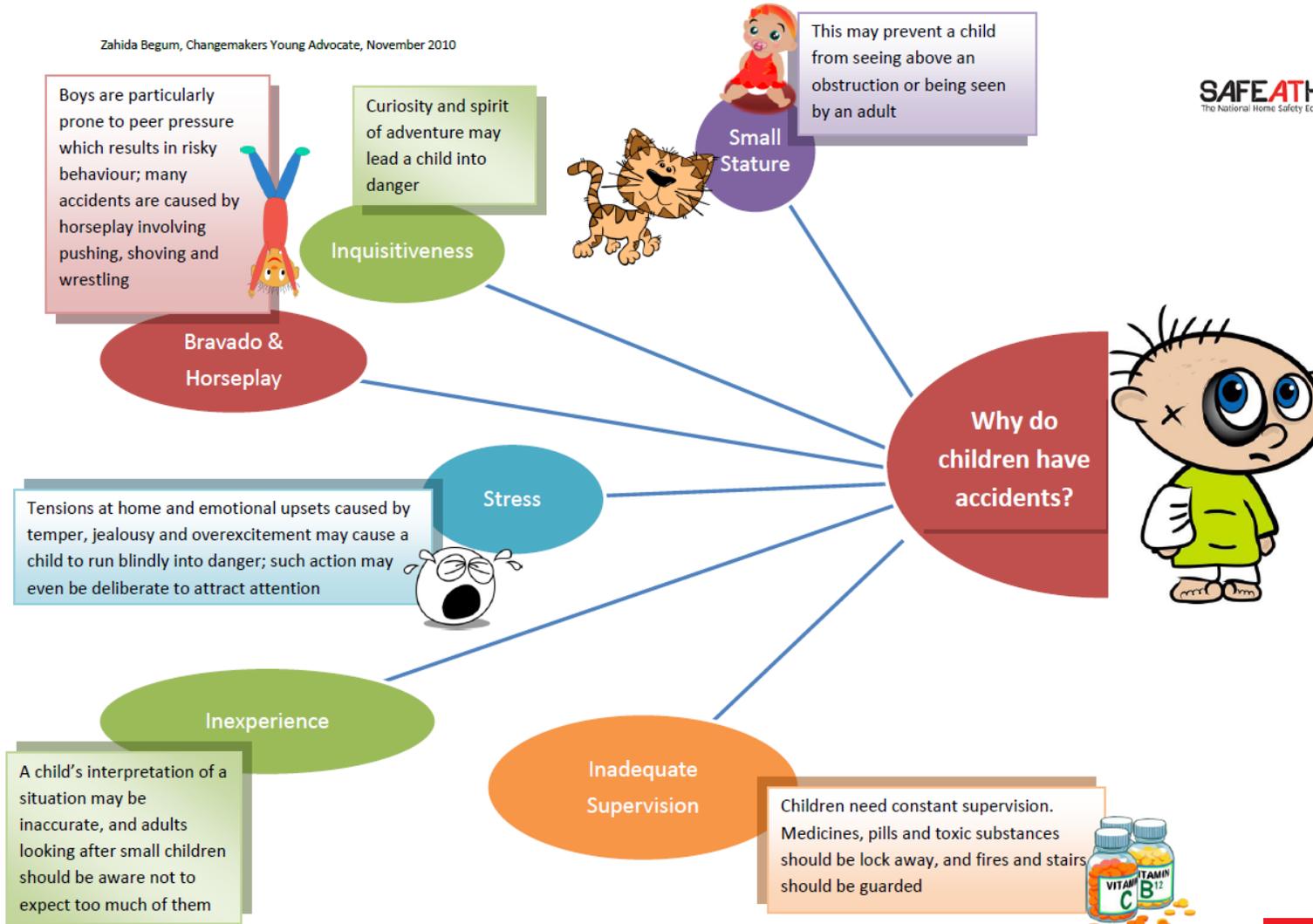
Zahide Begum, Changemakers Young Advocate  
November 2010





# Appendix 7: Why do children have accidents?

Zahida Begum, Changemakers Young Advocate, November 2010





## Appendix 8: Notes for Comment during Session

- When your child is crawling a good idea is to get down on your hands and knees and explore the potential hazards your child can see. Examples are exposed heating pipes, oven doors that heat up very fast, sharp corners and glass.
- Be aware of table clothes that lean over the side of the tables.
- Develop pre-safety skill-like pre reading skills.
- Give a good base to develop safety awareness.
- Prepare them to take responsibility of their own safety.
- You are the best role model, social learning theory, make learning about safety fun.
- Use a cookery session to introduce ideas about safety i.e. washing of hands, hot cooking oven how to use equipment.
- Use simple language to talk about potential hazards and why they could be dangerous, simple words like 'hot and would hurt'.
- Traffic light biscuits talk about what colours mean.
- Messy play! Sand water paint.
- Bath time is a good time to talk about hot and cold. Show child to test water. Sit away from hot tap.
- The best way to empower your child is to increase their self esteem, so when the opportunity arises, let them make their own decisions and reward sensible behaviour.
- Children's ability to assess risks develop slowly and is dependent on experience and language development i.e. crossing road.
- Key area of development is when your child plays with other children because then they learn to understand how their actions affect others.

Other materials include the home safety flip-chart, Home safety DVD, Height chart and hazard hunt posters. These have not been included in the appendices for practical reasons but can be provided upon request.



## Appendix 9: Evaluation Form

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

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

Strongly agree 😊      Agree      Not sure 😐      Disagree      Strongly disagree ☹️

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

Strongly agree 😊      Agree      Not sure 😐      Disagree      Strongly disagree ☹️

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

Strongly agree 😊      Agree      Not sure 😐      Disagree      Strongly disagree ☹️

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

Strongly agree 😊      Agree      Not sure 😐      Disagree      Strongly disagree ☹️

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

Strongly agree 😊      Agree      Not sure 😐      Disagree      Strongly disagree ☹️

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

Strongly agree 😊      Agree      Not sure 😐      Disagree      Strongly disagree ☹️

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

Strongly agree 😊      Agree      Not sure 😐      Disagree      Strongly disagree ☹️

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

.....  
.....  
.....

**Please leave any additional comments.**

Thank you for taking the time to complete this form.



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