



Evaluation of the Safer Homes programme

Royal Society for the Prevention of Accidents

April 2015

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A report submitted by [ICF Consulting Services](#)

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[ICF Consulting Services Limited](#)

Watling House
33 Cannon Street
London
EC4M 5SB

T +44 (0)20 3096 4800

F +44 (0)20 3368 6960

www.icfi.com

Document Control

Document Title	Evaluation of the Safer Homes programme
Job No.	30300159
Prepared by	Oliver Jackson
Checked by	Michael Lawrie
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Executive summary

This is the final report of the evaluation of Safer Homes, undertaken for the Royal Society for the Prevention of Accidents (RoSPA) by ICF Consulting. It draws on evidence from primary research with the local authorities who have been involved in the programme, training beneficiaries and members of the public who were beneficiaries of activities delivered under the programme, as well as analysis of programme documentation and interviews with programme stakeholders. The study commenced in October 2014 and fieldwork was completed in April 2015.

There is a clear rationale for intervention in home injury prevention; the policy context presents both opportunities and challenges

Accidents in the UK are responsible for the deaths of 14,000 people every year while more than 700,000 people are injured. They are the principal cause of death for people aged under 40 in the UK. Falls and fractures in people aged over 65 account for more than 4 million bed days each year in England and are the leading cause of accident-related mortality in older people. Almost 1 million children experience accidents in the home requiring emergency care. Almost half are under the age of four. There is a clear rationale for intervention to prevent injury for people aged under 5 or over 65.

The new responsibilities for public health assumed by local authorities as a result of the Health and Social Care Act 2012 have been described as one of the most significant extensions of local government powers and duties in a generation. The policy context is also supportive, with the NHS Five Year Forward View placing an emphasis on preventative approaches and the role of public health. These factors present opportunities for local authorities to make change. However, there are also challenges – among them the need for local expertise in assessing need and prioritising resources in the context of ongoing fiscal pressures on the public purse.

Safer Homes aims to support local authorities in shaping a strategic response to home safety

The Safer Homes programme aimed to raise the profile of accident prevention among public health professionals and other local authority colleagues at a crucial time of change for the group. It has invested around £750k in a range of support for 31 local authorities between 2012 and 2015. It was funded by the Department of Health through the Innovation, Excellence and Strategic Development programme, which aims to support new ideas in health and social care.

The programme aimed to work through four strands of activity to achieve its objectives. These were:

- Briefing: providing information to senior managers, decision makers and local practitioners about current home safety issues;
- Consultancy: working with local partners to develop strategic plans and business cases;
- Training: providing local practitioners with knowledge and skills to enable them to plan, implement and evaluate local interventions; and
- Interventions: local partners, supported by RoSPA, develop a practical intervention tailored to address the needs of a particular community within a local area.

Safer Homes consultancy support has generated significant strategic impact

Interviewee feedback suggests a clear rationale for RoSPA intervention in local authorities and their partners at the strategic level. In the local authorities engaged in the research, previous work in the area of home safety was typically ad hoc, time-limited and limited in scope, often because it was not a recognised public health priority and because of a lack of a dedicated person leading the agenda.

“Without being approached by RoSPA that [strategic development] wouldn’t have happened because there wasn’t a focus at the time – there was so much going on, organisationally and nationally.”

Despite this, interviewees were able, and often stated that they were required, to map the Safer Homes work to a wide and varied range of existing strategic priorities. Stakeholders often mentioned

falls prevention strategies and targets in connection with the home safety of older people. Child home safety was linked to targets from infant mortality to attainment in school.

Some form of briefing or consultancy was offered to all projects. This varied considerably in its nature and scope. The main type of support offered was input into existing strategic work, through data support, sharing of good practice and the provision of advice and guidance. There are also examples of the development of new strategies, business cases for dedicated posts, and work to embed home safety within wider public health strategies.

Interviewees spoke highly of the quality of the consultancy and briefing support received. They valued having an external and independent 'challenge,' the input of expert advice, the flexibility of their approach in tailoring the project to local circumstances, and the sharing of good practice from other areas.

There is clear evidence of strategic outcomes as a result of the RoSPA support. These include increased awareness of home safety among strategic and operational staff; improved partnership working across a range of organisations; and the development of strategies specific to home injury prevention.

The evidence suggests, most immediately, that there is increased awareness among strategic and operational staff. Participants in the consultancy strand are more informed of issues related to injury prevention in the home and how this can relate to other key public health challenges. As a result there is evidence of injury prevention having increased in prominence among public health priorities locally.

"Within public health the unavoidable injuries agenda is a priority for the next year. It's now visible, its importance is recognised throughout the senior management team. Whereas in the past it wasn't as paramount, it is now and I think that's the biggest [outcome] really."

There is also evidence of improved partnership-working across statutory services. For example, interviewees described new relationships with social care to plan interventions, and with the local fire service to deliver them. Being able to leverage funding from the CCG has also counted as evidence of this type of outcome.

As a result, local authorities better understand the need for a strategic approach and strategies are being put in place. Evidence from the programme MI and interviews suggests these strategic developments would not have happened as quickly or to the same standard. Examples have included the development of strategies, action plans, business cases and dedicated accident prevention roles across the case study local authorities. *"I do think there is a legacy there of the strategy and action plan up to 2017. That was a direct result of RoSPA having contacted us."*

Feedback suggests that without the RoSPA contact through Safer Homes, these strategic developments were unlikely to have happened. At the same time, consultancy support was particularly effective where there was senior management buy-in at an early stage. Linking home injury prevention to other key public health targets was another key success factor. Common challenges faced include administrative challenges related to the transition from PCTs to local authorities; the ability of quality local data to make the case to the commissioners; and financial pressures.

The training offered increased participants' knowledge and confidence in delivering home safety interventions

Safer Homes offered two training courses: Child Safety in the Home; and Older People's Safety in the Home (although a third course – Introduction to Home Safety – was delivered in a limited number of areas on request). A wide range of professionals and practitioners were attracted to the training for the opportunity to address a skills gap or because they had an interest in the subject.

"I went on the training myself because being out in the community, I needed to have that background knowledge [of accident prevention]."

Participants reported that the delivery of the training was high quality, particularly in terms of its flexibility, location and high-quality tutors. The training was reported by survey respondents to be relevant, that it increased their confidence in their role and that it filled a gap in their knowledge. The training did not typically equip participants with new skills or enable them to carry out tasks they were not already capable of performing. This may be because most participants already considered home safety to be a central part of their remit.

"[I have] a much better understanding of what to look for and how to remove the hazards and identify the hazards, and how better to communicate that to the owner or the resident."

These increases in knowledge and confidence have translated into action. Two thirds of respondents reported that they have taken actions to inform colleagues about accident prevention, and around a half stated they have taken other actions to raise the profile of accident prevention in their organisation following the training. These have included supporting families to be more aware of home safety, conducting risk assessments and spreading training information to other staff members and volunteers.

"I shared the information from the training with them; the statistics and the facts. We talked about [scalds]...I also took out some of the resources which has been valuable because if you are sharing the resources with people, they are quite interested in listening to the messages"

Community interventions were successful in installing home safety equipment, raising awareness and changing home safety behaviours in vulnerable groups

Safer Homes provided local authorities with seed funding of £2,000 to develop and deliver a locally tailored home safety intervention. 29 Local Authorities have delivered a community intervention to an estimated 166,619 beneficiaries. Approximately half of these interventions focussed specifically on child safety, and about one-third focussed on the safety of older people. Four projects distributed the 'Facing Up to Falls' video.

Projects used a variety of means to deliver interventions. Most commonly, local authority, fire service and third sector employees received awareness raising training to be able to work more effectively with families or older people, sometimes within targeted groups (for example, working with migrant families). In some cases a more formal risk assessment and installation was carried out. In this way, many community interventions added value to an existing service which had already established a relationship with families and/or older people. Projects have distributed home safety resource packs, installed home safety equipment, and disseminated injury prevention messages broadly.

Interviewees valued the flexible and light-touch approach adopted by the RoSPA regional consultants in delivering the community intervention. The approach was described as supportive, rather than prescriptive, enabling local authorities to tailor interventions to local needs and align them with local strategic drivers. Beneficiaries also appreciated the home safety equipment provided as part of many community interventions.

The community interventions have generated a range of outcomes, both for project delivery organisations and their beneficiaries. They have successfully installed home safety equipment and generated increased home safety awareness among a large number of families and older people.

"I think it was clear that the participants have learnt a lot. I was pleasantly surprised at just how much they remembered. The sessions that were provided have been really enlightening for not only the participants but their family and friends too."

This has led to changes in home safety behaviour which were described vividly by the beneficiaries of the interventions and include keeping harmful objects out of reach, making alterations to the home (for example altering blind cords), and changing attitudes and behaviour towards children

"We have anecdotal evidence of impact from parents who say they will go back home and make changes...such as [altering] the blind cords... [it has also] raised questions for some mums and dads that have gone 'you know what, I'm going to make sure that [these hazards] are out of the way.'"

Community interventions have also worked to disseminate a wide range of home safety equipment such as stair gates, hair straightener pouches and carbon monoxide detectors to targeted families who are at greater risk and are less able to pay for this equipment without support.

In some cases there has been evidence of improvements to population health, for example in the evaluation of a slipper exchange. Projects have improved partnership working across local areas and added value to existing provision. There are also positive outcomes for the development of partnerships across the local health economy. Often projects have worked across services and traditional organisational boundaries, leading multi-agency work across, for example, housing, children's centres and the voluntary sector.

"It's made us form links with people that we wouldn't have usually worked with. We would really like to keep those links open as well if we do ever get funding in the future".

Interviewees very commonly reported that this work added value to existing provision. It represents a high level of additionality as it has not duplicated existing effort and was unlikely to have been resourced without support from RoSPA funding. For example, the provision of safety equipment resource packs from RoSPA funding was often cited as a key draw for participation in Safer Homes and as a driver for the success of local projects.

Challenges identified relate to encouraging training participants to apply learning within their practice, and to finding funding for sustainability. However, where progress has been made in embedding home safety on the public health agenda, some areas have been successful in supporting the sustainability of dedicated resources and interventions.

Strategic impacts are likely to be sustained; financial pressures present a challenge to the sustainability of some community interventions

There are four main models of sustainability evident across the programme. These include:

- The raised profile of the issue having a continued impact on the decisions and policy making in the organisations;
- The development of new relationships or partnerships which will continue to shape policy and priorities in the area following the end of Safer Homes;
- The programme illustrating the demand for a product or intervention, which is then met by mainstream resources in future; and,
- The production of tangible outputs which will continue to be available and used following completion of the programme.

The consultancy support, which generated outcomes at the strategic levels of organisations, was reported to be most likely to generate sustainable outcomes with several examples of this sort of support having created a programme legacy in numerous locations.

Where the sustainability of Safer Homes was thought to be limited, this was generally where the programme had made only a relatively small contribution in a local authority area, where institutional / personnel change created a lack of continuity or where there was not a named individual charged with continuing work in the area.

Other factors contributing to a high degree of sustainability include tying action in the area to broader targets and political priorities locally. The value of these drivers was exemplified in those case study areas where activity in relation to accident prevention is long-standing.

While local authorities face substantial financial challenges in the coming years, potential opportunities for RoSPA have been identified. In general, RoSPA is seen as a well-known and credible name in the public health area. Consultancy and the wider provision of high quality evidence were noted; there is also a particular role for sharing how similar challenges are currently being addressed in different local authority areas.

On the basis of this evidence we have developed eight recommendations for RoSPA and for public health agencies

Recommendation 1: This evaluation has found evidence of a need for interventions which draw local policy makers' attention to the issue of accident prevention and help them to form strategic responses to the challenges in their area. It has also found there to be value to the provision of targeted support, awareness raising and training to local organisations working in this area. As a result, Public Health England and the Department of Health should consider funding of future programmes in this area. RoSPA should be consulted in the shaping of future programmes, as well as using its expertise to deliver the support.

Recommendation 2: In future programmes, RoSPA should retain a flexible offer in terms of the nature and subject matter of the support being offered. Efforts should be made at bidding stage to ensure that different parts of the programme complement one another. Safer Homes can be used as a model, in this respect.

Recommendation 3: In future programmes RoSPA should continue to ensure that communications about the programme, and any branding, explicitly links the potential benefits with key policy challenges and targets facing local healthcare economies and wider issues. Safer Homes' successes in several local authority areas can be used as a model, in this respect.

Recommendation 4: In future programmes, RoSPA should continue to work with local stakeholders to target training at the most relevant professionals. Consideration should be given to the extent to which they work in people's homes, and their likely baseline knowledge. Training delivery should be as interactive as possible.

Recommendation 5: Recognising the challenge of gaining comprehensive and consistent data from projects which have been supported, RoSPA should consider approaches to improving the quality of data submitted in future programmes. This may include working more closely with projects to improve the quality of responses to data requests, or providing written guidance and templates at the outset.

Recommendation 6: Building on the work of the Red Book, RoSPA has a continued role to play in developing an up-to-date evidence base on the need to reduce accidents, and what works in preventing them. There is also an opportunity for RoSPA to provide guidance on what works in developing successful accident prevention policies and strategies and working with agencies to implement them.

Recommendation 7: Local authorities and Clinical Commissioning Groups continue to commission programmes, services and interventions which align with some of RoSPA's key strategic priorities (and those of Safer Homes), for example, falls prevention. RoSPA should continue to assess how it can use its expertise and influence to shape these commissioning intentions, and / or partner with organisations delivering the contracts (many of which are third sector organisations who may value RoSPA's expertise in this area).

Recommendation 8: The evaluation has identified substantial support for RoSPA's more 'traditional' activities which are considered to be funding high quality safety products and well-informed campaigns. Individuals and teams working in this area at the local level gained a lot from these activities therefore RoSPA should continue to include this type of activity in their strategy.

1 Introduction and methodology

This is the final report for the final evaluation of the Safer Homes programme prepared for the Royal Society for the Prevention of Accidents (RoSPA) by ICF Consulting. It draws on evidence from primary research with the local authorities who have been involved in the programme, training beneficiaries and members of the public who were beneficiaries of activities delivered under the programme, as well as a review of programme documentation and interviews with programme stakeholders. The study commenced in October 2014 and fieldwork was completed in April 2015.

1.1 Background to the evaluation

Safer Homes is a £750,000 programme funded by the Department of Health Innovation Excellence and Strategic Development (IESD) programme. Its purpose is to raise awareness and improve the delivery of home injury prevention activity in 30 local authority areas in England, through the delivery of consultancy support, training and community-focused interventions.

The programme is being managed by RoSPA and has been delivered primarily by consultants in home safety working in different English regions. The programme ended in March 2015.

1.2 Evaluation aims and objectives

Five main research questions were set. These are to explore:

- The effectiveness of the Safer Homes Programme on strategic development through inclusion of home injury prevention in strategy and policy
- The effectiveness of the varied programme of community initiatives across the 30 Safer Homes areas on the target communities
- The effectiveness of the training provided and the extent to which practitioners have incorporated the key home safety messages into daily practice with clients
- The overall sustainability of the work initiated under the programme – how much will continue when the programme comes to an end in March 2015
- How well this IESD funding has contributed to helping RoSPA develop its business model to reduce future need for central government funding.

1.3 Evaluation methodology

1.3.1 Key tasks

This study has used a two-stage methodology. First, to develop the evaluation framework and the research tools, a scoping stage of research was carried out which included:

- Collection and analysis of programme documentation;
- Assessment of the Management Information (MI) being collected; and,
- Scoping interviews with key RoSPA stakeholders, and a range of other individuals working in the policy area.

Based on these scoping tasks, a logic model was produced for the entire programme which was used to develop an evaluation framework. This framework underpinned the approach and informed all research tools. The logic model and evaluation framework are in Annex 2.

Based on this framework a set of topic guides were developed for use in the main phase of fieldwork. These are in Annex 3.

Following agreement of the evaluation framework, the main phase of fieldwork commenced. The main research tasks were as follows:

- The development of eight case studies on particular local authorities that have engaged with the programme. Each case study was constituted of a mixed set of interviews with project stakeholders, training beneficiaries, and members of the public. Each case study was written up into a standalone document. These are in Annex 1. In total, across these case studies, 27 project stakeholders, ten training participants and eight community intervention beneficiaries were interviewed.
- Semi-structured telephone interviews with 15 project stakeholders from the remaining 22 local authorities.
- A short e-survey distributed to all beneficiaries of training delivered by through the Safer Homes programme for whom RoSPA held the contacts. There were 95 responses to this survey, which represented a response rate of around 28% of the 345 participants who received a link to the survey. More detail is given in Annex 4.
- Semi-structured follow-up telephone interviews with 12 individuals who have received training as part of the programme, and had given their permission to be contacted (a total of 36 gave permission to be contacted).

1.3.2 Methodological limitations

The methodology has enabled all the research questions to be answered. However, interviews have not been undertaken with all local authorities that took part. Several local authority contacts stated that they did not have enough knowledge of the programme to take part. This was largely due to personnel changes within organisations since they took part in the programme, or the fact that the programme had only provided a relatively small input in their area. Research with beneficiaries of community interventions was not able to take place in all of the case study areas. This was primarily where the nature of the intervention was either quite limited or too far in the past for these people to comment on the programme. The e-survey received a reasonable response rate for two of the training courses delivered.¹

1.4 Structure of the report

The remainder of this report is as follows:

- Chapter 2 describes the programme, its rationale and context;
- Chapter 3 sets out findings related to the consultancy and briefing strands of the programme;
- Chapter 4 sets out findings related to the training strand of the programme;
- Chapter 5 sets out findings related to the community intervention strand of the programme;
- Chapter 6 sets out the findings related to the sustainability of the programme, and the implications of the programme for RoSPA; and
- Chapter 7 sets out the conclusions of the evaluation, and a set of recommendations for action for RoSPA based on these.

¹ One of the courses – ‘an introduction to home safety’ – was not widely promoted and delivered only on request. As a result it had relatively few participants, limiting the comparative analysis possible. However its responses have been retained in the overall analysis.

The main body of the report is supported by five annexes:

- Annex 1 sets out case study write ups of the implementation of Safer Homes in selected local authorities;
- Annex 2 sets out the logic model and evaluation framework for the study;
- Annex 3 sets out the research tools used for each stage of the method;
- Annex 4 sets out a more detailed methodological note for the study; and,
- Annex 5 sets out a list of participating local authorities

2 The programme, its context and rationale

This chapter presents findings on the context and rationale for Safer Homes, the design of the programme and its management.

2.1 Context and rationale

Accidents in the UK are responsible for the deaths of 14,000 people every year while more than 700,000 people are injured.² They are the principal cause of death for people aged under 40 in the UK.

Falls and fractures in people aged over 65 account for more than 4 million bed days each year in England and are the leading cause of accident-related mortality in older people. Almost 1 million children experience accidents in the home requiring emergency care. Almost half are under the age of four.

Unintentional injuries are responsible for 23% of all Preventable Years of Life Lost,³ making accidents the dominant cause of preventable death. Moreover, RoSPA analysis suggests that accidents in the home have risen steadily over recent years.⁴ There is a clear rationale for intervention to prevent injury for people aged under 5 or over 65.

Another key rationale for the programme relates to the new responsibility for public health that local authorities assumed as a result of the Health and Social Care Act 2012. The aim was to create:

“A 21st century local public health system based on localism, democratic accountability and evidence”

While the new system is led by local politicians, a local Director of Public Health:

- leads work to establish a strategy for the local area;
- completes a joint strategic needs assessment;
- establishes a Health and Wellbeing Strategy and investment plan, and
- commissions public health services.

The Health and Wellbeing Board, which brings together these new responsibilities, should also act as a challenge to the local NHS. Accident prevention clearly forms part of this nexus, but it is one element among many that local authorities / stakeholders must consider when setting locally-rooted plans.

The Local Government Association (LGA) described the new public health responsibilities as:

“One of the most significant extensions of local government powers and duties in a generation.”⁵

The NHS *Five Year Forward View* commits to taking this further. The strategy sets out a central role for preventative approaches and the role of public health.

² RoSPA (2013), *Delivering accident prevention at local level in the new public health system*

³ ‘Preventable years of life lost’ is a measure of premature mortality from causes considered to be preventable (as set out by the Office for National Statistics). It is used to compare the relative importance of different causes of death, particularly between those which occur while young and those in old age. It is the average number of years an accident victim would have lived if he or she had not died before their time.

⁴ <http://www.rospace.com/BigBook/big-book.pdf>

⁵ <http://www.local.gov.uk/public-health> [Accessed on 9 April 2015].

“The first argument we make in this Forward View is that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health.”⁶

It takes the reforms to public health responsibility further by committing to *“advocate for stronger public health-related powers for local government and elected mayors.”*

The changes presented opportunities for local authorities. However, a set of challenges were also inevitable. Among them,

- A shift in expertise was required: Making decisions on where to prioritise resources in relation to public health requires a thorough understanding of the health characteristics of the local area.
- An understanding of the role of public health as a means of preventing longer-term health challenges in the local area is necessary.

The action of priority setting is crucial within public health. RoSPA has argued that, historically, accident prevention has not received sufficient attention from policy makers, despite the fact that accidents are the principal cause of death in the UK in people up to the age of 39.⁷ The changing responsibilities brought about by the Health and Social Care Act 2012 provide an opportunity to re-position how communities and local authorities work to reduce accidents in the home.

The evidence base for the effectiveness of intervention in this area is robust. For example, NICE guidance on preventing unintentional injury among under 15s in the home,⁸ and Public Health England guidance on reducing unintentional injuries in and around the home among children under five years.⁹ RoSPA's Big Book of Accident Prevention¹⁰ makes the economic case and provides local authorities with tools to put this guidance into practice. Furthermore, the effectiveness of local road safety campaigns over the past 25 years suggests that action might be successfully taken to reverse the trend of increasing deaths in the home.¹¹

These considerations suggest a clear rationale for intervention.

2.2 Consideration of the design of Safer Homes

2.2.1 Aims of the programme

The Safer Homes programme aimed to raise the profile of accident prevention among public health professionals and other local authority colleagues at a crucial time of change for the group. It has invested around £750k in a range of support for 31 local authorities between 2012 and 2015.

It was funded by the Department of Health through the Innovation, Excellence and Strategic Development programme. Safer Homes will contribute to the first priority of IESD Theme 3: Improving Public Health.

⁶ NHS (2014) *Five Year Forward View*

⁷ <http://www.rospace.com/about/currentcampaigns/publichealth/> [Accessed on 9 April 2015]

⁸ <https://www.nice.org.uk/guidance/ph30> [Accessed on 9 April 2015]

⁹ Public Health England (2014) *Reducing unintentional injuries in and around the home among children under five years*

¹⁰ <http://www.rospace.com/RoSPAWeb/docs/public-health/big-book/index.html> [Accessed on 9 April 2015]

¹¹ <http://www.rospace.com/BigBook/big-book.pdf> [Accessed on 9 April 2015]

IESD provides funding to support health and social care projects for between one and three years. It is open to voluntary sector organisations. The Fund aims to support new ideas in the health and social care area. It also aims to increase the capacity and capability of voluntary sector organisations.

Safer Homes aimed to work with local authorities and their partners to develop a strategic approach and encourage local action to reduce home accidents. The key objectives of the programme were to:

- Address injury prevention as a key public health issue;
- Devise and implement a systematic approach integrating injury prevention into local plans and programmes;
- Build capacity by training the wider public health workforce in the key aspects of home accident prevention; and
- Develop and deliver a local community intervention raising safety awareness and influencing behaviour change among key target groups.

The programme aims particularly to support two groups of beneficiaries: children aged under 5, and older people aged over 65.

2.2.2 Targeting of the programme

To address health inequalities and focus activity on areas where injury prevention need is highest, the programme has used national dataset to establish a targeted approach to local authorities. Data on deprivation were taken from the Indices of Multiple Deprivation and on under-5 and over-65 admissions due to serious accidental injury from Hospital Episode Statistics data. The targeting strategy also took into account geographical factors including urban and rural settings, local authority size and geographical spread. All of these factors, taken together, informed the selection of a sample of 31 local authority areas.

As a result of this targeting strategy, 20 of the 31 local authorities feature in the 50 most deprived areas in the Indices for Multiple Deprivation. Moreover, seven feature in the ten most deprived areas and 15 in the 25 most deprived areas. 21 of the 31 local authorities are in the top 50 for Under 5 hospital admissions, including 8 local authorities ranking in the top 10. Additionally, 21 of the local authority areas also featured in the top 50 areas for over 65s hospital admissions relating to falls in the home, including six in the top 10.

Each community intervention targets a vulnerable community group identified as a priority by the local authority. This has included families with children aged under five, older people at risk of falls, and migrant families. Local authorities themselves were responsible for defining these target groups in response to local need.

2.2.3 Programme activities

The programme aimed to work through four strands of activity to achieve its objectives:

- **Briefing:** RoSPA regional consultants provide information to senior managers, decision makers and local practitioners about current home safety issues, for example to housing managers or at a child injury prevention seminar. Programme MI suggests that this was delivered in 14 local authorities, although there was not always a clear distinction made in practice between the briefing and consultancy strands.
- **Consultancy:** RoSPA senior managers and regional consultants work with Directors of Public Health, Heads of Service, Health and Wellbeing Board representatives and other local partners to develop strategic plans and business cases for programmes such as home safety equipment schemes to home accident prevention. Examples include working with senior staff at Blackburn with Darwen Council to develop an injury

prevention strategy. Programme MI suggests that this was delivered in 29 local authorities, although there was not always a clear distinction made in practice between the briefing and consultancy strands. Every local authority area received either briefing or consultancy support.

- Training: RoSPA regional consultants provide local practitioners with knowledge and skills to enable them to plan, implement and evaluate local interventions. Programme MI suggests that this was delivered in 22 local authorities.
- Interventions: local partners, supported by RoSPA regional consultants, develop a practical intervention tailored to address the needs of a particular community within a local area. Examples include a hair straighteners awareness project in Sefton and a 'facing up to falls' video in London. Programme MI suggests that this was delivered in 30 local authorities.

2.2.4 Intended outcomes

The programme aims to bring about outcomes for beneficiaries, local authority partners and the wider health economy. The stated outcomes are:

- Improved partnership approach with more robust agreements to take forward home injury prevention plans;
- A measurable increase in local injury prevention activity;
- Measurable changes in safety behaviour and attitudes in a targeted local community;
- An improvement in the local capacity among staff, both in terms of numbers trained and competence to provide practical advice and solutions;
- Reduction in health inequalities through better targeted activities;
- Improvement of local data collection and dissemination in order to better understand the local position with regard to home injury; and
- Development of a package that can have widespread national application.

2.3 Programme management

The Safer Homes programme is primarily delivered through two regional consultants (covering the North West; and Midlands and South respectively), coordinated by a project manager with oversight from RoSPA senior management. As a strategic influencing programme, Safer Homes aimed to use this resource to leverage significant in-kind commitments from the local authorities targeted.

The programme specified a number of indicators and data sources to measure progress against its stated outcomes and reported on these to the Department of Health. As such it has collected management information on:

- Number of local authorities attending initial briefing/consultancy sessions and signing up to Safer Homes;
- Number of local authorities delivering community interventions;
- Surveys of families participating in community interventions; and
- Number of people attending Safer Homes training sessions.

The nature of Safer Homes as a strategic influencing programme creates challenges for capturing relevant and useful data – and particularly so against longer-term outcomes such as changes in behaviour.

The programme's management information has succeeded in capturing data on programme outputs, in terms of the number of consultancy, briefing and training sessions Safer Homes has delivered. Survey data have also been collected from training participants with some evidence that learning is being applied in practice.

Programme management information is largely descriptive rather than evaluative. It details the community interventions delivered but does not situate these against the context of existing provision and so cannot systematically demonstrate how significantly Safer Homes has added to 'business as usual' for local authorities (however the primary research undertaken as part of the evaluation identifies that in many areas there was very little existing activity in the area). Similarly, while all local authorities were encouraged to evaluate their programmes, not all did so (often citing lack of capacity as a barrier). As a result, no programme-level outcomes data are available.

Chapter summary

Accidents in the UK are responsible for the deaths of 14,000 people every year while more than 700,000 people are injured.¹² They are the principal cause of death for people aged under 40 in the UK. Falls and fractures in people aged over 65 account for more than 4 million bed days each year in England and are the leading cause of accident-related mortality in older people. Almost 1 million children experience accidents in the home requiring emergency care. Almost half are under the age of four. There is a clear rationale for intervention to prevent injury for people aged under 5 or over 65.

The new responsibilities for public health assumed by local authorities as a result of the Health and Social Care Act 2012 have been described as one of the most significant extensions of local government powers and duties in a generation. The policy context is also supportive, with the NHS *Five Year Forward View* placing an emphasis on preventative approaches and the role of public health. These factors present opportunities for local authorities to make change. However, there are also challenges – chief among them the need for local expertise in assessing need and prioritising resources in the context of ongoing fiscal pressures on the public purse.

The Safer Homes programme aimed to raise the profile of accident prevention among public health professionals and other local authority colleagues at a crucial time of change for the group. It has invested around £750k in a range of support for 31 local authorities between 2012 and 2015. It was funded by the Department of Health through the Innovation, Excellence and Strategic Development programme, which aims to support new ideas in health and social care.

The programme aimed to work through four strands of activity to achieve its objectives:

- Briefing: providing information to senior managers, decision makers and local practitioners about current home safety issues;
- Consultancy: working with local partners to develop strategic plans and business cases;
- Training: providing local practitioners with knowledge and skills to enable them to plan, implement and evaluate local interventions; and
- Interventions: local partners, supported by RoSPA, develop a practical intervention tailored to address the needs of a particular community within a local area.

¹² RoSPA (2013), *Delivering accident prevention at local level in the new public health system*

3 Consultancy and briefing

This chapter sets out an overview of the consultancy and briefing strands of the programme. It begins with the context and rationale for local authorities taking up the consultancy and briefing support, continues with a description of the diverse types of support offered, and concludes with the outcomes reported.

3.1 Rationale

Interviewee feedback suggests a clear rationale for RoSPA intervention in local authorities and their partners at the strategic level. In the local authorities engaged in the research, previous work in the area of home safety was typically ad hoc, time-limited and limited in scope, often because it was not a recognised public health priority and because of a lack of a dedicated person leading the agenda. Two typical comments were:

“It wasn’t on anyone’s list at the time when the project started which is why we were keen to be involved... as a public health team we wanted to be involved in it but hadn’t. It was just one of those areas where there was no one dedicated working on it.”

“There had been some work on home safety within the NHS and the funding had been cut, so there has been a lull in activity – at the time with the transition [of public health from the PCT to the local authority] it was one of those areas that slipped.”

Despite this, interviewees were able, and often stated that they were required, to map the Safer Homes work to a wide and varied range of existing strategic priorities. Stakeholders often mentioned falls prevention strategies and targets in connection with the home safety of older people. Child home safety was linked to targets from infant mortality to attainment in school.

“There is a massive evidence base – we know it prevents accidents, we know some of the wider stuff around time taken off by parents if their child is injured... and the longer term impact on children’s education, so that’s how we work it. What we can’t do in public health is think pure health, we have to think much broader – [just] because it is a massive health issue, that doesn’t mean it will necessarily be a huge priority. As many hooks you can hook into or as many ticks you can get, the more likely it will be that it is prioritised.”

By aligning Safer Homes to key strategies and targets related to, for example, vulnerable people, maintaining independence and wellbeing, preventing unnecessary hospital admissions, reducing avoidable deaths and reducing infant mortality, projects were sometimes able to speak to CCG targets, further increasing the receptiveness of the local health economy to participating in Safer Homes.

“We don’t have any money to deliver anything around accident prevention, the CCG funds the home safety equipment scheme because of the fact that it is hitting their big target around reducing A&E attendance and admissions.”

Financial constraints on local authorities act as a barrier to dedicating resources to home safety, with one interviewee describing a reduction from 50 public health staff to just 16. This context has created a demand for RoSPA capacity and expertise at the strategic level, in the absence of local authority resource to provide this in-house.

Furthermore, the transfer of the public health function from PCTs to the local authority has created both opportunities and threats. Some spoke about the benefits of co-location and increased opportunities for integrated working across health, social care, housing and education. On the other hand, the division of responsibility for older people and children/young people – often across different directorates – can act as a barrier to an integrated approach to accident prevention. Public health staff also described political

pressures on prioritisation of public health issues which did not exist before the transfer to local authorities.

In this context, interviewees most often described the appeal of the Safer Homes offer as in supporting strategic work through expert input and data support, helping to provide focus to the work as well as to align it to the broader strategic drivers locally.

“When the data was highlighted it showed we needed to run with it – it came within the Public Health Outcomes Framework.”

3.2 Activity

The two regional consultants employed by RoSPA to deliver the consultancy and briefing strands of Safer Homes delivered a variety of support in response to local needs.

Neither the regional consultants nor the local authorities that were interviewed typically drew a distinction between the briefing and consultancy aspects of the support offered; on the ground, these strands were often thought to have been delivered interchangeably.

Some form of briefing or consultancy was offered to all projects. This varied considerably in its nature and scope, ranging from initial briefings to senior local authority staff that did not lead into development of a Safer Homes project (in three cases) to ongoing inputs to strategic development.

Through this strand the programme delivered briefing sessions on home injury prevention to a wide range of local authority and third sector staff, including:

- Directors and Consultants of Public Health;
- Housing officers and social housing providers;
- Children’s Centre staff and health visitors; and
- Films presented to large groups of staff, for example 100 delegates representing a range of older people’s groups across a region.

In some cases it was reported that this briefing material has subsequently been cascaded to other staff or directly to beneficiaries, although this appears to have been quite limited.

Briefing sessions have also been delivered in support of the specific content of local authorities’ training and/or community intervention activities as part of Safer Homes – for example a briefing session to CVS staff and volunteers in Bolton to provide advice on the home safety equipment scheme.

Consultancy support has involved high-level strategic direction as well as specific proposals on the nature of possible interventions. The main type of support offered was input into existing strategic work. RoSPA regional consultants have:

- provided data support;
- shared good practice; and
- provided advice and guidance in the development of specific strategies for home injury prevention, or to embed home injury prevention within wider strategies.

For example, RoSPA worked with Lincolnshire Public Health to provide support in obtaining quality data on which to base the targeting and design of the Safer Homes project. The team conducted an audit at a local accident and emergency department to better establish an evidence base on the causes and location of accidents involving children. This enabled the project to directly address health inequalities via a targeted approach, with the community intervention run in areas with the highest number of hospital admissions following child accidents.

In Nottingham, the RoSPA consultant shared good practice from other Safer Homes projects in addition to their own expertise through inputs to the Avoidable Injuries Strategic Partnership Group, the drafting of an avoidable injuries strategy and the specification of the home safety equipment scheme.

In addition Safer Homes has worked to embed home safety within wider strategies such as those for falls prevention strategies, and health and wellbeing.

There was often also strategic-level discussion of the Safer Homes strands. RoSPA worked with public health staff to discuss how best to coordinate Safer Homes activity, for example where these are split across locations. This included discussions of how best to combine and sequence activities for best effect – for example, linking the training and community intervention strands. In one example, RoSPA set up a Safer Homes steering group, which later widened its remit to cover all matters related to child accident prevention.

RoSPA consultants have also helped in the development of business cases to support the sustainability of key Safer Homes' activities. In Blackburn, a steering group that RoSPA helped to develop (and was a member of) successfully made a business case for a new post within public health dedicated to accident prevention. In Lincolnshire RoSPA supported the development of a business case which was successful in winning an extra £50,000 from Public Health England towards the purchase of home safety equipment; similarly in Lancashire and Southwark RoSPA supported a bid for continuation of the community intervention.

Other activities have included the development of materials – such as a falls prevention booklet in Liverpool (which was reported to have been distributed to over 70,000 dwellings across the city).

3.3 Quality of the support received

Interviewees spoke highly of the *quality* of the consultancy and briefing support received. Many spoke of the value of having an external and independent 'challenge', providing advice and constructive challenge in developing work.

"It was like having a critical friend. They were able to give us some key advice, providing us with some key elements to the work highlighting things we may have missed out, or changing some of the focus of the work."

"I could do a piece of work around the strategy, send it over, and have somebody independent have a look at it. That was really important and invaluable."

Another interviewee reported that it was valuable to have an expert external to their organisation who was able to provide some affirmation that they are doing the right things already.

The regional consultants were in high demand and a couple of interviewees thought they were spread too thinly across their projects as a result.

"The contact is very good but having one person covering a massive [geographical] area is a down side."

Interviewees also valued the support RoSPA was able to provide across the strands of the programme.

"I have been really pleased with the level of support we have got from RoSPA, they have been really supportive, and really helpful in the process of the strategy development. When we started to work on the development of the home safety equipment scheme with the CCG, they helped with the spec, and its development and what it should look like. They have been really helpful in the process."

“The greatest value has been gained from the combination of support – that is the reason why it has worked – if some of the support hadn’t existed I am not sure it would have worked.”

Participants also valued the flexibility of RoSPA’s approach in tailoring the Safer Homes programme to the needs of each locality. RoSPA were seen to contribute ideas and expertise. Additionally, the organisation’s name and reputation were seen to add credibility to the strategic work supported by the programme, adding value to this output.

“Having someone from an expert organisation working on a local injury prevention strategy adds credibility.”

Sharing of good practice from other Safer Homes areas was welcome where it was offered; feedback suggests this could have been more frequent. In the context of the shift of the public health function from PCTs to Local Authorities it was reported that there is now less sharing of good practice, suggesting a potential role for RoSPA: *“It was helpful to hear about examples of what was done elsewhere.”*

Finally, not all interviewees were aware of the range of consultancy support on offer, and it was not always clear to interviewees which parts of their work were related to Safer Homes, making it difficult to attribute outcomes to the RoSPA intervention. This suggests the need for clearer communication and ‘branding’ of the programme.

3.4 Outcomes

Interviewees often spoke of the difficulty of generating evidence of the outcomes of a strengthened commitment to home safety at the strategic level, and of sustainable behaviour change at the delivery level.

With this said, the evaluation has generated evidence of a wide range of outcomes of the consultancy and briefing intervention, at the strategic and operational levels. These have included:

- Increased awareness of home safety;
- Improved partnership working; and
- Development of strategies for home injury prevention.

The evidence suggests, most immediately, that there is increased awareness among strategic and operational staff. Participants in the consultancy strand are more informed of issues related to injury prevention in the home and how this can relate to other key public health challenges. As a result there is evidence of injury prevention having increased in prominence among public health priorities locally.

Increased awareness of home safety

“Within public health the unavoidable injuries agenda is a priority for the next year. It’s now visible, its importance is recognised throughout the senior management team. Whereas in the past it wasn’t as paramount, it is now and I think that’s the biggest [outcome] really.”

In some areas, for example Luton, this increased awareness is evidenced by an increase in referrals to existing services (in this case, Safe at Home).

Interviewees from Bolton and Lancashire also reported that Safer Homes has placed home safety on the public health agenda.

“[Safer Homes has] stopped [accident prevention] falling off the agenda...there is a lot of competition with other issues and it has made somethings happen because more

operational staff have been able to [carry out work in this area]... Strategy wise, it has made us look at some of the data [on accident prevention]”.

“I didn’t realise how much of an issue accidents in the home were until we got all the information from RoSPA”.

There is also evidence of improved partnership-working across statutory services. Interviewees have described new relationships with social care to plan interventions, and with the local fire service to deliver them. Being able to leverage funding from the CCG has also counted as evidence of this type of outcome.

Improved partnership working

“Multi-agency buy in... the fact we have some money for a home safety equipment scheme from the CCG – that’s a really good outcome.”

“There’s been a long term goal to get all of the agencies working with children all together – a countywide thing – a problem in the past was we were only working with several children’s centres. Safer Homes is a countywide project... we’re trying to get all of these agencies all working together to get the funding, the referrals, start targeting the right people.”

Sometimes, as in the cases of Lincolnshire, Blackburn, and Luton (among others) RoSPA provided support in setting up and the development of formal steering groups which provided strategic direction both for the Safer Homes project as well as the wider home safety injury agenda. These examples demonstrate valuable partnerships being cemented in formal and sustainable governance structures.

As a result, local authorities better understand the need for a strategic approach and strategies are being put in place. It is difficult to attribute the extent to which strategies would have been developed without the Safer Homes consultancy support, but the evidence from the programme MI and interviews suggests these strategic developments would not have happened as quickly or to the same standard. The role of the consultant in sharing good practice in Luton, for example, was seen as crucial to the progression of work to establish a Child Injury Prevention Group more quickly than would otherwise have happened.

“When we discuss certain issues, [the consultant] will say, ‘Well I know another local authority and they did this and this.’ It means we don’t have to spend time looking for something... [The consultant acts as] a critical friend to the group... We don’t know what goes on in other places... [and the consultant] collates this information.”

Development of strategies

Safer Homes has made significant contributions to strategic development across many of the participating local authorities.

“Strategically I can say it’s had a massive impact – it got us focussed on accident prevention, we’ve got a broad focus on it now – an action plan and a strategy.”

“The fact we have a strategy that was supported by RoSPA [is a key outcome].”

One of the clearest examples of RoSPA support catalysing new strategic development comes from Blackburn. RoSPA supported the development of a business case for a dedicated accident prevention officer, who led on the development of a borough-wide accident prevention strategy and action plan for 2014-17. This strategy has dedicated programme areas for accidental injuries in the home to both children aged 0-5 and people

aged over 65. Success in making home safety a priority for the borough is also evidenced by the presence of a chapter on accidental and unintentional injuries in the Director of Public Health's annual report.¹³

"I do think there is a legacy there of the strategy and action plan up to 2017. That was a direct result of RoSPA having contacted us."

Similarly, Safer Homes has supported the development of an injury prevention strategy for Nottingham and Nottinghamshire covering the period 2014 – 2020. This multi-agency strategy involves commitments from the city and county councils, fire and rescue, police, acute care, children's centres, RoSPA and the Childhood Accident Prevention Trust.

There is evidence this increased strategic focus is beginning to make an observable impact. One interviewee reported a 12% reduction in hospital admissions due to falls in the past 12 months. They attribute this to the development of a falls strategy – with Safer Homes consultancy support, and more specifically its imposition of clear targets to manage against. Similarly, effective monitoring of falls rates, and a targeted approach towards areas of high incidence is reported to have helped to reduce indicators across Halton. In Bolton and Blackburn, Safer Homes work supported the recruitment of dedicated accident prevention posts within public health who have subsequently spearheaded work in home safety.

Interviewees identified a number of key barriers and enablers to achieving these outcomes.

Barriers and enablers to achieving outcomes

The evidence suggests two key enablers to achieving these outcomes. The consultancy has been most effective where there is an existing commitment to home injury prevention, whether through an existing strategic framework or a dedicated champion to drive the agenda (a factor which was identified by the Regional Consultants themselves). This has proven to be an ingredient for success both for local authority's initial willingness to engage with Safer Homes – across all its strands – and for the effectiveness and sustainability of its activities.

Linking home injury prevention to other public health targets that are higher on the local agenda is also a key enabler, and has been found to meet the challenge of the increased political pressures on public health since the shift to the local authority.

The local authorities have also faced barriers in achieving these outcomes. Interviews suggest that the transition from PCTs to local government has brought increased bureaucracy, particularly within two-tier local authorities. This has placed a greater emphasis on the need for capacity and expertise to develop a convincing business case to secure match funding for home injury prevention work than was the case within the PCTs. The availability of quality local data to make the case is an additional barrier here; this also mitigates against the possibility and likelihood of demonstrating impact, which is seen as increasingly important in securing sustainability.

Financial constraints continue to impose pressures on resourcing this work, both in terms of financing and staffing, in the context of competing public health priorities. While the support was well received, very few interviewees reported that they would be able to commission further consultancy support from RoSPA on a commercial basis.

¹³ Lincolnshire County Council (2014) *Annual Report of the Director of Public Health on the health of the people of Lincolnshire 2014*

Overall the findings suggest that the consultancy and briefing support added value to existing work locally by providing a clear focus and generating momentum behind home injury prevention.

“Without being approached by RoSPA that [strategic development] wouldn’t have happened because there wasn’t a focus at the time – there was so much going on, organisationally and nationally.”

The consultancy support had maximum effect when it was able to secure senior management buy-in from an early stage.

Chapter summary

Interviewee feedback suggests a clear rationale for RoSPA intervention in local authorities and their partners at the strategic level. In the local authorities engaged in the research, previous work in the area of home safety was typically ad hoc, time-limited and limited in scope, often because it was not a recognised public health priority and because of a lack of a dedicated person leading the agenda.

Despite this, interviewees were able, and often stated that they were required, to map the Safer Homes work to a wide and varied range of existing strategic priorities. Stakeholders often mentioned falls prevention strategies and targets in connection with the home safety of older people. Child home safety was linked to targets from infant mortality to attainment in school.

Some form of briefing or consultancy was offered to all projects. This varied considerably in its nature and scope. The main type of support offered was input into existing strategic work, through data support, sharing of good practice and the provision of advice and guidance. There are also examples of the development of new strategies, business cases for dedicated posts, and work to embed home safety within wider public health strategies.

Interviewees spoke highly of the quality of the consultancy and briefing support received. They valued having an external and independent ‘challenge,’ the input of expert advice, the flexibility of their approach in tailoring the project to local circumstances, and the sharing of good practice from other areas.

There is clear evidence of strategic outcomes as a result of the RoSPA support. These include increased awareness of home safety among strategic and operational staff; improved partnership working across a range of organisations; and the development of strategies specific to home injury prevention.

Linking home injury prevention to other key public health targets was another key success factor. Common challenges faced include administrative challenges related to the transition from PCTs to local authorities; the ability of quality local data to make the case to the commissioners; and financial pressures.

4 Training

This chapter presents a summary of the findings related to the training strand of the Safer Homes programme. It draws on a survey of training participants – and follow-up telephone interviews with a selection of these – as well as interviews with local authority leads. Further data on the methodology and achieved sample can be found in Annex 4.

4.1 Quality and relevance of the training

4.1.1 Respondents' decision to go on the training

Just over half of respondents (53% or 50 participants) were told to go on the RoSPA training course by their line managers, while around two-fifths (42%, 40) chose to go on it by themselves. Four participants said someone else told them to go on the course including: a colleague; their workforce development manager; and their public health department. The high proportion of participants who attended the training on the decision of their manager suggests a high level of commitment from service managers in Safer Homes project areas; it also may be indicative of the links between the training and other strands of the programme (which was evident in the case study areas).

4.1.2 Respondents' reason for attending training

Of the participants who made the decision to go on one of the training courses themselves, most participants said they took part in the training either because they had an interest in the subject (50% or 20 participants), or because it addressed a skills gap (40% or 16 participants). Eight participants (20%) chose the course for career advancement and only 2 participants (0.5%) said they went on it because it was a mandatory area of training. Responses across the two main courses surveyed were similar.

Follow-up interviews with training participants found that half of interviewees (6 participants) chose to go on the course themselves. All six of these individuals chose the course because it addressed a skills gap and provided them with the necessary knowledge for their job role:

"I went on the training myself because being out in the community, I needed to have that background knowledge [of accident prevention]" (LA officer)

"Because of going out into people's homes. Because it would help identify and clarify, give us a better grounding and understanding of accident prevention" (LA Housing Improvement Officer)

"[I] wanted to get a different perspective on it [accident prevention], particularly for older people" (Older People's Outreach Worker).

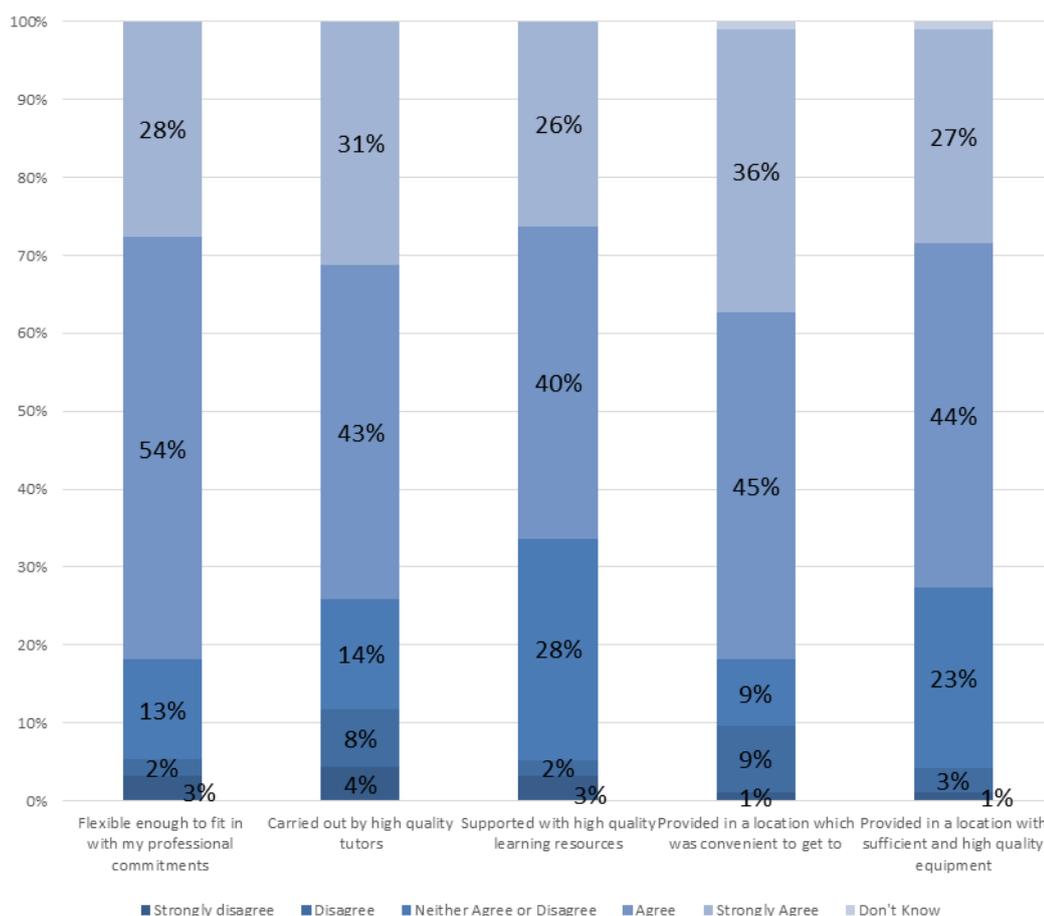
However, a couple of participants interviewed said they undertook the training in order to receive the RoSPA funding for their community initiative, as their project required all delivery staff to have the required training. Links between the training and community interventions were common. For example, in Bolton, the community intervention was to develop a workshop structured around the original RoSPA training.

4.1.3 Views on training delivery

In general, respondents felt the delivery of the training was very good, particularly in terms of its flexibility, location and high-quality tutors. Starting with the statement with the greatest proportion of positive responses (i.e. 'agree' or 'strongly agree'), respondents felt the delivery of the training was:

- **Flexible enough to fit in with their professional commitments.** 82% of the 94 respondents (77) agreed or strongly agreed with this statement.
- **Provided in a location which was convenient to get to.** 81% of the 94 respondents (76) agreed or strongly agreed that the training was provided in a location which was convenient to get to.
- **Carried out by high quality tutors.** Nearly three quarters (74%) of the 93 respondents (69) agreed or strongly agreed with this statement. However, this statement had the greatest negative response rate with a total of 12% (11) disagreeing or strongly disagreeing.
- **Provided in a location with sufficient and high quality equipment.** Just under three quarters of the 95 respondents (72% or 68 participants) agreed or strongly agreed with this statement. While this is a relatively low percentage of positive responses it should be noted that location and facilities were provided by local partners as part of the agreement by RoSPA and as such were beyond RoSPA's immediate control.
- **Supported with high quality learning resources.** Two thirds of the 95 respondents (66%) agreed or strongly agreed with the statement Results of the training evaluation reports submitted to RoSPA suggest that in particular, participants found the case studies and relevance of real life examples most valuable. Figure 4.1 summarises these findings.

Figure 4.1 To what extent do you agree with the following statements? The delivery of the training was:



4.2 Outcomes of training

4.2.1 Short-term outcomes

Most respondents felt the training was relevant, improved their confidence and filled a gap in their knowledge. Few felt it gave them enough new skills to allow them to complete a job they could not already do, although this was not necessarily the intention of the training. Starting with the statement that received the greatest percentage of positive responses, respondents felt the training:

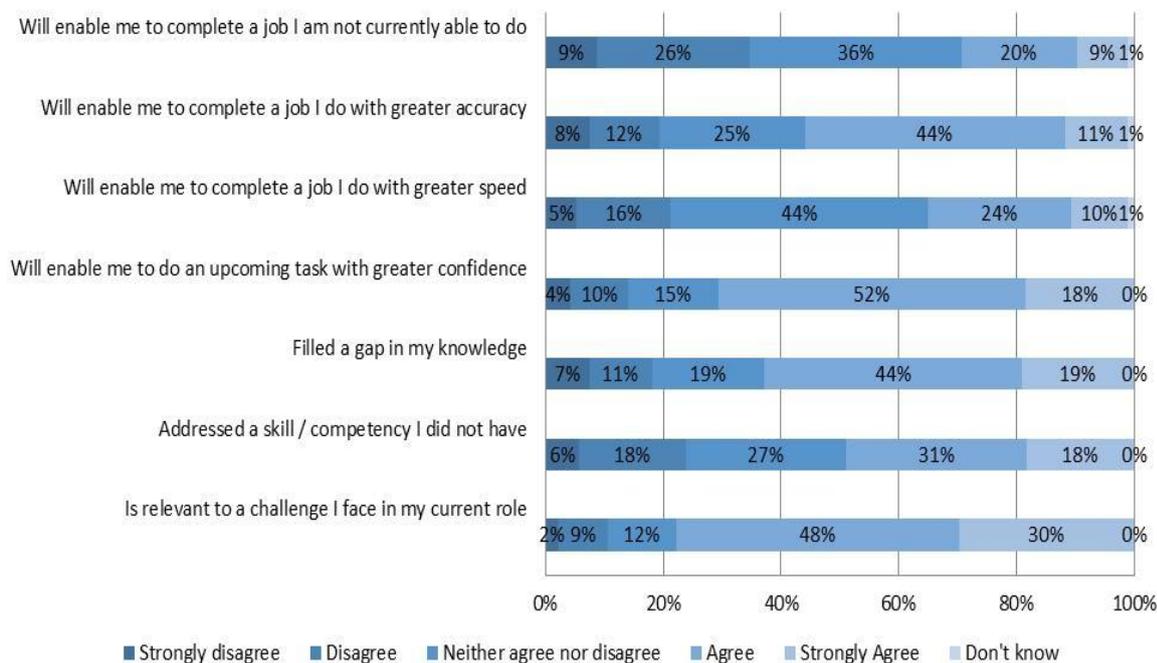
- **Was relevant to a challenge they face in their current role.** Over three quarters (78% of the 94 respondents (73), agreed or strongly agreed with this statement, with a particularly high proportion of participants strongly agreeing (30%, or 28 participants) compared to other statements. This was broadly mirrored in the findings of the surveys submitted to RoSPA with 'relevance of content to your job' being the highest rated course related statement in the majority of training evaluation summaries.
- **Will enable them to do an upcoming task with greater confidence.** 70% of the 92 respondents (65 participants) agreed or strongly agreed with this statement.
- **Filled a gap in their knowledge.** 63% of the 94 respondents agreed or strongly agreed (59), while nearly a fifth (18%) disagreed or strongly disagreed (17).
- **Enabled them to complete a job they do with greater accuracy.** Just over half (55%) of the 93 respondents agreed or strongly agreed with this statement (equivalent to 51 participants). The results of training evaluations carried out by RoSPA reflected similar themes with the most popular positive words used to summarise feelings about the course being 'helpful' and 'practical'. A quarter neither agreed nor disagreed (23), and a fifth disagreed or strongly disagreed (18).

Fewer participants felt that the training:

- **Addressed a skill/competency they did not have.** Just under half (49%) of the 88 respondents (43) agreed or strongly agreed with this statement.
- **Enabled them to complete a job they do with greater speed.** Only around a third (34%) of 94 respondents (equivalent to 32 participants) agreed or strongly agreed with this statement. However, as knowledge-based courses, supporting greater efficiency was not necessarily the primary aim of the course.
- **Will enable them to complete a job they are not currently able to do.** More respondents disagreed than agreed with this statement. Over a third of 92 respondents disagreed or strongly disagreed (35% or 32 participants) compared to 28% (26) who agreed or strongly agreed. Over a third (36%, or 33 participants) neither agreed nor disagreed. Evidence from the interviews with local authority leads suggest this is most likely because training was not always advertised, targeted or tailored adequately to the needs and skills baseline of the participants.

Overall, the survey and interview findings suggest that the training has filled knowledge gaps in a way that has supported them to carry out their role more effectively. However, the training did not typically equip participants with new skills or enable them to carry out tasks they were not already capable of performing. This may be because most participants already considered home safety to be part of their remit.

Figure 4.2 To what extent do you agree with the following statements? The training:



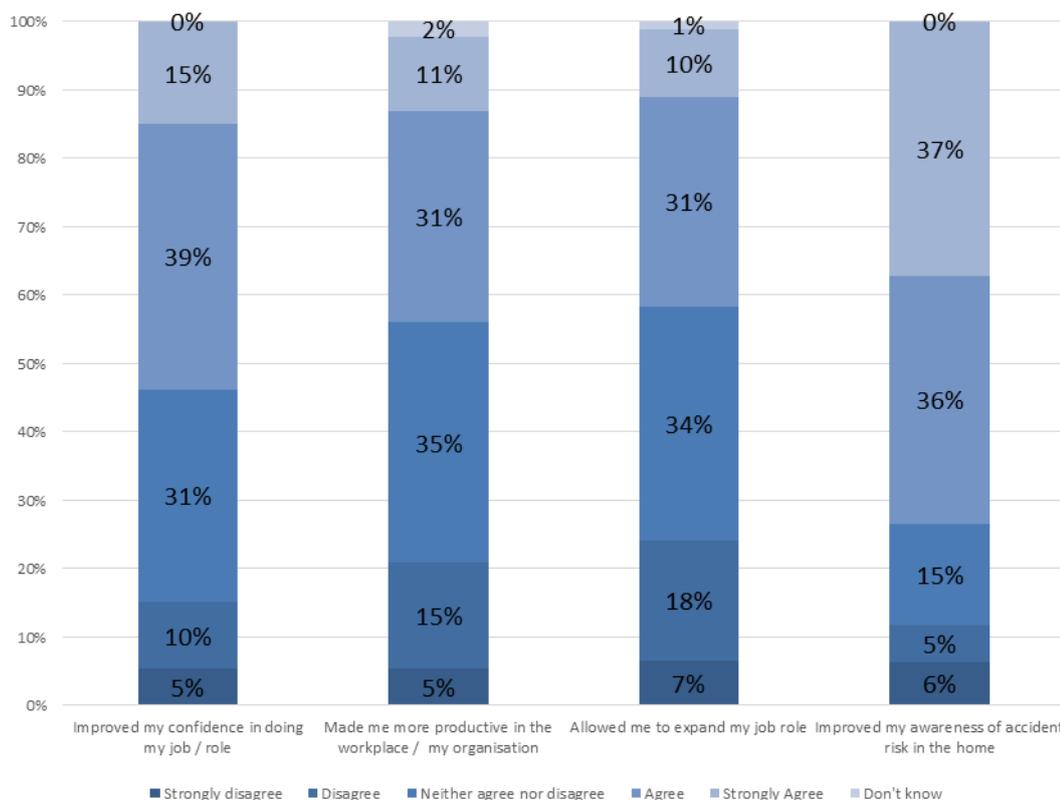
For the Older People’s Safety in the Home training, a much larger proportion of respondents agreed or strongly agreed that the training was relevant to a challenge they face in their current role (15 participants, or 94% compared to 78% combined). This might suggest that this training in particular, compared with the child safety course, addressed a clear gap.

4.2.2 Medium-term outcomes of the training

Nearly three quarters of the 94 respondents (73% or 69 participants) agreed or strongly agreed that the training improved their awareness of accident risk in the home. In addition:

- Just over half of the 93 respondents (54% or 50 participants) agreed or strongly agreed that the training improved their confidence in doing their job/role;
- Around two fifths of the 91 respondents (42% or 38 participants) thought the training made them more productive in the workplace, and
- Two fifths of the 91 respondents (41% or 37 participants) thought the training allowed them to expand their job role.

Figure 4.3 The training has:



The qualitative findings also illustrate the benefits of the training to participants’ awareness of home safety issues and their confidence in doing their job. Interviewees argued that the training:

“Has really broadened – specifically for older people – what I look at when I go in [to people’s homes] and some of the questions that I ask...it was quite a nice thing to know why I am asking that question [for example, asking if somebody has hot running water] and I can explain it to them a bit better...” (Older People’s Outreach worker, Older People’s Safety in the Home Participant)

The training provided an increased awareness of risk in the home:

“A much better understanding of what to look for and how to remove the hazards and identify the hazards, and how better to communicate that to the owner or the resident” (LA Housing Improvement Officer)

“[Has] definitely helped identify things better. People were quicker and more confident at identifying hazards and explaining it better to the owner of the property so that we could remove it...and understanding hazards on the terms of the client...It’s given them a really good grounding, you know, a better understanding, of what they are supposed to do” (LA Housing Improvement Officer)

“I use it every time I go to somebody’s house, I’m bearing it in mind, and if you think that I do three or four appointments a day usually” (Older people’s Outreach Worker)

Within the sample of survey respondents, an estimated 51 participants on the Older People’s Safety course completed a City and Guilds qualification from the training; 53 completed one on the Introduction to Home Safety course; and 102 participants completed one on the Child

Safety course. Participants commented positively on the fact that they could achieve a qualification from the course:

"I opted not to because I didn't have enough time, but I thought it was very good that the workers from the Children's Centres were offered that" (Parent, Participation and Engagement Officer, LA)

"[The training was] very focussed on the exam at the end, which was good because I was taking the exam...it was a good balance of resources and activities and well presented".

4.2.3 Actions taken as a result of the training

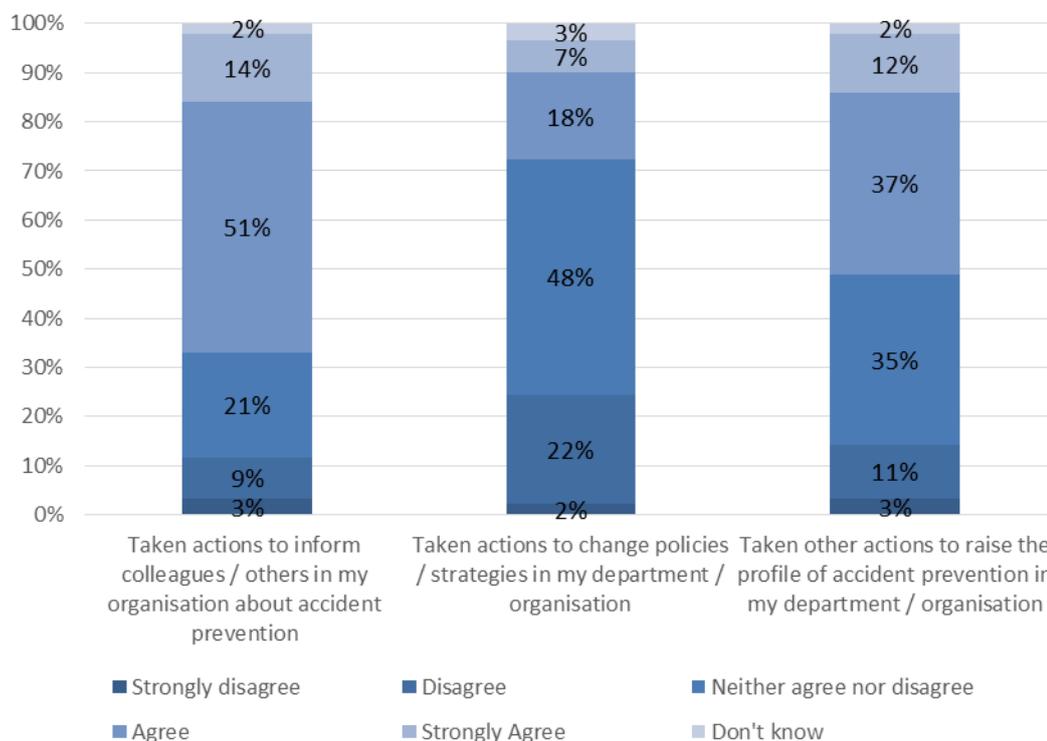
Two thirds of the 94 respondents (65% or 61 participants) answered positively that they have taken actions to inform colleagues / others in their organisation about accident prevention. A smaller proportion (49% or 45 participants) stated that they have taken other actions to raise the profile of accident prevention in their department / organisation. A smaller proportion still (around one quarter, 24%) answered that they have taken actions to change policies / strategies in their department / organisation as a result of the training. This might have been expected given that most attendees are frontline staff rather than service managers.

The qualitative findings support the finding that those who have been on the training typically share their learning with colleagues. A childcare worker stated that:

"I shared the information from the training with them; the statistics and the facts. We talked about [scalds]...I also took out some of the resources which has been valuable because if you are sharing the resources with people, they are quite interested in listening to the messages"

It is unclear from the interviews the extent to which participants took other actions to raise the profile of accident prevention in their department or the extent to which they took action to change policies / strategies as a result of the training. However, one participant did argue that although she cascaded the learning down to other employees and *"it has helped feed into strategies"* as well as raise awareness of accident prevention, it didn't really change policies or strategies because they were *"supposed to be looking at hazards anyway"*. In this example, the training has simply affirmed what should already be happening.

Figure 4.4 As a result of the training I have:



Nearly three-fifths of respondents (57%) provided additional information about the actions they have taken. These key actions are explored in Table 4.1 below. Key actions are presented in descending order, with the most popular actions first.

Table 4.1 Key actions undertaken as a result of the training

Theme	Description	Illustrative quotation
Supporting families to be more aware of home safety	Activities included: speaking confidently to community/Church/Faith groups and Children’s Centres about home safety; giving advice to parents in sessions on safety in the home; and completing a visual display board for parents containing safety information; and distributing information packs and safety checklists to parents.	“We are running two hour sessions for parents on child safety in the home to make them aware of accidents which can occur and how they can be prevented” (LA Project Coordinator, Child Safety training participant) “I have held a parent forum to help support families to recognise the importance of safety in the home” (School manager, Child Safety training participant)
Spreading training information to other staff members and volunteers	Activities included: Looking at developing an Injury Prevention Briefing Session in-house and sharing with colleagues the safety devices that can be used in the home.	“[I] checked all staff training records and carried out training for accident prevention and risk assessments” (Residential Home Manager, Older People’s training participant) “[I] have discussed risks and preventative methods with colleagues who were not on training” (Pregnancy outreach worker, Child Safety training participant)
Conducting risk assessments	Participants are now carrying out home safety referrals and risk assessments, as well as implementing the Community	“I have been able to assess homes and make parents aware of the risks and dangers of equipment” (Health Visitor, Child Safety training

	Intervention.	participant)
Amended policy and home safety procedures	Some participants amended or influenced policy and home safety procedures within their organisation.	<i>“Amended policy and procedures where legislation has changed”</i> (VCS Child Injury coordinator, Child Safety training participant)

4.3 Suggested improvements to the training

Most of the qualitative interviews reported a positive experience of the training, with some individuals reporting no need for improvements:

“[I] couldn’t fault it at all”...“all of it is relevant...I’d recommend my support worker colleagues to go on this training in the future” (Children’s Officer for women’s refuge)

“Brilliant, it was great... he was really knowledgeable [and it was] very very relevant to the work that we do, especially with it being accredited, it really made it that extra bit” (Housing Improvement Officer, LA)

However, around quarter of interviewees were less positive:

“It was OK. It was a bit boring in his delivery. The content and the presentation techniques...the content was a bit lower level than I had thought it would be...given that it’s a ... City and Guilds” (Children’s and Young Adults Department, LA)¹⁴

“Not that relevant really...it was just a bit basic” (Children and Young Adults Department, LA)

“It should be more about processes, and evaluating and referring, and the actual systems and how we can portray these over to the people we are working with on the front-line” (Community Nursery Nurse)

Around one-third of the twelve interview respondents provided suggestions on how the training could be improved. While this sample is small, the findings may provide useful feedback for future development and delivery of training. The key areas for improvement were noted to be:

- Suitability of the trainer: around one third of respondents reported that the Child Safety trainers were unable to answer the questions being asked; were unenthusiastic and could be more engaging; and were unable to retain the focus of the group;
- Better targeting of training: Just under a third of respondents from both the Child and Older People training thought the training should be targeted at carers, healthcare assistants or new employees rather than higher-level professionals. Some more senior participants were disappointed that the training covered things they already knew, suggesting there could be a better assessment of the knowledge base of the attendees prior to the course, ensuring it matches the content of the delivery.
- Greater focus on the referral process/the practicalities of implementation: attendees at both courses highlighted that they would have liked to see examples of the home safety equipment being used; and wanted to know more about the process for getting equipment to families, as well as the general referral process.

Annex 6 explores these findings in greater detail, also providing illustrative quotations to reflect the nature of the views shared.

Chapter summary

¹⁴ RoSPA has not assigned a level to the training.

Safer Homes offered two training courses: Child Safety in the Home; and Older People's Safety in the Home (although a third course – Introduction to Home Safety – was delivered in a limited number of areas on request). A wide range of professionals and practitioners were attracted to the training for the opportunity to address a skills gap or because they had an interest in the subject. Participants reported that the delivery of the training was high quality, particularly in terms of its flexibility, location and high-quality tutors.

Respondents reported that the training was relevant, that it increased their confidence in their role and that it filled a gap in their knowledge. The training did not typically equip participants with new skills or enable them to carry out tasks they were not already capable of performing. This may be because most participants already considered home safety to be part of their remit.

These increases in knowledge and confidence have translated into action. Two thirds of respondents reported that they have taken actions to inform colleagues about accident prevention, and around a half stated they have taken other actions to raise the profile of accident prevention in their organisation.

Suggested improvements for the training included a more interactive and dynamic teaching style, more tailoring of context to the local context, and better targeting of training to the needs and baseline knowledge of the participants.

5 Community intervention

This chapter sets out an overview of the community intervention strand of the programme. It begins with the rationale for local authorities taking up the idea, continues with a description of the typical community interventions delivered, and concludes with the outcomes reported and their sustainability.

5.1 Rationale

Most interviewees described RoSPA as providing the initial spark behind the community intervention idea.

“We saw the opportunity to have £2k and thought ‘what opportunities are there to support our outcomes?’ The criteria were perfect for public health departments to fit this to what we are doing.”

However, while RoSPA provided the seed funding, local authorities took the lead in the design and delivery of the interventions. Interviewee feedback was clear that this flexibility to tailor the nature and targeting of the intervention to local need was greatly welcomed.

“We were running the campaign, we engaged with the hospital, we engaged with the slipper supplier, we did everything really. All that happened from RoSPA was providing the money.”

There was frequently synergy between this strand of the intervention and the training. RoSPA helped local authorities to understand how increased awareness and skills among practitioners can translate into delivery of community interventions.

5.2 Activity

Programme management information suggests that 29 Local Authorities have delivered a community intervention as part of Safer Homes. Approximately half of these focussed on child safety, for example through distributing child safety packs to families, conducting home safety assessments and providing briefings on home safety interventions in Children’s Centres. About one-third focussed on the safety of older people: through briefings on home safety interventions for carers, safe footwear for older people, or other home safety advice, such as gas use. Four projects distributed the ‘Facing Up to Falls’ video.

Projects used a variety of means to deliver interventions. Most commonly, local authority, fire service and third sector employees received awareness raising training to be able to work more effectively with families or older people, sometimes within targeted groups (for example, working with migrant families). For example in the Lincolnshire community intervention, beneficiaries meeting socioeconomic eligibility criteria were referred for home safety equipment assessment and fitting through Lincolnshire Fire and Rescue. All participants had fire alarms fitted within their homes.

In some cases a more formal risk assessment and installation was carried out. In this way, many community interventions added value to an existing service which had already established a relationship with families and/or older people. The Lancaster Home Improvement Agency’s proposal for a home safety prevention service makes clear how it would fit within an existing package of support, operating in conjunction with the Agency’s Warm Homes and Dementia service to add value. Similarly, the Preston community intervention added home safety interventions to an existing holistic home assessment service known as Healthy Home Check.

In other cases RoSPA funding has enabled local authorities to broaden the reach of existing activities. In Luton, interviewees reported that the ability to offer a full equipment package,

inclusive of fitting, to families who do not meet the service's usual low income criteria was welcomed.

"It has given me two different branches... I can engage with low income families through an existing funding stream but [as a result of Safer Homes] I can also engage with other families that still need to learn about what the risks are in the home and this enables us to offer an equitable service to all families."

Safer Homes also developed new interventions to target beneficiaries more directly, either through parent workshops to raise awareness of home safety, or through the direct distribution of materials such as hair straightener pouches, carbon monoxide alarms, educational films and home safety packs.

In Bolton a 30-minute workshop for parents made use a doll's house, with accompanying pictures and national data, to demonstrate potential hazards in the home for children aged under five. The sessions presented an opportunity for parents to reconsider the safety of their home environment and make improvements where appropriate.

This innovative approach has reached more than 400 people and was reported to have had a strong impact on attendees.

"It's visual, kinaesthetic, [and] interactive; people can put their own home situations [into the model]. They can move things around".

In Oldham, briefing sessions were provided directly to carers in the community via the Council's Centre for Independent Living, which supports carers' groups and individuals in the borough.

The Tameside project is an example of the effective distribution of tailored resource packs. Two types of Home Safety Bags were introduced: one to be used in the home setting (tailored for either babies or toddlers) by parents and children; and another for nurseries, childminders and play groups for group use. As with many of the child safety interventions, the project worked through children's centres for targeted distribution, and trained staff to ensure appropriate and effective use of the materials.

Other projects took the widespread dissemination of safety messages as a key aim. In Sefton the Safer Homes project, known as Get It Straight, took the form of a hair straightener awareness campaign. A postcard-sized leaflet with a health warning message was designed and distributed alongside 400 thermal pouches for hair straighteners. These postcards were also sent electronically to schools, nurses and children's centres for printing on site and displaying on boards. The project issued a press release and promoted the project through Child Safety Week.

The most recently available data taken from the Safer Homes programme MI in April 2015 estimates the number of beneficiaries of community interventions at 166,619. This ranges significantly between projects, from 25 to 60,000. The activities estimated to benefit the largest number of participants were information and advice campaigns, for example on poisoning. Similarly, some estimates were made based on the number of safety resources distributed to households (for example, brochures for older people, family information packs and carbon monoxide alarms). Other figures were based on the average client base numbers of local authority practitioners who received training, on the understanding that the knowledge would be cascaded to these beneficiaries.

5.3 Quality of the support received

Interviewees valued the flexible and light-touch approach adopted by the RoSPA regional consultants in delivering the community intervention. The approach was described as supportive, rather than prescriptive, enabling local authorities to tailor interventions to local

needs and align them with local strategic drivers. This approach has enabled local authorities to develop and deliver home safety interventions with only light-touch support, which may have helped to develop capacity to provide interventions of this type sustainably in future.

Interviews with beneficiaries of the community interventions suggest that the support and materials received have been of a high quality. For example, participants of a migrant families project praised the clear way the messages were delivered:

“The leader in the group tried to help us during the course to understand everything. We don’t have any idea about these things. She used different things to make it understandable for us, like a PowerPoint presentation and pictures.”

Beneficiaries also appreciated the home safety equipment provided as part of many community interventions.

“I keep all my cleaning products in a cupboard under the sink and I’m on medication for my thyroids and blood pressure, and I have my tablets in a raised up cupboard, and I’ve always been worried – I’ve got a three year old boy who is trying to climb at the minute – that he may climb up and get hold of my tablets. So they put a lock on there for me”.

5.4 Outcomes

The community interventions have generated a range of outcomes, both for project delivery organisations and their beneficiaries. Evidence drawn from primary research with beneficiaries and project stakeholders, and analysis of programme MI suggests that these outcomes include:

- Increased home safety awareness among participants;
- Changes in home safety behaviour;
- Improvements in population health;
- Distribution of home safety equipment;
- Improved partnership working; and
- Added value to existing provision.

There is clear evidence that, most immediately, community interventions have been effective in raising home safety awareness and understanding across a large number of families and older people.

For example, a project evaluation of a home safety parent workshop in Blackburn showed very positive outcomes for the parents who participated. All participants found the advice and information at the session useful, and reported that they feel more aware of things in the home that could affect their child’s safety. As a result, 73% agreed that they now feel they have the information they need to keep their child safe.

Increased home safety awareness among participants

One participant interviewed in Sefton described her increased awareness of hazards:

“You realise what the dangers are as they grow. It was good to get a little bit of information before they got to that point. I’m more aware of general hazards. I’ve got some protective corners for my tables and more aware of sharp edges in other people’s homes. When they came round, they also gave us a talk about having twins, saying that they do use each other as a bit of a prop. And they do. I’ve seen it. So we have the locks on the windows for when they’re a little bit older because I can imagine them climbing up and actually reaching

the windows, which a single child wouldn't be able to do".

The leader of a parent group in Bolton described how this intervention was successful in engaging men to be more risk aware in the home.

"I think it was clear that the participants have learnt a lot. I was pleasantly surprised at just how much they remembered. The sessions that were provided have been really enlightening for not only the participants but their family and friends too... We have overcome the immediate response from some of our male participants that this would be a 'wife's job' and it is accepted that they both should be responsible, but even better, we are now at the point where both male and female participants think that the children should be shown how to keep the home hazard free".

This increased awareness has led to changes in home safety behaviour. For example, evaluation of the Sefton Get It Straight project has shown that 82% of participants reported that they would change the way they use and store hair straighteners as a result of the intervention; and an evaluation of the Lincolnshire child safety workshops showed that the same proportion (82%) of parents intended to make changes to their homes after attending the sessions. These changes included:

- *"Being more conscious of item storage and keeping harmful things out of reach";*
- *"Ensure hot drinks are always out of reach, I didn't realise they stay hot for so long; and*
- *"Make sure my nappy changing equipment is out of reach and sight, especially the nappy bags."*

Changes in home safety behaviour

Interviews have provided evidence of home safety behaviour change from the perspectives of professionals working with families, as well as from families directly.

"We have anecdotal evidence of impact from parents who say they will go back home and make changes... such as [altering] the blind cords... [it has also] raised question for some mums and dads that have gone 'you know what, I'm going to make sure that [these hazards] are out of the way'".

"It has changed many things such as what you say to the children. You don't say they are bad – their behaviour is bad. You understand and listen to them. How you behave with your children, how you talk to them. With safety, things like bleach, supervision – always be with your children and they will be safe."

Community interventions have also worked to disseminate a wide range of home safety equipment such as stair gates, hair straightener pouches and carbon monoxide detectors to targeted families who are at greater risk and are less able to pay for this equipment without support.

"The thermal pouches were cost effective because the impact of burns is much higher and the prevention method is more practical [and likely to have more of an impact]".

Generally, limited resource for evaluation has meant it is difficult to quantify the impacts of the intervention on the health of the population.

"It's too early to see whether there's an impact on the hard numbers, e.g. accident numbers. But we'll have a more comprehensive home safety equipment programme and we know there's good evidence that if you do that, you will reduce accidents."

The Liverpool Safer Homes project evaluation, however, was able to demonstrate health outcomes for participants of its slipper exchange community intervention, by using podiatrist assessments of functionality before and after the intervention took place. The evaluation concluded positively, noting key learning for the project:

“It has been found from carrying out this work that the overall functionality of patients has improved with provision of slippers that meet certain requirements such as, fixation, sole, grip and depth. The results also show that the majority of patients were happy with the comfort, style and aesthetics of the slippers provided indicating that they were more likely to continue to wear them or repurchase a similar style.”

There are also positive outcomes for the development of partnerships across the local health economy. Often projects have worked across services and traditional organisational boundaries.

Improved partnership working

Safer Homes has delivered training to housing, Children’s Centres and the voluntary sector to work towards every point of contact with migrant families being able to consider home safety issues.

In Lancashire the project lead emphasised the new networks Safer Homes had helped to form:

“It’s made us form links with people that we wouldn’t have usually worked with. We would really like to keep those links open as well if we do ever get funding in the future”.

There was evidence of a mutually reinforcing relationship between the training and community intervention strands in many of the projects, with the latter providing opportunities to apply and consolidate the knowledge and skills developed on the former. For example, in Stockport, home safety equipment installers attended briefings on injury prevention to prepare them for the community intervention, which involved assessing hazards, raising awareness and taking remedial action where possible. Similarly in Sefton, managers of Children’s Centres were trained in home safety awareness to enable the delivery of home safety advice alongside the distribution of materials. A common crib-sheet was used to ensure consistency.

Interviewees very commonly reported that this work added value to existing provision. It represents a high level of additionality as it has not duplicated existing effort and was unlikely to have been resourced without support from RoSPA funding. For example, the provision of safety equipment resource packs from RoSPA funding was often cited as a key draw for participation in Safer Homes and as a driver for the success of local projects.

“It wouldn’t have had the drive and motivation behind it that obviously the bag resource provides.”

Adding value to existing provision

Across the research many examples emerged of Safer Homes building on, rather than duplicating, existing provision. These include:

- An intergenerational initiative in Salford, providing additional home safety training to young people as part of the Salford Foundation National Citizenship graduate programme. This enabled participating young people to deliver safety advice at older people’s day centres.
- In Blackburn, the addition of home safety messages to existing parent workshops with

migrant families delivered through the Children's Society. Case study evidence suggests this approach was successful in enabling professionals to tailor home safety messages to the particular needs of this target group.

Where interviewees identified challenges these primarily related to encouraging training participants to apply the learning within their practice, and to finding funding for sustainability.

"What we've tried with less success is to get everyone doing the training to provide sessions to parents based on this – it's more problematic because they have less staff on the ground – they're under pressure. I'm sure it's mainstreamed in their everyday work but not in formal sessions, because it's not at the top of the priority list."

Time is a key barrier for delivering home safety assessments or health messages as part of a routine visit.

"I think we need more time when we do a visit... to do home safety for the child, you need more time to speak to the clients."

While interviewees valued the community interventions, finding funding remains challenging in the current financial context. However, where progress has been made in embedding home safety on the public health agenda, some areas have been successful in supporting the sustainability of dedicated resources and interventions.

"We've built up demand, they're aware of the service, we can deliver it, it's successful, but without the means to buy the goods it's a dead end"

"We're hoping to start this [home assessment and equipment distribution] up as a permanent thing for Lincolnshire... we're holding a meeting in the next few days to find out where we go from here."

"We've actually done a little bit of an extension [to the initiative] because through the Start Safe partnership, one of the children's centre managers said she would like to have her one of the doll's houses [to deliver their own training to families]"

Chapter summary

Safer Homes provided local authorities with seed funding of £2,000 to develop and deliver a locally tailored home safety intervention. 29 Local Authorities have delivered a community intervention to an estimated 166,619 beneficiaries. Approximately half of these interventions focussed specifically on child safety, and about one-third focussed on the safety of older people. Four projects distributed the 'Facing Up to Falls' video.

Projects used a variety of means to deliver interventions. Most commonly, local authority, fire service and third sector employees received awareness raising training to be able to work more effectively with families or older people, sometimes within targeted groups (for example, working with migrant families). In some cases a more formal risk assessment and installation was carried out. In this way, many community interventions added value to an existing service which had already established a relationship with families and/or older people. Projects have distributed home safety resource packs, installed home safety equipment, and disseminated injury prevention messages broadly.

Interviewees valued the flexible and light-touch approach adopted by the RoSPA regional consultants in delivering the community intervention. The approach was described as supportive, rather than prescriptive, enabling local authorities to tailor interventions to local needs and align them with local strategic drivers. Beneficiaries also appreciated the home safety equipment provided as part of many community interventions.

The community interventions have generated a range of outcomes, both for project

delivery organisations and their beneficiaries. They have successfully installed home safety equipment and generated increased home safety awareness among participants, which has led to changes in home safety behaviour. In some cases there is evidence of improvements to population health. Projects have improved partnership working across local areas and added value to existing provision.

Challenges identified relate to encouraging training participants to apply learning within their practice, and to finding funding for sustainability. However, where progress has been made in embedding home safety on the public health agenda, some areas have been successfully in supporting the sustainability of dedicated resources and interventions.

6 Sustainability of Safer Homes and implications for RoSPA

This chapter sets out findings on the likely sustainability of Safer Homes (and the potential models for this), and the implications of the research for RoSPA.

6.1 Sustainability

6.1.1 Models of sustainability evident in the evaluation

All local authority interviewees were asked about the likely sustainability of the activities delivered by Safer Homes, and the outcomes generated. In around half of the funded local authorities, they were able to describe how the support received was likely to be sustained (although this is likely to be higher, as in a few instances interviewees were only able to comment on particular aspects of the support). Four main models by which the outcomes of Safer Homes are likely to be sustained are evident. The models are quite varied which is a function of the varied nature of the programme itself.

- In several local authorities, interviewees from local authorities and partners reported that Safer Homes had raised the profile of accident prevention in the home and that this would continue to have impact on decisions taken in their organisations following the end of the programme. An example of this was provided by a local authority interviewee who highlighted that their local children's public health strategy would be getting updated in the next year and that accident prevention would be included in this. The issue would not have had such prominence had Safer Homes not engaged with it.
- Linked to the above point, new relationships or strategic partnerships were evident in a few of the local authorities as a result of engaging with Safer Homes. These relationships were sometimes the result of shared local projects that stakeholders had undertaken as result of the programme (and so primarily derived from the community intervention strand). A good example here is of a local authority and hospital developing a new relationship based around the safer footwear project they had been involved in. The local authority in question reported that this new relationship with the hospital was "*Very encouraging for us as a local authority*". Another local authority area illustrated the longer-term potential impact of strategic change and the issue of accident prevention rising up the agenda. In this case, a few years prior to Safer Homes, RoSPA-funded support had raised the issue of accident prevention up the local agenda (linked to other strategic drivers related to children's health). A programme of home safety assessments and targeted support for those on benefits was continued using local authority and charitable resources; it was unlikely to have been established without the initial RoSPA input.
- Demonstrating demand for products / interventions. This crucial potential model of sustainability (for RoSPA's future business plan, in particular) was noted in several cases. The training and community intervention strands were reported to have been particularly influential in this regard. Distributing home safety packs and safety slippers for example, illustrated the demand for these products from members of the public, which local authorities and their partners will seek to meet through future fundraising in future. The likely challenge of gaining funding for these sorts of resources was reported across the programme and, in this context, the consultancy and awareness raising interventions are steps to these safety issues rising up the agenda (and making funding more likely).
- Outputs which will continue to be used. A couple of local authority interviewees also outlined the tangible products which were developed through their involvement in Safer Homes. These have continued to be used following completion of the programme. An

example of this is a local authority area in which resources such as home safety booklets will be continue to be available in the Children's Centre library.

Across these models, there is some evidence to suggest that the consultancy support is most likely to produce sustainable outcomes. The sustainability of community interventions is more difficult to determine. While interviewees spoke positively about RoSPA support and the value of the interventions, the legacy of this work is threatened by its reliance on RoSPA funding for continuation. Evidence from the case studies suggests that the sustainability of previous RoSPA interventions has varied.

"Children's centres were commissioning some provision of home safety equipment, but after Safe at Home some children's centres are still doing it for targeted families, some are providing a reduced service, and some no longer prioritise this within budget."

However, the evident commitment from many of the local authorities to develop and deliver a targeted community intervention with light-touch support from RoSPA is a positive sign for sustainability – it suggests the programme may potentially have worked to develop appetite and capacity for similar interventions in future.

Despite this enthusiasm, financial constraints were often mentioned by interviewees as a barrier to the sustainability of community interventions. While home safety is not at the top of the agenda local authorities will face challenges in finding adequate resources – of time and money.

"The key barrier is time. The knowledge is there, the awareness is there, we've got the resources there. It's about maximising the opportunities we have to distribute that information."

6.1.2 Barriers and facilitators for sustainability

While a few interviewees reported that it was too soon to provide feedback on the level of sustainability they expected to see (in some cases, for example, they were still receiving support from Safer Homes when interviewed), several reported that overall, the sustainability of Safer Homes in their area would be limited. There were three main reasons cited for this:

- Unsurprisingly, where interviewees perceive that the programme's input was too small, poorly-targeted or diffuse, they also report that sustainability is unlikely to be high;
- Institutional / personnel change within organisations means that knowledge and achievements are lost. This was evident in several of the interviews in which individuals had changed post either during the delivery of the programme or before the evaluation interview; and
- Not having an individual in place to continue the work was also cited as a key barrier to sustainability. It was reported that identifying a coordinator for activity in this area was necessary to continue any momentum generated.

There was also a set of factors which can contribute to the longer-term sustainability of the programme. In validation of the flexible and varied design of the programme, a common theme in those projects which exhibited a high likelihood of sustainable benefit was where different components of the programme had worked well in unison, generating positive outcomes for different groups.

Where the support delivered by Safer Homes was able to be linked to higher profile or broader targets and political priorities locally (for example, falls prevention, child mortality, or hospital admissions) and related activities at either the strategic or delivery level, interviewees were generally more confident of its likely sustainability. For example in Lincolnshire, the public health team are linking home accident prevention to the broader context of safeguarding to secure the buy-in of the director of children's services – noting

that the relevant Public Health Outcome Framework indicator is for both accidental and deliberate injuries.

A different local authority noted that tying accident prevention to local authorities' new statutory duties through the Care Act which relate to maintaining people's independence and wellbeing was also a useful mechanism for maintaining momentum on the issue.

With these barriers and facilitators in mind, interviewees described an ideal scenario in which, on one hand, home injury prevention is mainstreamed within the relevant strategies for older people and young people; and, on the other, there is dedicated resource for an injury prevention coordinator to continue to guide and coordinate work in this area across the local authority.

6.2 Implications for RoSPA's business model

All interviewees were asked to reflect on the likely future demand for the services and support they had received from RoSPA through the Safer Homes programme. Interviewees outlined how financial pressures are likely to continue or expand over the next year. For example, a public health team identified how their ring-fenced funding was due to end which would see the resources they have available put under greater pressure. Most responded along the lines of this local authority interviewee.

"I don't think we could pay for it – I don't think it's possible to pay for it... in the climate that we are working in."

However, the analysis has identified a number of potential ways forward. RoSPA was seen as a well-known and credible name within the public health arena. The 'brand' is seen to be strong and endorsement by, or involvement with, the organisation is generally viewed as a means of helping people working in the area to achieve their aims.

In terms of the offer that RoSPA delivered in Safer Homes, interviewees from local authority areas which had engaged most substantially with the programme (and had therefore likely gained most from it) suggested that the consultancy and advisory role may be most fruitful in future. They highlighted that one of the reasons they 'use' RoSPA is for evidence. They noted that this must remain up-to-date and reliable. Public health practitioners repeatedly emphasised the importance of evidence in persuading colleagues to act.

"Yes, it is always useful to work with other organisations as we are all trying to get the same messages across and they are the leading statutory body. We always look to RoSPA for information when we are running our campaigns".

Another unmet need, for which RoSPA may have a future role, is to share how similar challenges are currently being addressed in different local authority areas. Interviewees expressed that they wanted to learn what others were doing in order to avoid mistakes, or to use their finite resources more efficiently. Where RoSPA's consultants had provided this information in Safer Homes, it was identified to have been impactful.

"Public health is about learning what works. So if we can get learning from other places it's better than simply developing solutions here... it will also help us spend the money more efficiently."

Finally, there was an appetite for a follow-on programme, perhaps more tightly themed but with the same flexibility of delivery. Keeping this issue on the agenda was reported to require constant efforts.

Chapter summary

There are four main models of sustainability evident across the programme. These are

clear in around half of the funded projects and include:

- The raised profile of the issue having a continued impact on the decisions and policy making in the organisations;
- The development of new relationships or partnerships which will continue to shape policy and priorities in the area following the end of Safer Homes;
- The programme illustrating the demand for a product or intervention (which is then met by mainstream resources in future); and,
- The production of tangible outputs which will continue to be available and used following completion of the programme.

The consultancy support, which generated outcomes at the strategic levels of organisations, was reported to be most likely sustainable outcomes with several examples of this sort of support having created a programme legacy.

Where the sustainability of Safer Homes was thought to be limited, this was generally where the programme had made only a relatively small contribution in a local authority area, where institutional / personnel change created a lack of continuity or where there was not a named individual charged with continuing work in the area.

Other factors contributing to a high degree of sustainability include tying action in the area to broader targets and political priorities locally. The value of these drivers was exemplified in those case study areas where activity in relation to accident prevention is long-standing.

While local authorities face substantial financial challenges in the coming years, potential opportunities for RoSPA have been identified. In general, RoSPA is seen as a well-known and credible name in the public health area. Consultancy and the wider provision of high quality evidence were noted; there is a particular role for sharing how similar challenges are currently being addressed in different local authority areas.

7 Conclusions and recommendations

This chapter presents the main conclusions to the evaluation. This is accompanied by a set of recommendations for RoSPA on future programmes and other activity.

7.1 Conclusions

7.1.1 Programme rationale and context

Accident prevention in the home is an important public health issue

This research has identified that the prevention of accidents in the home is a key public health issue which affects a range of services in the public and private spheres. It is linked to a range of other public health issues affecting all ages. As such, coordination of activity at the strategic and delivery level is necessary. In this context, Safer Homes' focus on strategic development at the local level is well-placed.

In general, there has been limited work in the area of home safety.

Despite this, interviewees were able – and often stated that they were required – to map the Safer Homes work to existing strategic priorities. Falls prevention was commonly mentioned in this regard. There is also recognition that, in addition to older people, children – including under-5s – should be a priority. Therefore, Safer Homes aligns with a range of other key strategies and targets related to, for example, vulnerable people, maintaining independence and wellbeing, preventing unnecessary hospital admissions, reducing avoidable deaths, and reducing infant mortality.

Changing contextual factors presented both challenges and opportunities for the programme.

Recent reform of the public health structures in England, which were well known to RoSPA at the time of bidding to the Department of Health, was the key contextual factor identified in this evaluation. It presented opportunities, which the programme capitalised on in particular areas. For example, there are benefits derived from particular public services now being co-located, or local authorities being better networked with other services which could benefit from the Safer Homes 'offer'. However interviewees also commonly noted that the division of responsibility for older people and children/young people – often across different directorates – can act as a barrier to an integrated approach to accident prevention. The financial constraints facing public health teams were also frequently cited as a barrier to greater engagement.

7.1.2 Programme design and management

The blend of activities, where used together, very often reinforced and added value to each other.

There is evidence that there was additional value where local authorities engaged well with more than one strand of Safer Homes. This implies that the multi-strand 'design' of Safer Homes, with different activities targeting different groups / parts of organisations, was effective. There were particularly good examples of consultancy and briefing work complementing training, and the training being used to augment the work being carried out within community interventions.

The flexibility underpinning the programme was identified as a strong feature of its design.

The local authorities which engaged most substantially with Safer Homes generally agreed that the flexible nature of the support offered was a key strength of the programme. That the

programme was not too prescriptive has allowed local authorities to pick and choose the aspects of the support they wished to receive and the topics they wished to focus on. This enabled them to use the programme to respond most accurately to their local need and thus generated most benefit.

However, the flexibility of the programme, its devolved design and requirement for projects to provide RoSPA with information may have contributed to some gaps in the MI (for example, from particular local authorities). It is unlikely that this has affected programme delivery. Links between the Regional Consultants working with the local authorities and the programme management have allowed the programme to be managed effectively. The programme management team has also been proactive in collecting outputs and other evidence from the local authorities that took part. There are inevitable challenges in collecting a consistent and thorough set of MI from all organisations engaged with.

The programme 'branding' was reported to be weak in some local authorities

It was reported that RoSPA Consultants had to work hard to 'sell' the benefits of the programme to certain local authorities. Moreover some of those who had received support from a particular strand of the programme were unaware that it had been part of a wider programme of RoSPA support. There are several potential causes of this including the flexibility of the offer (which could contribute to a lack of a 'sense of programme'), the fact that the programme was implemented at a time of substantial personnel and institutional change for the public health workforce (which meant that individual contacts had moved on between the programme intervention and evaluation), and the dual targets of the support (children and older people). This challenge is also likely to reflect the wide range of demands influencing local authority public health teams.

In order to 'sell' the benefits of the programme, the Safer Homes team developed an approach which linked the programme's possible benefits with issues facing local health and social care services (such as safeguarding and falls prevention) and other policy challenges facing local authorities (such as inward migration to an area, and housing quality). This was effective and this targeted approach has contributed to many of the strategic outcomes evidenced.

7.1.3 The effectiveness of Safer Homes

The impact of Safer Homes varies across the local authority areas that took part.

The varied contexts and local challenges evident across the regions in which the RoSPA consultants worked, as well as the relatively flexible offer made by the programme, means that the programme has had a varied level and nature of impact. Review of programme MI supported by the primary research suggests that in a few local authority areas, there was little evidence of impact at the time of report, primarily because of minimal interest or support for the programme goals in the local authority.

In the remaining local authorities, the evidence of the outcomes delivered by the programme range from the more direct benefit of the community interventions or training (which are evident to a degree in almost all local authorities that were approached) through to substantive outcomes at the strategic levels of organisations (evident to some extent in around one-third to half of the local authorities that engaged). There are a few local authorities – some of which have been captured in case studies – in which Safer Homes contributed to substantial positive activity in the area of accident prevention which is very likely to lead to a sustained improvement in outcomes for the local population. In these cases, the achievements are likely to be of interest more widely.

The reasons why impact was limited in particular local authority areas and particular activities is a key question.

The existing contextual situation in a local authority area appears to have been a key factor in the extent to which they engaged with Safer Homes. In several cases, the institutional flux combined with accident prevention (defined in this manner) being identified as a relatively low priority in the area, is the key factor explaining low engagement.

Programme MI also identifies three challenges facing the Regional Consultants. Engaging with the most relevant person in a local authority and then securing commitment from them to take Safer Homes work forward often took a number of attempts over a period of several months. Linked to this, it was identified that a relatively lengthy scoping period carrying out background research on relevant areas shortened the timescales available for more direct work with local authorities (although the scoping work was identified as being a necessary step). Finally, the periods of time that Regional Consultants worked with local authorities themselves – following their agreement to take part. This ongoing commitment from RoSPA was welcomed and was also a key factor in the achievement of some of the more ambitious outcomes identified.

Each strand of the programme, where successfully implemented, generated positive outcomes for the target groups.

There are numerous examples of consultancy and briefing activity leading to the desired outcomes of shaping strategy or policy, raising accident prevention up the local policy agenda, and generating new partnerships. The training, where accurately targeted and taken up, has generated appropriate learning for staff able to use this in their day-to-day roles. And the community interventions have generated a wide range of beneficial outcomes for members of the public, but also – often – by tying the other strands of the programme together. Given the relatively minimal other activity (including programmes, other policy decisions and campaigns), interviewees suggested that where outcomes are evident, they can be attribute to a relatively high level to Safer Homes.

Similarly, there are several examples of outcomes likely to be highly sustainable; however, there are other local authority areas where this will be limited.

Sustainable outcomes are likely across all strands of the programme however consultancy support was reported to be most productive in this respect. Within this strand of the programme, the evaluation has found numerous examples of Safer Homes contributing to the development of strategies which should continue to inform commissioning and delivery of interventions that will support injury prevention. Other ways in which the programme will be sustained are by Safer Homes having demonstrated a demand from the public / public health practitioners for products or interventions which may need to be met in future, and through the development of outputs which will continue to be used following the end of the programme.

The programme has illustrated an unmet demand for services that RoSPA is well placed to provide

Financial constraints identified across the majority of local authorities interviewed mean that the size of the potential market is limited. Targeted offers such as consultancy support based around offering expert advice on accident prevention (using an up-to-date evidence base) and sharing of best practice between local authorities (which may be working in a more isolated manner following the transfer of responsibility for public health from the NHS) are potential business opportunities. Delivery of accredited training to key groups of staff working in people's homes is also likely to be a viable option in future, in targeted local authority areas.

7.2 Recommendations

After consideration of the main conclusions of this evaluation, we have developed eight recommendations for RoSPA's and wider public health policy makers.

Recommendation 1: This evaluation has found evidence of a need for interventions which draw local policy makers' attention to the issue of accident prevention and help them to form strategic responses to the challenges in their area. It has also found there to be value to the provision of targeted support, awareness raising and training to local organisations working in this area. As a result, Public Health England and the Department of Health should consider funding of future programmes in this area. RoSPA should be consulted in the shaping of future programmes, as well as using its expertise to deliver the support.

Recommendation 2: In future programmes, RoSPA should retain a flexible offer in terms of the nature and subject matter of the support being offered. Efforts should be made at bidding stage to ensure that different parts of the programme complement one another. Safer Homes can be used as a model, in this respect.

Recommendation 3: In future programmes RoSPA should continue to ensure that communications about the programme, and any branding, explicitly links the potential benefits with key policy challenges and targets facing local healthcare economies and wider issues. Safer Homes' successes in several local authority areas can be used as a model, in this respect.

Recommendation 4: In future programmes, RoSPA should continue to work with local stakeholders to target training at the most relevant professionals. Consideration should be given to the extent to which they work in people's homes, and their likely baseline knowledge. Training delivery should be as interactive as possible.

Recommendation 5: Recognising the challenge of gaining comprehensive and consistent data from projects which have been supported, RoSPA should consider approaches to improving the quality of data submitted in future programmes. This may include working more closely with projects to improve the quality of responses to data requests, or providing written guidance and templates at the outset.

Recommendation 6: Building on the work of the Red Book, RoSPA has a continued role to play in developing an up-to-date evidence base on the need to reduce accidents, and what works in preventing them. There is also an opportunity for RoSPA to provide guidance on what works in developing successful accident prevention policies and strategies and working with agencies to implement them.

Recommendation 7: Local authorities and Clinical Commissioning Groups continue to commission programme, services and interventions which align with some of RoSPA's key strategic priorities (and those of Safer Homes), for example, falls prevention. RoSPA should continue to assess how it can use its expertise and influence to shape these commissioning intentions, and / or partner with organisations delivering the contracts (many of which are third sector organisations who may value RoSPA's expertise in this area).

Recommendation 8: The evaluation has identified substantial support for RoSPA's more 'traditional' activities which are considered to be funding high quality safety products and well-informed campaigns. Individuals and teams working in this area at the local level gained a lot from these activities therefore RoSPA should continue to include this type of activity in their strategy.

ANNEXES

Annex 1 Local authority case studies

This annex includes eight case study write-ups:

- Blackburn with Darwen Council
- Bolton Council
- Lancashire County Council
- Lincolnshire County Council
- Luton Borough Council
- Norfolk County Council and North Norfolk District Council
- Nottingham City Council and Nottinghamshire County Council
- Sefton Council

Blackburn with Darwen Council

Context and rationale

Blackburn with Darwen has higher than average rates on a number of indicators related to home injury prevention. Of the 150 local authorities in England it has:

- The 11th highest rate of hospital admissions due to injury in children aged 0-14;
- The 27th highest rate of hospital admissions due to injury in children aged 15-24 in England; and
- The 45th highest rate of hospital admissions due to falls in people aged 65 years.

Unintentional injuries are a major cause of avoidable ill health and death, and also have a disproportionate effect on people living in deprived communities. The effects of unintentional injuries therefore impact on a range of public health issues: interviewees noted links between the home safety agenda and housing, obesity, alcohol, play and physical activity, and social isolation and loneliness.

This context suggests the need for a strategic response to home safety. Addressing home safety fits with a range of local and national strategic drivers, including commitments made within the Blackburn with Darwen Joint Health and Wellbeing Strategy, Community Safety Partnership strategy, and Young People's Strategy; as well as contributing towards key accident related indicators in the Public Health Outcomes Framework.

Despite this strong strategic fit, home safety has not historically been a high priority on the public health agenda in Blackburn with Darwen.

"It wasn't on anyone's list at the time when the project started, which is why we were keen to be involved. As a public health team we wanted to get involved in it but hadn't – it was just one of those areas where there was no one dedicated working on it."

The transition of public health from the NHS to the local authority also contributed to the relatively low priority placed on home safety.

"There had been some work on home safety within the NHS and the funding has been cut, so there had been a lull in activity – at the time, with the transition, it was one of those areas that slipped."

RoSPA approached the Council with data on the scale of the problem. These data, along with the offer of support, was welcomed as a chance to put some fresh momentum behind the agenda.

"Our outcomes data for children having unintentionally injuries were pretty poor... when the data was highlighted it showed we needed to run with it – [and] it came within the Public Health Outcomes Framework."

"Without being approached by RoSPA [project work] wouldn't have happened because there wasn't a focus at the time – there was so much going on organisationally and nationally."

Key activities

The initial focus of the Safer Homes project was on migrant families and asylum seekers, responding to the identified problem of the greater risk faced by families living in deprived families. A Safer Homes for Migrants Group was formed, chaired by Blackburn with Darwen Public Health with representatives from RoSPA, the Council's housing and migrant support departments, and the Children's Society. RoSPA support was highly valued for its expert input.

"[The RoSPA consultant] came along to every single meeting to offer support and guidance. He was integral to that part of the project"

The RoSPA consultant suggested to the group that Group members, as well as wider organisations working closely with the migrant community, undertake accredited child home safety training to undertake home safety checks. Interviewees reported that the opportunity to receive a qualification was particularly attractive.

The training, facilitated by the Children's Society and delivered by the RoSPA consultant, was provided in a single session to a group of sixteen professionals. This included staff from health outreach teams, housing, the Children's Society, home school liaison for refugees and asylum seekers, social care and police. Management information recorded by the project estimates that these participants cumulatively have more than a thousand contacts with asylum seeker and refugee families per month.

Interviewees reported that the training was useful in improving their knowledge of home safety and their awareness of risks in the homes of the families they work with; especially as the need for improved home safety understanding is recognised as particularly important for some of these families.

"The training was robust... everyone enjoyed it because there was a lot of information you weren't aware of."

"This training addressed a key gap – [home safety] sits alongside FGM as a cultural practice that affects their parenting capacity."

Interviewees suggested that the format of the sessions could be improved by making the sessions shorter, more interactive and more focussed on the requirements of the exam.

"It was quite dry – maybe make it more interactive. It was also quite long, and some of the things in the exam at the end weren't covered in the course, for example stairgate regulations we didn't cover."

"It could have been shorter and more specific, with some DVD or something to break it up. In terms of us doing the exam at the end, it was asking very specific questions but this wasn't covered in the training part."

The training was used by partner organisations working with their client groups. RoSPA provided funding and support to commission an evaluation of one such community intervention by the Children's Society, who used the training to promote accident prevention.

"We wanted to evaluate what we were doing – [Blackburn with Darwen public health] led on the evaluation but [the RoSPA consultant] supported here as well".

This evaluation – as well as ICF interviews with two beneficiaries of Children's Society home safety support – shows that this intervention was very well received. Participants spoke of how the Children's Society was able to tailor home safety messages to their specific cultural context and needs.

"Because I'm new in this country, I have no idea about the system, the law about the child and the family. Educate myself, and know about other cultures. It was very useful for me."

The session also effectively addressed the language barrier faced by some participants. Written materials with illustrations were welcomed to make the point clearly and overcome identified language barriers.

"Everything was excellent. Some [course leaders] you can't understand, but [the Children's Society course leader] explains it using pictures. Some people have just basic English. But [she] knows about it – she tries her best to help us understanding. She speaks very slow."

"She writes everything on the board, uses a Powerpoint presentation. She used different things to make it understandable for us – like pictures."

The scope of the project broadened beyond migrant families, and the Group widened its remit to become an accident prevention group. Its key areas of activity, beyond delivering the Safer Homes training, include communicating safety messages through print and social media, and providing advice and information on home safety to professionals.

"We recognised that we had a much bigger issue than migrant families. The approach from RoSPA was the springboard for all of it – none of this would have happened if RoSPA hadn't got involved."

The Group successfully put a business case for a new post within public health dedicated to accident prevention officer. This new member of the team, supported by the Group, led on the development of an Accident Prevention Strategy and associated action plan for 2014-17, which now provides the framework for multi-agency work in accident prevention across Blackburn with Darwen.

The significant ongoing inputs of the RoSPA consultant included attendance at a strategic vision event and the 0-5 Accident Prevention Steering Group, which presides over one of the four workstreams of the Accident Prevention Strategy.

Outcomes

RoSPA consultancy support has had a significant strategic impact. The development of the Accident Prevention Strategy 2014-17 provides a clear framework for multi-agency action across Blackburn with Darwen. Two of its priority areas relate directly to both target groups for Safer Homes, demonstrating that the momentum has developed far beyond the project's initial scope of migrant families. The breadth of priorities identified also illustrates the clear links made between home safety and other public health issues. The strategy commits to the following priority actions:

- Programme Area 1: Accident injuries to children aged 0-5 years in the home
 - A universal and targeted approach to home safety assessment through all partner agencies; including the voluntary, community and faith sector;
 - Home safety equipment provision and fitting;
 - Building regulations for new and refurbished properties;
 - Support and lobby for national safety regulations in line with RoSPA campaigns;
 - To review the treatment pathways for children following an accidental injury; and
 - Paediatric basic life support and first aid training for parents, families and carers.
- Programme Area 4: Accidental injuries to people aged 65+ in the home
 - Better integration of local falls services;
 - Respond to local need of those at high risk of falling;
 - Strengthen the existing networks of local services within Blackburn with Darwen who provide services to older people which reduce the risk of accidental injury;
 - Social isolation and loneliness for older people; and
 - Alcohol consumption by older people and its relationship to accidental injury.

Key indicators are identified to ensure that progress can be measured. These include hospital admissions for unintentional and deliberate injuries for people aged under 18, infant mortality, injuries due to falls and excess winter deaths.

Success in making home safety a priority for the borough is also evidenced by the presence of a chapter on accidental and unintentional injuries in the Director of Public Health's annual report. It makes the case for home safety interventions – presenting data on preventable years of life lost from accidents and unintentional injuries – and refers to the work of the Accident Prevention Group.

The strategy has also led to significant commitments. For example, DASH (Decent and Safer Homes), which provides home safety equipment to older people, has been funded £100,000 to provide child safety equipment.

Interviewees reported that RoSPA has played a significant role in bringing about these strategic outcomes.

“Strategically I can say it's had a massive impact. It got us focussed on accident prevention, we've got a broad focus on it now – an action plan and a strategy. That could have happened anyway, but not at the speed [at which it did happen].”

“I think it was a valuable piece of work in itself and for what it led onto it did spur a focus – sometimes public health is so broad and you need something to provide a focus.”

The RoSPA training was effective in developing professionals' understanding and awareness of home safety issues in their work with migrant families. Professionals reported opportunities to pass on home

safety messages in their practice – for example when a family left a baby unattended on a bed, or in a bath. Another interviewee, who conducts health assessments, now takes the opportunity to do an informal child safety check as well.

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

“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.”

Participants identified time with families as the key barrier to comprehensive home safety assessments:

“I think we need more time when we do a visit.... to do home safety for the child, you need more time to speak to the clients.”

For participants of the Children’s Society home safety sessions, there is evidence of improved awareness – and of this improved understanding leading to changes in their home safety behaviour.

“We covered lessons about how to save them – stairgates, as well as put something in bath to avoid slipping. Keep outside of their reach, like bleach, medicine, tablets.”

“I have changed many things... with safety, things like bleach, supervision – always be with your children and they will be safe.”

Looking forward and implications for RoSPA

The development of an Accident Prevention Strategy and action plan evidences a sustainable legacy of Safer Home activities. Interviewees described how the project built from the training and community intervention strands to a major piece of strategic work.

“The RoSPA project was a discrete piece of work and we haven’t been tracking the outcomes from that – we would hope increased recognition of home safety. I do think there is a legacy there of the strategy and action plan up to 2017. That was a direct result of RoSPA having contacted us.”

The next steps for the stakeholders interviewed are to deliver on the action plan developed and ensure it continues to align with strategic drivers locally and nationally.

“[We will] follow up on the action plan, ensure it aligns with the health and wellbeing strategy to make sure it fits the statutory requirements.”

The Children’s Society has sustained its commitment to home safety awareness raising by integrating components of the RoSPA training within sessions delivered at children’s centres. This work has led to changes in personal and organisational behaviour. For example, children’s centres the Society has worked in now no longer allow parents to carry cups of tea.

RoSPA support was greatly valued; financial pressures and the existence of a robust base of guidance nationally means the potential for further consultancy support to the local authority may be limited.

“It’s a tricky [question] to answer. In this case, for children, there’s so much guidance I don’t know whether we would [commission consultancy support], but if we were in a particular situation where we needed consultancy or support, if RoSPA were offering, we would prefer to go to them.”

Bolton Council

Context and rationale

Bolton Metropolitan Borough Council is a local authority area, forming part of Greater Manchester, located in the North West of England. Like many areas in the region, Bolton faces high levels of deprivation and health inequality. Its major public health priorities, as set out in its Joint Health and Wellbeing Strategy, include taking actions to:

- Keep a firm focus on achieving positive health outcomes for all across the life-course;
- Address inequalities across the social gradient and amongst those at risk of social exclusion;
- Focus on prevention and shifting resources upstream;
- Develop, redesign and integrate services around the needs of people;
- Ensure we use the resources available efficiently to secure better outcomes; and,
- Promote the corporate citizen role of the health and social care system.¹⁵

The Safer Homes programme has particular relevance to the first three priorities. It also fits in well with Bolton's life-course approach to health and wellbeing, such as 'Starting Well', which emphasises the importance of a safe environment within which physical, cognitive, language, social and emotional development of children is promoted. The strategy, along with the Joint Strategic Needs Assessment (JSNA), further highlights the relevance of Safer Homes:

- Around one in five (20.8%) of the population of Bolton is between 0-15;¹⁶
- Despite falling trends in infant mortality, information from Bolton's JSNA indicates that there are an average of 22 infant deaths per year in Bolton – concentrated in the most deprived areas;¹⁷
- Bolton has a high rate of sudden unexpected deaths in infancy (SUDI); and,¹⁸
- Hospital admissions due to accidents are concentrated in the central most heavily populated wards of Rumworth, Halliwell, Harper Green, Farnworth and Great Lever.¹⁹

Interviews with the project team highlight that Bolton Council has been involved in a range of activities relating to childhood accident prevention prior to taking part in the Safer Homes programme. For example, the public health team and Bolton's Community and Voluntary Services (CVS) were involved in a 'Sleep Safe' campaign, aimed at encouraging parents to ensure babies are put to sleep in a safe place. Combined with other issues identified on the case study visit, such as high levels of unemployment, deprivation, significant health inequalities between wards, poor housing stock, as well as local data on accidents, there was a clear rationale for engaging with the Safer Homes programme.

Since responsibility for public health has switched to the local authority, it was reported that one of the most significant changes has been the broadening of staff's roles and briefs. Previously, when public health sat within the Primary Care Trust (PCT), a number of members in the team had specific roles relating to a particular health problem/need/issue. Since moving to the local authority, people's roles have become more diverse and broadened to cover several health issues. For example, one person in the public health team is now responsible for childhood accident prevention, as well as three other health issues, but had a much narrower brief under the PCT.

"When we were at the Primary Care Trust [childhood accident prevention was] not something that came under our remit at all".

Similarly, interviewees also noted that the move had brought about a difference in the way they operate. In the new structure, the old public health team now forms a set of three teams, the healthy

¹⁵ Bolton Vision, Health and Wellbeing Board. *Bolton's Health and Wellbeing Strategy 2013-2016*.

¹⁶ Bolton Council. *People in Bolton Factfile no.1. 2013 Population Estimates*.

¹⁷ NHS Bolton, Bolton Council. *JSNA: Early years and maternal*.

¹⁸ Bolton Vision, Health and Wellbeing Board. *Bolton's Health and Wellbeing Strategy 2013-2016*.

¹⁹ NHS Bolton, Bolton Council. *Bolton's Joint Strategic Needs Assessment. Chapter: Accidents*.

communities team, a commissioning team and a policy and partnerships team. The move has introduced new layers of governance and accountability which, in addition to a greater involvement in procurement, legal work and contracts, is different to how they operated under the PCT where operations were more autonomous.

Interviewees indicated that the Public Health Outcomes Framework had been one of the key drivers in pushing accident prevention up the agenda:

"We've got the new Public Health Outcomes Framework and we've got a target around reducing childhood A&E admissions. Accident prevention seems like it's become a prominent topic in Bolton and across other areas as well".

Overall, while the changeover in responsibility may have proved challenging, it has also developed opportunities for public health to focus more on childhood accident prevention through policy changes and the broadening of job roles.

Key activities

Bolton was originally approached to take part in Safer Homes in mid-2012. Their involvement has built on work already being carried out in the area, and included support from the consultancy, training and community initiative strands of the programme. Interviewees indicated that there was good synergy between the three strands. The training and community initiative were closely linked, reinforcing one another, and were also supported by the consultancy support. These are discussed below.

Consultancy support

Consultancy support was delivered by one of RoSPA's regional consultants and consisted mainly of advice and facilitative support for the Start Safe Partnership, a working group bringing together key stakeholders involved in child safety. The group meet regularly to discuss actions to improve the safety of children in Bolton and members include representatives from: Bolton public health team; the local fire service; health visitors; the local midwifery service; 'Bolton at home'; Bolton community housing partnership; Children's centres; and, the family nursing partnership.

The RoSPA consultant attended group meetings, predominantly acting as a point of reference, drawing on the consultant's expert knowledge of accident prevention. Interviewees noted that the support was useful, but came at a slightly awkward time for the team, given the move from public health to the local authority. It was felt that at a strategic level, they could have done with more support in terms of capacity, rather than facilitative support.

Training

Safer Homes has funded training of 43 professionals involved in the safeguarding and the development of children, and/or conducting home safety assessments in the local area. Interviewees noted that the project team aimed to recruit a range of people working with local families, particularly families in deprived areas, to attend the training, such as children centre staff; nursery nurses; health visitors; other people working on the frontline directly involved with families in their home; and, members of the Community Engagement Team from Bolton CVS.

RoSPA agreed to deliver the training and the project team was responsible for organising the venue and attendees. The training consisted of a PowerPoint presentation detailing information about child safety and accident prevention in the home, drawing on national statistics and academic studies. The training also provided participants with an accompanying information pack that they could use for future reference.

Interviewees noted that the delivery of the training could be improved to make it more interactive and relevant to local issues. As one interviewee described:

"The information RoSPA takes out is fantastic information... [but] I didn't feel there was much interaction... [therefore, it didn't] have the impact it deserved...It was very statistics led". Whilst

another interviewee stated that: “[staff] *want more practical stuff that they can use when they go out to people’s homes... [the training] could have been tailored a bit better to staff needs at the time*”.

Community Initiative

The Safer Homes programme funded a community initiative, the ‘Prevention of Accidents in the Home’ (PATH) workshop, to raise awareness about child safety in the home based on the RoSPA child safety training. The ultimate aim of the workshop was to reduce A&E admissions for children aged five and under.

The RoSPA funding was used to pay for the development of the workshop, the delivery of the workshop (in terms of staff time) and workshop resources, including a doll’s house. The workshop consisted of:

- The presentation of information and interactive discussions around child safety;
- The distribution of accident prevention literature and resources; and,
- The use of a doll’s house as a demonstrative tool to raise awareness about household hazards and safety issues.

The workshop was delivered by Bolton CVS’s Community Engagement team, to local community services, organisations and groups (such as children’s centres, mother and toddler groups, and breastfeeding groups). To kick-off the initiative, the public health team and Bolton CVS, invited a range of health professionals and other stakeholders to an event, to promote the initiative and find out what other people were doing in the area to address child safety and accident prevention.

Interviewees noted that, so far, the workshop has reached around 400 to 600 people, including six children’s centres located in some of Bolton’s most deprived areas. Interviewees also commented that the doll’s house enabled the workshop to have a particularly strong impact on attendees because:

“It’s visual, kinaesthetic, [and] interactive; people can put their own home situations [into the model]. They can move things around”.

Outcomes

There is evidence across the range of research tasks that the Safer Homes programme has contributed significantly to positive outcomes at three levels: strategy; the skills and procedures of a range of staff working in the area; and, the awareness of families who attended the PATH workshop. Information from the project team indicated that the different strands of the Safer Homes programme complemented each other in relation to the overall delivery of the programme. For example, the PATH workshop which formed the community initiative strand of the programme was strongly supported by the delivery of the training strand and some consultation support. Interviewees noted that this helped push the project at an operational and pragmatic level.

With regard to the consultancy support, the project team noted that the input from the RoSPA consultant was helpful in promoting accident prevention as a policy agenda within public health and the Start Safe Partnership working group:

“[Safer Homes has] stopped [accident prevention] falling off the agenda...there is a lot of competition with other issues and it has made somethings happen because more operational staff have been able to [carry out work in this area]...Strategy wise, it has made us look at some of the data [on accident prevention]”.

As a result of the training delivered, there is evidence that Safer Homes has contributed to improved skills and knowledge among frontline staff working with families in the community. This may contribute to improved levels of safety among services users, families and other members of the local community.

Outcomes identified by trainees

“There were things that came out of the training that raised questions for us... [such as] the RoSPA guide on recommended ages... [it generated] a great discussion [within our team] because it made us recognise that every parent makes decisions based on their child’s ability, but there are guidelines and those guidelines are there to help parents that are not quite sure or maybe it’s their first child...with the help of those guidelines we can be reducing the incidence of accidents in the home”.

“Some of the statistics... [were] quite an eye-opener for us...I don’t think we recognised that accidents happened in the living room”.

Interviewees commented that the training not only helped support attendees in terms of practical skills at the operational level, but also contributed to local strategies, such as the Health and Wellbeing Strategy priority to achieve positive health outcomes for all across the life-course.

As a result of the community initiative, there is evidence that the PATH workshop has contributed to raising awareness of child safety and accident prevention in the home among frontline staff who work with families, and families themselves. As one interviewee stated: *“We have anecdotal evidence of impact from parents who say they will go back home and make changes...such as [altering] the blind cords... [it has also] raised question for some mums and dads that have gone ‘you know what, I’m going to make sure that [these hazards] are out of the way”.*

Outcomes of the community intervention

There is evidence of the outcome of the community intervention on the families themselves. As feedback from a staff member who runs a parent group that received the PATH workshop described:

“I think it was clear that the participants have learnt a lot. I was pleasantly surprised at just how much they remembered. The sessions that were provided have been really enlightening for not only the participants but their family and friends too...We have overcome the immediate response from some of our male participants that this would be a ‘wife’s job’ and it is accepted that they both should be responsible, but even better, we are now at the point where both male and female participants think that the children should be shown how to keep the home hazard free”.

Looking forward and implications for RoSPA

Interviewees reported that the outcomes generated by the Safer Homes programme in this area are likely to be sustained, in particular the PATH workshop. Due to the popularity of the workshop, Bolton Council has included the delivery of PATH in Bolton CVS’s work programme for the coming year, and the community engagement team will continue to deliver the workshop. As one interviewee described, they have continued to build on the original initiative:

“We look at new risks: e-cigarettes and child bath seats... [and the] statistics coming in from America...we are always looking at information and what is in the news [to improve workshop]”.

Further evidence of the sustainability of the community initiative was also reported by interviewees:

“We’ve actually done a little bit of an extension [to the initiative] because through the Start Safe partnership, one of the children’s centre managers said she would like to have her one of the doll’s houses [to deliver their own training to families]”.

As a result, Bolton CVS have trained the children’s centre staff to deliver the workshop, the children’s centre purchased their own dolls house, and the workshop is being delivered in-house.

The project team noted that the main barrier to the sustainability of the PATH workshop was the practicalities of transporting the doll’s house and workshop resources without a car, as few of the community engagement team drive.

Interviewees were also positive about working with RoSPA in the future and noted that they would benefit from more consultancy support tailored to local needs, equipment schemes which provide practical solutions to problems, as well as information on best practice in the area of childhood accident prevention. As one interviewee described:

“If RoSPA could offer a very experienced specialist who is aware or completely up-to-date with the evidence base and research, and practice elsewhere; who could bring [this information] to us... [We need] bespoke advice on our strategy...something that would challenge us...someone who really understands our current context, constraints, the capacity we’ve got, and what the political landscape is”.

Finally, interviewees noted that there was an opportunity for RoSPA to provide support to other areas of accident prevention, including dog bites, motorbike accidents and reservoir safety. They could also do with some support with making the case that accident prevention works and reduces A&E visits and hospital admissions.

Lancashire County Council

Context and rationale

Lancashire is an ethnically diverse county with areas of significant deprivation. It is also geographically diverse with over half the population living in rural areas, and just under half living in towns or urban wards. The rationale for the Safer Homes Programme was that Lancashire was identified by RoSPA as experiencing high hospital admission rates for injuries in under 5s compared to the England average.

Accident prevention helps support a range of local and national priorities in Lancashire and there is a strong overlap between the delivery of Lancashire County Council's accident prevention work and their wider strategic priorities. For example, wider priorities include: maximising the impact of local services that provide people with advice and practical support to help maintain independence and wellbeing, and support communities to help themselves; and working with NHS partners to prevent unnecessary hospital admissions. Accident prevention work also helps to support the vision for public health which is

“To develop Lancashire as a healthy place to be born, work, live, retire, as well as...improving quality, safety and health resilience”.

Local priorities in relation to accident prevention are shaped by the Care Act 2014 and two local documents: Lancashire's recently approved Better Care Fund plan and Lancashire's Local Health and Wellbeing Strategy.

In general, accident prevention work within Lancashire is the responsibility of the public health team. However, there are some exceptions. For example, accident prevention for children and young people sits in a different directorate within the local authority, and some falls prevention work sits under the health and wellbeing directorate. Since responsibility for public health has moved to the local authority, the two now work much more closely together. One interviewee reported that in some ways this has had a negative impact on the decision-making process because it has slowed it down quite a bit as it now has to go through the relevant directorate's own commissioning management as well as the Health and Wellbeing Board. However, on the other hand, the interviewee argued that they now have to report the outcomes of certain projects to the Health and Wellbeing Board, which is beneficial in terms of generating funding for accident prevention.

Despite the close link between accident prevention work and Lancashire's local and national commissioning priorities, most of their work has been around elderly and disabled residents, with one interviewee reporting that *“keeping children under 5 safe, it's a new initiative for us so we wouldn't have usually done that unless someone had approached us through the Children's Centre”*. Although Lancaster City Council delivered a RoSPA scheme several years ago, where they carried out minor interventions in homes, this interviewee argued that none of the current work focussing on home safety in the under 5s would have gone ahead without the Safer Homes programme because under 5s were not a group they had focussed on before and were not seen as a priority area.

Key activities

The Housing Enabling Officer at Lancaster City Council's Housing Improvement Agency (HIA) first heard about the Safer Homes programme in December 2014 through an email from Lancaster City Council's Public Health Team asking him if he would be interested in delivering a campaign for home injuries after they were informed about the RoSPA funding.

The local authority received ongoing consultancy and briefing support from the RoSPA regional consultant. The consultant worked together with the local authority to raise awareness of accident prevention within the area and the Health and Wellbeing Board; with the Commissioning Manager for Adult Services to develop methods for monitoring the progress of their Safer Homes community intervention, as well as helping to develop a bid to receive additional funding from the council to fund

the intervention; and with the local authority and local providers of care support to develop individual action plans for the community intervention.

RoSPA also provided City & Guilds accredited Child Safety in the Home training, a one day course delivered at the Lancaster City Council offices in February 2015, to 20 individuals in total. Lancaster City Council chose to take up the training offered to them by RoSPA to raise awareness of home safety issues for under 5s among frontline officers visiting vulnerable families. In addition, although the course was not specifically for individuals delivering the community intervention, it was used to train the individuals who would be delivering the Home Safety Scheme. All HIA staff attended the training including handypersons, technical officers and caseworkers, as well as other frontline officers such as staff from the Housing Standards Team, the Homeless Team and outreach workers from local Children's Centres. The training was provided by RoSPA free of charge, while Lancaster's HIA provided the venue and refreshments, and covered the cost of the examination and invigilator fees.

Feedback captured from interviews with training participants made it clear that the training was generally well received:

"The content was really good...a lot of its common sense really but it was interesting to see what figures there were around child safety in the home".

However, one criticism was that *"some of the statistics could have been updated. The statistics were generally from 2012"*, and another trainee argued that there *"were a lot of statistics... [it] was quite heavy going"* and he thought the handouts were unclear. Lancaster City Council introduced a Child Home Safety Service in January 2015, with the aim of improving child safety and reducing hospital admissions in under 5s. The new service formed part of a wider package of support provided by Lancaster County Council's Home Improvement Agency, including information, advice and practical assistance regarding home safety issues. The programme was part-funded by RoSPA and the LA, with a total sum of £4,000 made available to the HIA as a one-off grant award. More specifically:

- £1,200 of the funding was used to provide the HIA with the necessary caseworker capacity to undertake the project; and
- £2,800 of the funding was used to purchase home safety goods including safety gates, fireguards, bath temperature indicators, cordless kettles and radiator covers. All of these goods were installed free of charge by Handymen in clients' homes.
- HIA also used their existing admin services, resources, handypersons and technical staff to deliver the service.

To promote the service the HIA contacted all frontline services that go into homes, dealing with children under the age of 5, including the Local Health Visiting Team, Outreach Workers at the Children's Centres and social workers. The HIA delivered presentations on how to refer individuals to the service, providing information about the types of home safety equipment available and about the HIA's handyman service.

The Service was targeted at households with vulnerable children under 5 years old (including children who have a disability, who have a disabled or elderly parent or guardian, or who are from low income families), throughout the Lancaster District: *"We've tried to pinpoint certain areas...the fact that we are targeting the most vulnerable families in our area, I think that's quite important"*. The level of assistance given to each family was decided on a case-by-case basis dependent on the client's needs, which were determined by an assessment carried out by one of the HIA caseworkers.

"We would get the referrals through and go out and see the client, do a home safety check surrounding the children and how to keep them safe, and then make recommendations regarding safety gates, fireguards and corner cushions, and then we would pull up a job for our handyman service and they would go out and fit any of the equipment needed".

Outcomes

There is evidence that the consultancy strand has provided positive outcomes at a strategic level, and all three of the consultancy, training and community intervention strands have provided positive outcomes at a practical level.

The LA Commissioning Manager reported that the consultancy support they received from RoSPA was essential to the implementation of their community initiative. When implementation of Lancashire's Safer Homes programme slowed down at one point, with the LA struggling to move forward with it, the added support of the LA's Commissioning Manager along with RoSPA helped to ensure they would not lose their funding and get the project moving again. The work also raised awareness of home safety issues among senior management:

"I didn't realise how much of an issue accidents in the home were until we got all the information from RoSPA".

A total of 20 individuals took part in the Safer Homes training. The training was only carried out shortly before the case study interviews, so only short-term outcomes could be identified at this stage. Despite this limitation, interviewees reported an improved knowledge of what to look for during home assessments and improved knowledge of the onward referral pathways for families. Interviewees also noted an increased awareness of the needs of under 5s, a new area of focus for several interviewees.

Outcomes identified by trainees

The Housing Enabling Officer at the HIA (the programme lead) noted that the training *"helped trainees to be aware of what they need to be looking for and who to refer families to"*.

Similarly, one trainee reported an increased awareness of potential child safety hazards, noting that he is now *"more vigilant when going into a property"*. He never used to look for potential hazards for children but this training has *"opened his eyes to them"*. The focus on children was new for him so he *"particularly liked the scenarios that were out in front of me – it helped me understand the issues a lot more"*.

Finally, interviewees were all positive about the outcomes of the community intervention, with one outreach worker arguing that the families involved now understand more about potential accidents in the home and how to look out for them. Between 27 January 2015 and 20 March 2015, 48 adults and 76 children received a home safety assessment, with all families referred receiving home safety equipment and/or being referred on to other agencies including occupational therapists, council housing or the fire service. A total of 425 pieces of home safety equipment were bought using the funding and were distributed between January and March 2015.

Outcomes of the community intervention

"[It's been a] good service for everyone involved, especially children under five...[families] really did say they benefit from it" (Outreach Worker)

"There is obviously a need out there because we're still getting inundated with referrals from front-line services...the feedback that we've had...and the amount of referrals we've received just in the last couple of months has been really positive...and we've had a lot of the work completed already" (Caseworker, Lancaster City Council)

The caseworker leading the project also emphasised the new networks the scheme has helped to form: *"It's made us form links with people that we wouldn't have usually worked with. We would really like to keep those links open as well if we do ever get funding in the future"*.

Speaking to some of the families benefitting from the scheme:

- One mother thought the scheme was *"very good for first-time mums as it's very expensive"*

otherwise” and the assessment has made her more aware of home safety: “*I was always focussed on home safety but [the home safety assessor] talked about different things...she told me about a slip mat in the bath, I wouldn't have thought of that before*”. The whole installation process (two stairgates, a fireguard and a bath mat) was also completed within three days of referral which she was very impressed with.

- Another family had a home safety gate fitted, a hair straightener mat and a bath mat, as well as the urgent fitting of a window restrictor for a high-risk third floor window next to a child's bed. They were also referred to Less UK, a Community Interest Company promoting sustainable living for an energy assessment. The father felt he has learnt more about home safety from the scheme, in particular: “*I've learnt about plugs. Before I used to have lots of tangled wires but now I'm very careful where I plug things in*”.

Looking forward and implications for RoSPA

The outcomes generated by the training strand are likely to be sustainable. Interviewees described a workforce of handymen and caseworkers with improved understanding and awareness of home safety issues – and with a traditionally low turnover, this knowledge is likely to continue to be applied in future. One trainee reported that because his whole team went on the course, they were able to discuss what they had learnt from the training among themselves afterwards. At present, there are no plans to offer the training again to a different cohort because they do not have the funding required and due to the low turnover of staff members, there is no immediate need to offer the course again.

Similarly, while the consultancy successfully raised awareness of accident prevention among senior staff and provided them with the necessary support to develop and implement their community intervention, the lack of funding for work related to under 5s means the community intervention is not likely to be sustained. All interviewees said they would like to see the community intervention continue. The project lead argued that “*it's been a good scheme for us, it's proved successful and we are getting some good feedback so we'd be happy to do it again*”, and an outreach worker stated that she would be very happy to refer families onto it in future. However, while the programme can continue to conduct home safety assessments (this is part of the Council's existing service offer), they do not have any remaining funding to distribute and fit home safety equipment.

While the public health team have seen the value of the community intervention, evidence from the interviews suggests that it is unlikely to be funded in the near future:

“Within a month or two it will probably come to a dead end”.

Lancaster City Council therefore sees continued RoSPA support as being very important to the sustainability of community work. If the LA could find further funding, they would be keen to deliver more: “*We've built up demand, they're aware of the service, we can deliver it, it's successful, but without the means to buy the goods it's a dead end*”.

Lincolnshire County Council

Context and rationale

Lincolnshire has a significantly higher rate of admissions caused by unintentional or deliberate injuries than the national average, at a rate of 147.4 per 10,000 in 2012/13. Lincolnshire County Council recognises that avoidable injury is a significant child health issue and also reflects health inequalities.

“Avoidable injury is a significant child health issue. Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. Injuries disproportionately affect children in the most socio-economically disadvantaged households.”

A Lincolnshire County Council report on the project sets out the specific rationale, within this context, for the provision of home safety equipment for the most vulnerable families.

“In many vulnerable families home safety equipment is not purchased for a combination of reasons including not knowing what equipment to buy or where to buy it, or not having the financial resources to purchase the equipment and not having someone to fit the equipment in a safe manner.”

This rationale was informed by consultation with local parents, which confirmed that there was demand for information sessions on avoidable injuries.

Traditionally public health staff in Lincolnshire has worked towards the NI70 indicator – emergency admission rates for injury in under-18s. Injury prevention work had been led by public health with limited partnership working. The national changes to the public health infrastructure have presented opportunities and threats to this agenda.

“The NI70 has died – it went when we had a change of government. We always called it NI70 and ran with this, and then about a year ago when the Public Health Outcomes Framework came in there are three new indicators around injuries.”

A programme of work was required to realign efforts behind the new indicators for injury prevention. Lincolnshire County Council proactively approached RoSPA to enquire about participating in the Safer Homes programme. They sought expert input and support from RoSPA in refreshing the avoidable injuries for children strategy in light of these changes, learning from RoSPA experience across the Safer Homes programme.

There was also an expectation that involvement in Safer Homes might facilitate and galvanise a greater level of involvement in home injury prevention across partner organisations. For example, ongoing commitment of children’s centres has varied since the close of RoSPA’s earlier Safe at Home programme of home safety equipment.

“Children’s centres were commissioning some provision of home safety equipment, but after Safe at Home some children’s centres are still doing it for targeted families, some are providing a reduced service, and some no longer prioritise this within budget.”

Key activities

Reflecting the project context and rationale, the Lincolnshire Safer Homes project focussed on reducing avoidable injuries in under-fives in the home.

At the strategic level, RoSPA worked with Lincolnshire Public Health to provide support in obtaining higher quality data on which to base the project design. The team conducted an audit at a local accident and emergency department to better establish an evidence base on the causes and location of accidents involving children. This enabled the project to directly address health inequalities via a targeted approach, with the community intervention run in Lincoln, Boston and Gainsborough – areas with the highest number of hospital admissions following child accidents.

To provide ongoing oversight of the Safer Homes programme and the injury prevention agenda more broadly, RoSPA supported the public health team in the development of an Accident Prevention Group. RoSPA's regional consultant provided an ongoing presence on the group. This steering group has worked to keep home injury prevention on the agenda and produced a business case for a continued home safety equipment scheme.

A member of staff from Lincolnshire Public Health attended RoSPA Child Safety in the Home training and achieved City & Guilds certification. The training was also attended by stakeholders across other statutory agencies. Feedback suggests this training was well received.

"It was received very positively and for some that attended, the fact that it was accredited was important – for example children's centre staff who may have had different levels of qualifications."

This training, along with significant existing experience, enabled Lincolnshire public health to develop information sessions for parents as part of the project. These three-hour sessions, advertised as Child Safety Matters (CSM) information sessions, were delivered directly to groups of up to 15 parents in children's centres – as venues that are well known, trusted, and that provide free childcare for participants. Sessions were led by public health staff – who have attended RoSPA child safety in the home training – as well as representatives from Lincolnshire Fire and Rescue, and the Road Safety Partnership. The information sessions cover topics including burns and scalds, poisoning, choking, falls, suffocation and fire safety.

RoSPA funding of £2,000, match funded by Lincolnshire Public Health, enabled all attendees to receive a pack of home safety equipment including safety messages, corner protectors, 'pop-it' lock and changing mat. All participants had fire alarms fitted within their homes. In addition, families who meet socioeconomic eligibility criteria²⁰ will be referred for home safety equipment assessment and fitting through Lincolnshire Fire and Rescue.

The CSM project was promoted through public health community outreach work, which served to gauge demand for the training and gather contact details to advertise particular sessions at the children's centres.

Interviewees reported a project intention for other attendees at the RoSPA training to provide sessions to parents based on their new knowledge in a similar way, but this has yet to be realised.

"What we've tried with less success is to get everyone doing the training to provide sessions to parents based on this – it's more problematic because they have less staff on the ground – they're under pressure. I'm sure it's mainstreamed in their everyday work but not in formal sessions, because it's not at the top of the priority list."

Outcomes

Interviewees reported that consultancy and briefing support from the RoSPA regional consultant has generated sustainable outcomes for Lincolnshire. The formation of an Accident Prevention Group has given focus and momentum to this agenda locally and placed it firmly within the list of priorities for public health.

"Within public health the unavoidable injuries agenda is a priority for the next year. It's now visible, its importance is recognised throughout the senior management team. Whereas in the past it wasn't as paramount, it is now and I think that's the biggest [outcome] really."

The work of the Group, with RoSPA inputs, also led to the development of a business case for a home equipment scheme. This business case was successful in winning an extra £50,000 from Public Health England towards the purchase of home safety equipment. Lincolnshire Fire and Rescue will

²⁰ For example, receipt of means-tested benefits, supported by social care, and/or in receipt of Disability Living Allowance.

continue to provide home safety assessments, representing a significant in kind contribution. This reflects the success of the programme's strategic and operational strands.

Interviewees also reported outcomes for improved partnership working around the home injury prevention agenda across the county.

"There's been a long term goal to get all of the agencies working with children all together – a countywide thing – a problem in the past was we were only working with several children's centres in Lincolnshire. Safer Homes is a countywide project... we're trying to get all of these agencies all working together to get the funding, the referrals, start targeting the right people."

"We now have quite a core partnership who disseminate these views, so we can communicate effectively with local people."

This momentum has carried forward into other actions across the partnership to promote home safety messages.

"We've had quite a push in terms of community engagement – through Child Safety Week and the Lincolnshire Show."

At this stage interviewees were unable to report impacts on the health and social care system – but expressed confidence that actions are likely to lead to positive outcomes.

"It's too early to see whether there's an impact on the hard numbers, e.g. accident numbers. But we'll have a more comprehensive home safety equipment programme and we know there's good evidence that if you do that, you will reduce accidents."

RoSPA Child Safety in the Home training gave participants valued accreditation in home safety. Stakeholder feedback suggests it was valued.

The project evaluation of the community intervention shows very positive outcomes for the parents who participated. All participants found the advice and information at the session useful, and reported that they feel more aware of things in the home that could affect their child's safety. As a result, 73% agreed that they now feel they have the information they need to keep their child safe.

There is also evidence that these increases in knowledge and understanding are leading to behaviour change. 82% of parents reported that they intend to make changes to their homes after attending the sessions. These changes included:

- *"Being more conscious of item storage and keeping harmful things out of reach"*
- *"Ensure hot drinks are always out of reach, I didn't realise they stay hot for so long"*
- *"Make sure my nappy changing equipment is out of reach and sight, especially the nappy bags."*

Looking forward and implications for RoSPA

The Safer Homes project in Lincolnshire has generated real momentum behind the home injury prevention agenda, through the mainstreaming of injury prevention as a priority for public health. This has already borne fruit through the funding received for continuation of the home safety equipment scheme, which will enable the sustainability of the community intervention.

"We're hoping to start this [home assessment and equipment distribution] up as a permanent thing for Lincolnshire... we're holding a meeting in the next few days to find out where we go from here."

Interviewees described active discussion of sustainability within the Accident Prevention Group to ensure this momentum is retained.

"The [RoSPA] consultant came to talk to the group last week. He very much highlighted the issue of sustainability – we know we have funding for equipment for the next few years, but it is still an issue."

To support sustainability, both RoSPA and Lincolnshire Public Health are working through local partnerships to further develop the response to home injuries in the county. Interviewees are mindful,

however, that financial constraints present a barrier to the effectiveness of encouraging contributions from statutory partners.

“The [RoSPA] consultant is speaking to the Director of Children’s Services in terms of what is being delivered through children’s centres; we [public health] are meeting the fire service to talk about sustainability within their service. It’s difficult to keep things going in the context of cuts – it may not be seen as core business.”

RoSPA consultancy was valued by interviewees, but financial pressures also act as a barrier to future RoSPA involvement in this sphere.

“A lot of local authorities are quite concerned about buying in consultants... local authorities are trying to say ‘were slimming’ – it was seen as a negative. This is a place [a local authority] could look to cut.”

Luton Borough Council

Context and rationale

Luton is a large and diverse local authority area in southern England. Its major public health priorities, as set out in its Health and Wellbeing Strategic Framework, are to ensure that every child and young person has a healthy start in life, that there is a reduced gap in health inequalities, and that older people are healthier and able to live more independently.

Safer Homes has particularly relevance to the first of these priorities. The strategy highlights that Luton has a:

- Relatively high infant mortality rate. This was the seventh highest nationally in 2008-10 at 7.5 infant deaths per 1,000 live births, although it was noted that this has reduced to 5.2 more recently;
- Large number of families facing serious challenges such as unemployment, poverty and child absence from school; and,
- Relatively high proportion of Low Birth Weight babies born at term (5% compared to the national average of 2.8%)²¹.

Combined with other issues identified on the case study visit, such as the poor quality of some of the housing in the area (particularly in the private sector), there is therefore a strong rationale, for engaging with the Safer Homes programme.

The relatively high infant mortality rate has acted as a focal point for action in this area. While accident prevention has not been identified as a key cause of the high infant mortality, there are a wider range of initiatives and a specific strategy (called Flying Start) which seek to improve young people's health. This includes activities and commitments to reduce accidents in the home. Accident Prevention has also included safe sleeping and reducing sudden infant death syndrome.

Activity to improve children's health and reduce accident prevention is quite well-resourced in Luton. For example, within the local authority, there is an assistant director responsible for delivery of the overarching early years vision outlined in Flying Start. This is supported by a steering group attended by directors from the local authority, CCG and Bedfordshire & Luton Pre-school Learning Alliance

In addition, the Bedfordshire & Luton Pre-school Learning Alliance, which coordinates a range of universal and targeted services across the area, continues to host the legacy of a previous RoSPA-funded project known as the national Safe at Home Scheme. This programme funded by the Department for Education provided home safety packs, home safety assessments combined with safety education between 2009 and 2011. After 2011, funding is currently sustained by a mix of local charitable support and local authority funding.

As a result, in Luton there is a team of 45 home safety assessors and a full time fitter. The scheme provides home safety equipment in the homes of families who are eligible for benefits and the local Fire Service are employed to cover the fitting of child safety equipment and a home fire safety check. The scheme works in close partnership with Bedfordshire Fire & Rescue Service and the Local Authority Home Improvement agency enabling a robust cohesion of home safety interventions. This, in turn, helps reduce risks of home injuries and ensure a safer home environment.

Since responsibility for public health has moved to the local authority, it was reported that the most significant change has been that there is now a larger workforce to deliver public health interventions than there was under the previous arrangements. The local authority is reported to be better-networked for leading the Public Health agenda with access to a more varied set of organisations that

²¹ Public Health England (2012), Public health outcomes framework

are important for delivery of public health interventions. For accident prevention and child safety, this presents a range of opportunities. For example, the change has allowed:

“A better coordination of council services... we’ve had licensing on board, road safety, and various other departments who can all contribute”.

Previously, when the public health function sat within the NHS there was limited link up with Bedfordshire & Luton Preschool Learning Alliance; at the time:

“The PCT was not well engaged with the children’s centres... there was a lack of joint working between the early years services that the council provides and the services that the NHS provides... We were service-centred rather than family-centred.”

Another aspect of the move of public health responsibility to the local authority is that the measures of success have broadened. The involvement of a wider mix of services has increased the variety of policy drivers considered.

Key activities

Luton was originally approached to take part in Safer Homes in late 2013. Their involvement has built on work already being carried out in the area, and included support from the consultancy, training and community intervention strands of the programme.

Consultancy support

Safer Homes funded consultancy support in the area. This was delivered by the RoSPA consultant and consisted of the provision of advice and expertise, particularly during the set-up phase of the Child Injury Prevention Group (a group which meets quarterly and brings together all the relevant stakeholders to make policy and set actions to improve the safety of children in the area). This included advice on:

- Developing the terms of reference of the group;
- The proposed membership of the group;
- Early activities the group should undertake;
- The development of the action plan;
- The activities and good practice examples from other local authorities;
- Up to date information with regards to child safety, developments and issues such as advice on position of safety gates;
- The training of professionals and parents for example, sharing the idea of a dolls house set up with hazards and used as a visual aid at parent education sessions

Training

Safer Homes has funded training of 30 professionals who carry out home safety assessments in the area or those who identify families and refer into the scheme. Interviewees noted that they were keen for the training to be available to the wide range of agencies who work in people’s homes – not just the people who do safe at home assessments. It has therefore been opened up to health visitors, safeguarding staff and people working at a local women’s refuge, and social care staff, among other groups.²²

²² The full breakdown of which professionals have attended is: Public Health 3, Health Visiting 4, Local Authority 3, Children’s Centres 7, Social Care 8, Other organisations 5. Grades obtained Merits x 4, Distinctions x 26

Community intervention

Finally, Luton took part in the community intervention by distributing home safety packs to local families. A total of 80 of the packs funded by the Safer Homes programme were distributed. These packs were typically offered alongside a home safety assessment, or were distributed to parents in a way which encouraged active learning about home safety. During Child Safety Week 2014, the packs were used as an incentive at the Child Safety Awareness Day attended by 75 parents. All families that attended the event and completed a safety trail either received a full equipment package (if in receipt of benefits) or a Safer Home complimentary pack.

Interviewees have commented positively on the quality of each component of the programme's support. For the training of professionals, it was noted by those who had attended that: "*It was invaluable... good to hear the statistics*". It was also noted the training had relevance to a range of roles.

The consultancy support delivered through the programme was also highly valued. The level of expert knowledge and ideas provided from other local authority areas are reported to have complemented the existing expertise on the Child Injury Prevention Group.

The provision of home safety packs has also been valued by the project team. Interviewees commented that they contain high quality safety equipment which is relevant to the needs of the local area. The team currently distributes a full equipment pack, inclusive of fitting, to families on benefits however the Safer Homes programme has allowed them to broaden the reach of their activities and provide the handout packs to those families who are not in receipt of benefits but accessing safety guidance. This has removed a challenge they currently face as it can often be quite awkward when an application for the full equipment pack is declined as the family does not meet the low income level criteria. The option to offer the complimentary Safer Homes pack has therefore been well received.

Outcomes

There is evidence across the range of research tasks that the Safer Homes programme has contributed significantly to positive outcomes at three levels: policy / strategic; the skills of a range of staff working in the area; and, the awareness of the families who were provided with the home safety packs.

With regard to the consultancy support, the project team has identified that the involvement of the RoSPA consultant in the process of setting up the Child Injury Prevention Group and providing continued support has enabled the group to learn from similar work taking place in other local authority areas, which means that the Group has progressed more quickly than it would otherwise have done. The contribution made by the consultancy part of this programme was described as:

"When we discuss certain issues, [the consultant] will say, 'Well I know another local authority and they did this and this.' It means we don't have to spend time looking for something... [The consultant acts as] a critical friend to the group... We don't know what goes on in other places... [and the consultant] collates this information."

The RoSPA programme has also ensured that the advice given is tailored to the local authority; the consultant has provided examples of good practice from a similar local authority area.

As a result of the training delivered, there is evidence that Safer Homes has contributed to improved skills and knowledge of a range of professionals involved in working in people's homes, which in turn is thought will contribute to improved levels of safety and a greater linking up of services around this issue.

Outcomes identified by trainees

"I'm much more mindful of the dangers... that will stay with me".

“We’re now more focussed on the safety of certain items... such as baby walkers”

One of the trainee’s managers commented that those who have been on training: *“Definitely feel more confident”*.

Interviewees commented that by opening up the training to the wide range of agencies and services working in people’s homes (such as health visitors and safeguarding staff) – i.e. not just those who do the safe at home assessments – the programme also fits with the local authority’s goal of health visitors looking at the wider determinants of a family’s health (*“Their intervention should not just be about clinical health”*).

A further key indicator of the benefit of training a wide range of practitioners is that the referrals to the original Safe at Home scheme still running in Luton, have increased as a result of the greater awareness of accident prevention among a variety of professionals working in people’s homes. It has also offered the opportunity for practitioners to continue to monitor the safety of the child’s home environment more effectively following a Safe at Home survey as they have an increased knowledge and awareness of the risk of accidents and the benefits of the relevant child safety devices that are recommended.

Outcomes of the community intervention

There is also evidence of the outcome of the community intervention on the families themselves:

“A lot of the families don’t know half of what I’m telling them... a lot of them don’t even realise they can get this stuff”

“There were a lot of things I didn’t know about... The service gives you piece of mind

“It has made me more safety conscious”

For the project lead, engaging with Safer Homes has broadened the scope of her offer to families:

“It has given me two different branches... I can engage with low income families through an existing funding stream but [as a result of Safer Homes] I can also engage with other families that still need to learn about what the risks are in the home” and this enables us to offer an equitable service to all families

Looking forward and implications for RoSPA

Interviewees reported that the outcomes generated by the Safer Homes programme in this area are likely to have a high level of sustainability. Given the advisory nature of RoSPA’s role in area, they report that they *“are not dependent on RoSPA”*. The fact that previous RoSPA support in the area has left a significant legacy in the form of an ongoing programme of accident prevention support for families in the area, is an example of how external funders (such as RoSPA) can ‘pump prime’ activities in areas which are then picked up by other funders. The fact that there is a focus on accident prevention and child safety in the local health and wellbeing strategy and the joint strategic needs assessment is also an encouraging sign that work in this area will continue.

The completion of Safer Homes does present risks for the area. It was noted that, without the support of the RoSPA consultant, it was possible that the Child Injury Prevention Group will no longer benefit from the broader insights they currently have: *“[By removing the support] you become slightly isolated... you can have a parochial view of needs”*.

With this in mind, interviewees noted that there was a potential opportunity for RoSPA in providing advice to similar groups around the country and collating and sharing best practice. It would be welcomed by many of the professionals working in the area as it suits the mindset of people working in the area:

“Public health is about learning what works. So if we can get learning from other places it’s better than simply developing solutions here... it will also help us spend the money more efficiently.”

This high value-added support is seen as an important augmentation to the more straightforward role of awareness raising and distributing equipment:

“If we doubled the amount of [family safety] packs we gave out, would we be making the difference we needed to... There’s no point in having all the family safety packs and training if you don’t know how to deliver it so RoSPA’s role as a facilitator / consultant is key.”

As a result, findings from this case study suggest that the design of Safer Homes – encompassing a mixture of activities targeted at different groups – is effective.

Interviewees also emphasised that other priorities for RoSPA should be to raise awareness of particular public health issues through wide scale campaigns:

“It gives us a lot of endorsement to have RoSPA behind safety awareness programmes... we can establish our activities around what they are doing nationally, and target it at certain areas of Luton”.

Finally, another theme from the interviews was the challenge of data collection and analysis in this policy area. At present it is difficult to understand the effect of particular interventions or to benchmark progress against other local authority areas.

Norfolk County Council and North Norfolk District Council

Context and rationale

Norfolk County Council is a large rural local authority area in east England. As a first-tier local authority, Norfolk County Council has overall responsibility for public health and wellbeing in the area. To deliver public health and wellbeing objectives, it works with a range of organisations through strategic partnerships. Partners relevant to accident prevention include the District Councils, the Clinical Commissioning Group and other NHS bodies including foundation hospital trusts, the Fire and Rescue Service, Norfolk Constabulary, the Highways Agency and Social Housing providers. These partners are involved in a range of existing partnerships of relevance to accident prevention. These are:

- Norfolk Health and Wellbeing Board;
- Norfolk Older People's Strategic Partnership; and
- Norfolk Children and Young People partnership.

Older people's health and wellbeing is an issue of particular importance. Norfolk County has a disproportionately high number of older people compared to the England average. In Norfolk in 2011, 1 in 4 people were aged 65 or over and 1 in 10 people were aged 75 or over. In the next decades, the population of people aged 65 or over is projected to increase steadily. As such, the Norfolk Public Health Board undertakes a range of actions to support older people. This includes a Falls Prevention Needs Assessment conducted in 2014 which mapped support for and made recommendations on improving the reduction of falls in the home.²³

Norfolk CC and North Norfolk District Council deliver and commission a range of services that involve engagement with older people and families. This includes adult and children social care services and Children Centres. North Norfolk DC has recently set-up a new handyperson service that enables older and disabled people to purchase home improvements in their home safely and at reduced costs.

Key activities

Project Development (Consultancy)

Safer Homes originally approached North Norfolk District Council in early 2014 as it had been identified that North Norfolk's high share of older people could benefit from Safer Homes interventions. The involvement built on existing links between RoSPA regional officers and North Norfolk primarily in relation to older people's wellbeing. The engagement had been less active more recently due to capacity constraints. Safer Homes was therefore welcomed as a potential catalyst for reenergising the partnership.

RoSPA consultants undertook initial discussions with North Norfolk about the scope of the Safer Home project and the types of activities that it could support. RoSPA suggested that North Norfolk could benefit from two Safer Homes campaigns. These were falls prevention for older people, and preventing accidents with household cleaning products.

North Norfolk District welcomed both campaigns. It was identified, however, that involvement from Norfolk County Council would be beneficial and necessary to enable delivery of the activities through services and partners, such as Children Services and Children Centres, which are organised at County level. Norfolk County Council was thus invited to participate in Safer Homes.

The RoSPA programme officers met with officers from public health, adult wellbeing and children services from Norfolk County and North Norfolk District councils over three meetings in the spring and summer of 2014. The RoSPA consultants outlined the objectives of the Safer Homes project and support that could be funded. Information and statistics about the prevalence of accidents in the

²³ Norfolk Public Health (2014), *Health needs assessment: falls prevention in Norfolk*

Norfolk area were presented and discussed. For example, participants shared views about the high number of child poisoning incidents in the county and considered possible actions to raise awareness of the issue.

Training

Safer Homes has funded training for around 80 to 100 professionals who work with older people in their homes.

Led by Norfolk County Council, four training sessions with spaces for 20 people on each were organised for November and early December 2014. Suitable and accessible locations were identified and sessions were delivered across the county in King's Lynn, Great Yarmouth, South Norfolk and Norwich – this was considered essential to enable participation by a range of professionals given the size and geography of the county.

Norfolk County Council staff promoted the sessions to staff working for the council who undertake home visits, as well as to partner organisations through their links on the fall prevention groups. As the training events had been organised at relatively short notice due to lack of availability in RoSPA's trainers' diaries, there was not much time to promote the events. Interest and take-up of the training offer could have been improved had more time been available.

A further training session was organised in March 2015 in and by North Norfolk District Council. This event attracted considerable interest and had 22 attendees from a range of partners. A large number of participants to this event came from the British Red Cross which delivers a post-hospital rehabilitation service in the Norfolk area including home safety checks; this is a good example of a well-targeted training intervention.

Community intervention

Norfolk CC and North Norfolk DC also took part in two community interventions.

Organisations and individuals who had attended the first four training sessions were invited to submit proposals for small projects that would fund safety improvements in the home. One organisation engaged with the local Fire Service and identified that there was a need for smoke alarms in some homes and proposed this as a potential project. However, smoke alarms were not eligible for funding. Instead, it was identified that the specific homes would also benefit for carbon monoxide detectors. As such a number of carbon monoxide detectors were funded by the scheme.

The Safer Home Programme also worked with Norfolk County's children services to deliver a campaign promoting awareness of child poisoning risks from domestic cleaning products. The campaign was launched at Queen Elizabeth Hospital in King's Lynn. The programme then worked with fifteen Children Centres across Norfolk to distribute packs and other information to parents to promote awareness and prevent accidents with household cleaning products. The launch event and campaign generated coverage in local media sources. .

Outcomes

There is evidence that the range of activities that were delivered by the Safer Homes programme contributed to raising awareness of accidents in the home among professional staff who work with older people and families in the home. In particular, interviewees suggested that the information presented during the training sessions would have encouraged trainees to consider new and different elements of their day-to-day practice when visiting people in their homes and approaching the issue of home safety in different ways.

“The feedback people who went on the course gave was that it was delivered well, it was very informative and the content was relevant to them. It challenged some things that they had previously thought”.

The local authorities involved had not had sufficient time since the training was delivered to collect feedback formally and analyse it systematically, though they intended to do so. As such it is not possible to say whether the training resulted in changes in practice or behaviour.

A key benefit from the programme was that the programme activities enabled engagement and building of relationships between the local authorities and voluntary organisations working in the area. This included making contacts and knowledge sharing between front-line staff working with older people and families in the home.

There is also some evidence that the intervention raised awareness of the issue of accidents and accident prevention more widely among strategic stakeholders such as local authority staff and health service staff.

Looking forward and implications for RoSPA

All interviewees recognized that more could be done to promote awareness and promote good practice on accident prevention in the Norfolk area. They were keen to work with, and participate in, RoSPA activities and campaigns on accident-related issues in the future as they recognised the fit between this agenda and their strategic objectives.

A number of challenges relating to future engagement were identified. Accident prevention is not the responsibility of a single individual or department; several local authority officers were reported to undertake relevant actions in relation to issues such as road safety, children's safety and adult social services. Staff in these departments work on accident prevention only as a small part of their day-to-day role; many officers have taken over multiple responsibilities following cuts in staff levels and budgets. As such, it is important to ensure that RoSPA engagement is appropriately targeted and relevant to local arrangements and that limited capacity within local authorities for additional work is recognised.

Nottingham City Council and Nottinghamshire County Council

Context and rationale

Key public health problems in Nottingham City Local Authority:

- High rates of domestic violence, which children are party to;
- High rates of smoking;
- High alcohol consumption levels; and
- Low activity levels and a high number of children who are obese.

Capacity to respond to these challenges is limited. The team currently has less than a third of the staff working on public health in the local authority compared to when they were working within the NHS.

Nottinghamshire City Council works towards a number of key strategies and initiatives for public health – working within the Public Health Outcomes Framework – and, must also work to meet a wider range of agendas within the local authority. Interviewees reported that accident prevention work is seen as important in the area because it supports strategic drivers across public health and local CCG work – for example, to reduce hospital admissions. However, there is currently no specific funding allocated to deliver accident prevention activity.

This context presented an opportunity for engagement with the Safer Homes programme. Public health staff from the city and county councils contacted both RoSPA and experts from the departments of Health Sciences and Primary Care at Nottingham University to discuss involvement in Safer Homes and the best ways to drive the agenda forward. In particular, advice and guidance was sought to establish a working group and build a strategy for avoidable injuries in children and young people living in both Nottingham City Council and Nottinghamshire County Council.

Key activities

RoSPA's involvement began at the start of the development process of a strategy to reduce avoidable injuries in children and young people within Nottingham City and the wider Nottinghamshire area. Safer Homes provided a range of consultancy support to the Avoidable Injuries Strategic Partnership Group. The group included inputs from representatives from both local authorities (Nottingham City Council and Nottinghamshire County Council), and representatives from the university (who lead the Injury Epidemiology and Prevention Research Group and who run the Keeping Children Safe at Home Programme). Key inputs from RoSPA in this early stage included:

- Sitting on a 'stakeholder day' event and providing input into a draft strategy 'Reducing Avoidable Injuries in Children and Young People: A Strategy for Nottingham and Nottinghamshire 2014-2020';
- Providing advice on potential content for this strategy, and emailing support throughout the drafting process;
- Maintaining an ongoing presence on the Avoidable Injuries Strategic Partnership Group; and
- Providing assistance with the specification of the home safety equipment scheme developed in collaboration with Nottingham City CCG.

The benefits gained from the consultancy support were significant, with interviewees stating their inclusion provided a good level of expertise and knowledge, and an *"excellent member of staff for the steering group which was very helpful"*, as well as providing more credibility to the strategy. Another benefit that RoSPA provided was the knowledge of other activities they had through contact with other Local Authorities. As one interviewee noted: *"Having someone from an expert organisation working on a local injury prevention strategy adds credibility"*.

RoSPA involvement was also reported to help motivate the team working on the strategy, with one interviewee stating that RoSPA was “*very supportive in getting the strategy up and running*”.

Through the work in Nottingham and Nottinghamshire a strand of training was delivered by The University of Nottingham, funded by the Safer Homes Programme. It was noted by interviewees that this training developed as a result of the key strategic work undertaken during the consultancy elements of the programme.

Training was provided in September 2014 to all Children’s Centre staff and health visitors working in the five most disadvantaged wards in the area through the University of Nottingham ‘Injury Prevention Briefing (IPB)’. These staff were selected as the most appropriate staff to receive the training because they are the main administrators of the equipment and were responsible for referring families to the programme. The interviewees felt having senior staff from these organisations worked to facilitate involvement in Safer Homes as they were able to see the potential benefits the training would provide to the key staff members and its resultant impact on avoidable injuries.

The briefing combined guidance on best practice with evidence of effectiveness of interventions from the Keeping Children Safe At Home Programme of research and was based upon a series of training events delivered in three other local authorities. The training included a number of sessions which covered: the scale and nature of children’s accidents; information about the Keeping Children Safe at Home programme; introduction to the Injury Prevention Briefing (IPB); exploring activities for parents in the IPB; and how best to use the IPB.

Overall, six training sessions took place over six districts with a total of 89 attendees. The training sessions took place in the Children’s Centres and were delivered an expert from the Child Accident Prevention Trust and a research fellow from the University of Nottingham Keeping Children Safe at Home Study Team.

Outcomes

The evidence collected from interviewees suggests Safer Homes has contributed to a range of outcomes. Most immediately, key strategic staff in the local area have become more aware of the importance of preventing injuries to young people in the home. In the longer term, with the consultancy support provided by RoSPA the area now has a working strategy, titled ‘Reducing Avoidable Injuries in Children and Young People: A Strategy for Nottingham and Nottinghamshire 2014-2020’. Crucially, the strategy involves commitments from a wide range of stakeholders across the statutory and voluntary sectors including the two local councils (Nottingham and Nottinghamshire County), the University of Nottingham; RoSPA; local public services (Fire and Rescue, the CCG, the Police, the local hospital, Children’s Centres, community care trust, and the safe guarding board) and local charities.

Interviewees also stated that the involvement of RoSPA at an early stage of the inception, drafting and final strategy development enabled “*multi agency buy in – with key outcomes linked to named staff*” evidenced in the strategy and the extensive list detailed above. Key interviewees also felt that involvement of RoSPA provided leverage for funding from the CCG for a home safety equipment scheme, an outcome which the LA had not initially planned.

The evaluation of the IPB sessions undertaken by the University of Nottingham found that in the three months following the training, staff had discussed home safety with between two and 50 families (dependent on the attendee’s job role and remit)²⁴. One interviewee provided evidence that the home safety was increasingly becoming mainstreamed into people’s roles:

“I would hope they see it was normal practice to discuss accident prevention with the people that attend the children’s centres as well as health visitors.”

²⁴ Evaluation of Keeping Children Safe at Home Injury Prevention Briefing training events

The evaluation also found that Children’s Centre and health visitor staff are now better informed while engaging with service users and have discussed injury prevention with the local service users. The University of Nottingham evaluation also found that some home safety topics were discussed more than others, with the proportion of attendees discussing activities with parents and carers detailed in the table below.

Table A1.1 IPB topic areas which practitioners have discussed with parents in the three months following training²⁵

IPB Activity	Percentage that had discussed with parents and carers
Checking home safety	80%
Exploring child development	72%
Where are your harmful products?	70%
Fire Safety – The Importance of smoke alarms	70%
Home safety equipment what do families need?	64%
What is appealing to children but may harm them	62%
Fire Safety – A fire escape plan	54%
Preventing falls- more than just using safety gates	50%
Scalds – how far does a hot drink spread	50%
Scalds – How long does a hot drink stay hot	38%
Designing an unsafe kitchen	32%

Looking forward and implications for RoSPA

While interviewees discussed some difficulties in measuring and attributing the impact of the Safer Homes programme, the development of an avoidable injuries strategy should ensure the issue remains on the agenda and provides means of measuring progress. The strategy uses the following national indicators to measure success:

- Public Health Outcomes Framework (PHOF) Indicator: ‘Hospital admissions caused by unintentional and deliverable injuries in children and young people aged 0-14 and 15-24 years’; and
- National and local casualty reduction targets for road safety: A 50% reduction in the 2005-2009 average for child KSI by 2020²⁶.

The City and County now have two strategy groups in relation to avoidable injuries including one which focuses on home safety equipment – therefore indicating commitment from a variety of key stakeholders county wide.

Findings from this case study indicate early involvement from RoSPA through the Safer Homes Programme has helped to gain significant buy-in from key stakeholders required to work in collaboration to deliver the strategy that has been developed.

Feedback from interviewees suggests that the support received through the programme was of a high quality and professional manner, however, there were two significant barriers noted in relation to Local Authorities’ ability and willingness to pay for the support; firstly, as public health has moved from the

²⁵ Keeping Children Safe at Home Injury Prevention Briefing training events evaluation report, supplied by the University of Nottingham

²⁶ Reducing Avoidable Injuries in Children and Young People: A Strategy for Nottingham and Nottinghamshire 2014-2020’, Nottingham County Council and Nottingham City Council, available at: <http://www.nottinghamcity.gov.uk/CHttpHandler.ashx?id=50091&p=0>

control of health services there has been a reduction in public health budgets alongside increasing public health expenditures, and secondly accident prevention is seen to be a low priority, in relation to other public health priorities. This presents challenges to further financial commitment to home injury prevention.

One of the biggest factors expressed in the interviews was that the Safer Homes programme enabled people in the City and County Councils to apply for support which is relevant to their local needs. This was felt to be particularly positive because it enabled Nottingham/Nottinghamshire to look at what support they needed. As a result, it was felt that the key benefit of the Safer Homes Programme was the freedom it gave to local areas to access support tailored to their own specific needs and to enable the authorities to continue their work in meeting the specific needs in their own area.

Sefton Council

Context and rationale

Sefton is a small metropolitan local authority in Merseyside, located in the North West of England. Like many areas in the region, it faces high levels of deprivation and health inequalities. Its major public health priorities, as set out in its Health and Wellbeing Strategy, include the following objectives:

- To ensure that all children have a positive start in life;
- To support people early in order to prevent avoidable illness and reduce health inequalities;
- To support older people and those with long term conditions to remain independent;
- To promote positive mental health and wellbeing;
- To address the wider determinants of health; and,
- To build capacity and resilience to empower and strengthen communities.²⁷

The Safer Homes programme has particular relevance to the first two priorities. Information from the Sefton's strategic needs assessment highlights that:

- Accidents are a leading cause of hospitalisation and represent a major cause of mortality among children and young people; and,
- Sefton has the fourth highest number of children killed or seriously injured out of all local authorities in the North West, and is ranked in the bottom half of local authorities nationally.²⁸

Interviews with the public health team highlight that, "*historically, there has always been accident prevention programmes [in Sefton]...for the last 10 years*" and there is a history of engagement with RoSPA developed through previous Sefton child accident prevention projects, including:

- A campaign to raise awareness about poisoning in children ('Take action today, put them away');
- Raising awareness about scalds at bath time;
- Action to promote safe sleeping with babies; and,
- An intervention to implement large child safety equipment in people's homes (e.g. fire guards, safety gates, window locks).

Combined with other issues identified on the case study visit, such as high deprivation, unemployment and inequalities in health, as well as local data on accidents, there was a clear rationale for engaging with the Safer Homes programme.

Prior to the public health changeover in April 2013, Sefton Council had an existing public health team; however, the changeover also led to the Primary Care Trust's public health team moving to the local authority with a ring-fenced budget for the subsequent two years. Whilst the full impact of the changeover will not be realised until the ring-fencing has ended in April 2015, the most significant change to date has been a change in the role of the public health team:

"Public health priorities under the NHS are slightly different compared to under the local authority. It has become slightly easier in that the role of public health is more advisory and about influencing, rather than hands on...we carry out the research and collect evidence and advise departments on what to do".

The new role of the public health team has had to adapt to new challenges, with a greater focus on prevention and the wider determinants of health:

"Under the PCT, we focused mainly on secondary care...the Council is looking at the redevelopment of Sefton to underpin health improvement and reduce inequalities in health...we are more preventative and focus more upstream".

²⁷ Sefton Council, SouthSefton Clinical Commissioning Group, Southport and Formby Clinical Commissioning Group, NHS England and healthwatch. *Living Well in Sefton (Sefton's Health & Wellbeing Strategy 2014-2020)*.

²⁸ Sefton Council. *Sefton Strategic Needs Assessment 2014/15 Early Life (0-19 years) Final Draft*.

Overall, whilst the move may have altered the role of Sefton's public health team, it appears that the changes may support activities relating to the prevention of accidents and enable public health to influence a range of policy areas.

Key activities

Sefton's public health team has been working to address accident prevention for almost a decade and has worked with RoSPA in the past on child safety. Building on this legacy, Safer Homes funded training in child safety and a community initiative to reduce incidence of burns from hair straighteners in young children. Interviewees noted that delivering the two strands of the programme simultaneously complemented each other well, largely because a number of training participants were also involved in the delivery of the community initiative.

Training

The Safer Homes programme funded child safety training for 35 frontline staff working in the local community. Interviewees noted that they wanted to "*open the training to the entire health economy*" and advertised the training through the local authority and existing networks, attracting participants such as:

- Children's centre managers and frontline staff;
- Health visitors; and
- Housing assessment officers.

The project team was responsible for organising the venue and arrangements with attendees. RoSPA was responsible for the delivery of training which consisted of two full-day child safety training sessions. The training took place in March 2014, consisting of a presentation, discussion and test and 12 participants received a City and Guilds Qualification.

The training consisted of a PowerPoint presentation detailing information about child safety and accident prevention in the home, drawing on national statistics and academic studies. The training also provided participants with an accompanying information pack that they could use for future reference. As one interviewee who had participated in the training described: "*Having the information, statistics and knowledge to back up what you are saying is really useful*".

The offer of a qualification was also appealing to attendees, as one interviewee commented:

"The training provided participants with a certificate which the attendees were very happy with...the [the qualification was] a selling point of the training".

However, a few interviewees suggested the literature and resources that accompanied the training should be made more accessible. As one interviewee noted:

"The language in the programme was too highfaluting. It did not match the average reading age of the community. Perhaps RoSPA should consider printing literature which is more appropriate for people with low levels of literacy... simple and easy to understand".

Community Initiative

The Safer Homes programme funded a community initiative, 'Get it straight', which involved a safety awareness campaign around the dangers of hair straighteners and accidental burns, as well as the distribution of 400 hair straightener safety pouches. The campaign launched in April 2014 and lasted for several months. Interviewees noted that the aim of the initiative was to:

"Get the message out to people, that if you've got little ones running around, please keep your hair straighteners safe".

The public health team worked with members of the Sefton Council for Voluntary Services (CVS) and local Children's Centres to deliver the campaign. The project team noted that children's centres were selected because they "*are frontline, have good engagement with the public and parents, and the workers know their clients well*". In addition, a relationship and an understanding of accident

prevention messages between the public health team and local children's centres had already been established as a result of previous home safety accident prevention activities in Sefton.

RoSPA provided funding for the initiative and the project team took on the responsibility of procuring the safety pouches, designing the campaign material and liaising with partners. Whilst the campaign aimed at targeting the safe use of hair straighteners across the whole community, only the most deprived families were provided with the safety pouches.

Feedback about the delivery of the community initiative was very positive. Interviews with those responsible for delivering the community initiative noted that the public valued the provision of the safety pouches and staff felt that they were very relevant to the needs of the local area and practical in preventing accidental injury. The ability to deliver the campaign message was reinforced by the skills children's centre staff had picked up during the training strand of the Safer Homes programme. Staff used these skills to talk to families about the broader issues relating to child safety and accident prevention.

Outcomes

There is evidence across a range of research tasks that the Safer Homes programme has contributed to positive outcomes across two levels: the skills, knowledge and practice of frontline staff working with families, young children and in people's homes, as well as the awareness of families who were provided with home safety packs. The project team noted that the training and community initiative strands of the programme worked well together:

"The launch of the hair straighteners campaign and [the delivery of] the training was very timely and reinforced the other [strand's] messages and activities".

This is because staff from participating children's centres were involved in both the training strand and delivery of the community initiative. The contribution this made to the outcomes of the project was described as:

"Distributing the materials [at the same time as] delivering the training helped trainees understand the logic behind the equipment which got children's centres commitment".

It enabled staff to distribute the safety pouches to families and reinforce accident prevention messages using the skills they picked up during the training sessions.

As a result of the child safety training delivered by RoSPA, there is evidence that Safer Homes has contributed to improved skills and knowledge of a range of professionals and frontline staff involved in supporting families and child development, as well as safety within people's homes. It is thought that the training will lead to improved levels of child safety among families, a greater awareness of accident prevention among key community services, and improved relationships between public health and frontline services.

Outcomes identified by trainees

"I had not considered liquid-tablets used for dishwashers as being lethal to children until I went on the training and heard the sort of damage they can do to children and how attractive [the tablets] are to children...they look like sweets".

"[Having been on the training, we] can do needs assessment for children under the age of two and educate and support families to better understand the importance of home safety".

"It made me think more about hazards than I would normally do in my working day...Now, when I'm conducting an assessment of a property and I see a hazard...I will certainly bring it to the person's attention".

"The information delivered by the training was cascaded to other colleagues who carry out home safety assessments... [since the training] 100% of people who have received our home intervention reported that they had not had to attend A&E".

Interviewees believed that as a result of the 'Get it straight' campaign the awareness of burns due to hair straighteners, alongside wider child safety issues, was increased among children's centres staff operating in the most deprived wards within Sefton. As mentioned previously, both the training and the campaign helped to get the commitment of frontline staff to make accident prevention a priority within the services they provide. In particular, it was thought that:

"The thermal pouches were cost effective because the impact of burns is much higher and the prevention method is more practical [and likely to have more of an impact]".

Those who delivered the intervention were able to use the campaign as a pathway to wider discussions with parents and families about child safety within the home and apply the knowledge and skills picked up as part of the training strand in the process.

Outcomes of the community intervention

There is evidence of the outcome of the community intervention on the families themselves. As one beneficiary noted:

"I've got twin boys, so I knew I'd be needing [support]... You realise what the dangers are as they grow. It was good to get a little bit of information before they got to that point. I'm more aware of the general hazards now...They also gave me specific [information] about twins, saying that they use each other as a bit of a prop. And they do. I've seen it. So we got locks put on all the windows for when they're a little bit older because I can imagine them climbing up and actually reaching the windows...which a single child wouldn't be able to do".

Whilst another beneficiary stated:

"I read through the information they gave me and it was interesting...makes you think about other accidents that could happen... [For example] I'm on medication for my thyroids and blood pressure and I have my tablets in a raised up cupboard...I've got a three year old boy who is trying to climb... [and I'm worried] he may climb up and get hold of my tablets. So they put a lock on [the cupboard] for me".

A children's centre manager described the impact the 'Get it straight' campaign has had on raising awareness within the community and the families they work with:

"For young mums, the messages from the campaign have really pushed for the safe use of straighteners...all the girls use them in the home...and the message is ingrained in everything we do....through our Facebook page, to posters in baby changing areas".

Looking forward and implications for RoSPA

Interviewees reported that awareness of child safety issues among frontline staff and beneficiaries, generated by the Safer Homes programme, are likely to be sustained. This is supported by the existing legacy of previous public health accident prevention activities in Sefton to which Safer Homes adds. Interviewees working on the frontline and within the community noted that they will continue to share the resources and messages taken from the Safer Homes training. For example, interviewees described:

“The legacy of the project is that children’s centre managers are committed to preventing accidents... [They] continue to carry out home visits and deliver one-to-one education to families. This has a lasting impact...and will impact on trends in accidents”.

However, interviewees noted that the sustainability of some of the outcomes was restricted by limited equipment since the Safer Homes funding had ended:

“[The sustainability of some outcomes] is limited without access to the safety equipment...One of the things we really miss is giving out the safety equipment [because] it’s really useful to be able to give families something when we go out and visit them... [This limits the sustainability of outcomes because] the hair straightener wraps are a practical way of preventing burns”.

With this in mind, interviewees emphasised that they would like to continue to deliver the ‘Get it straight’ campaign, but were restricted by the cost of the safety packs, described as “*exorbitant*”. Furthermore, despite support for the work RoSPA does, a lack of available funds was cited as the main barrier for purchasing its services in the future.

Nevertheless, the project team noted that Safer Homes had helped establish a relationship between RoSPA, Sefton CVS and local children’s centres. This provided an opportunity for RoSPA to build on these relationships and provide support to organisations working at the community level without involvement from public health and the local authority. In addition, interviewees believed that RoSPA should provide support in other areas of accident prevention, such as accidents in the school playground.

Finally, the interviews highlighted the challenge staff have with evidencing the impact of the intervention and proving that it has had a positive impact on hospital admissions and reducing accidents. This has prevented the public health team from making any causal assumptions between the project and subsequent A&E statistics.

Annex 2 Logic model and evaluation framework

Figure A2.1 Logic model for the Safer Homes programme

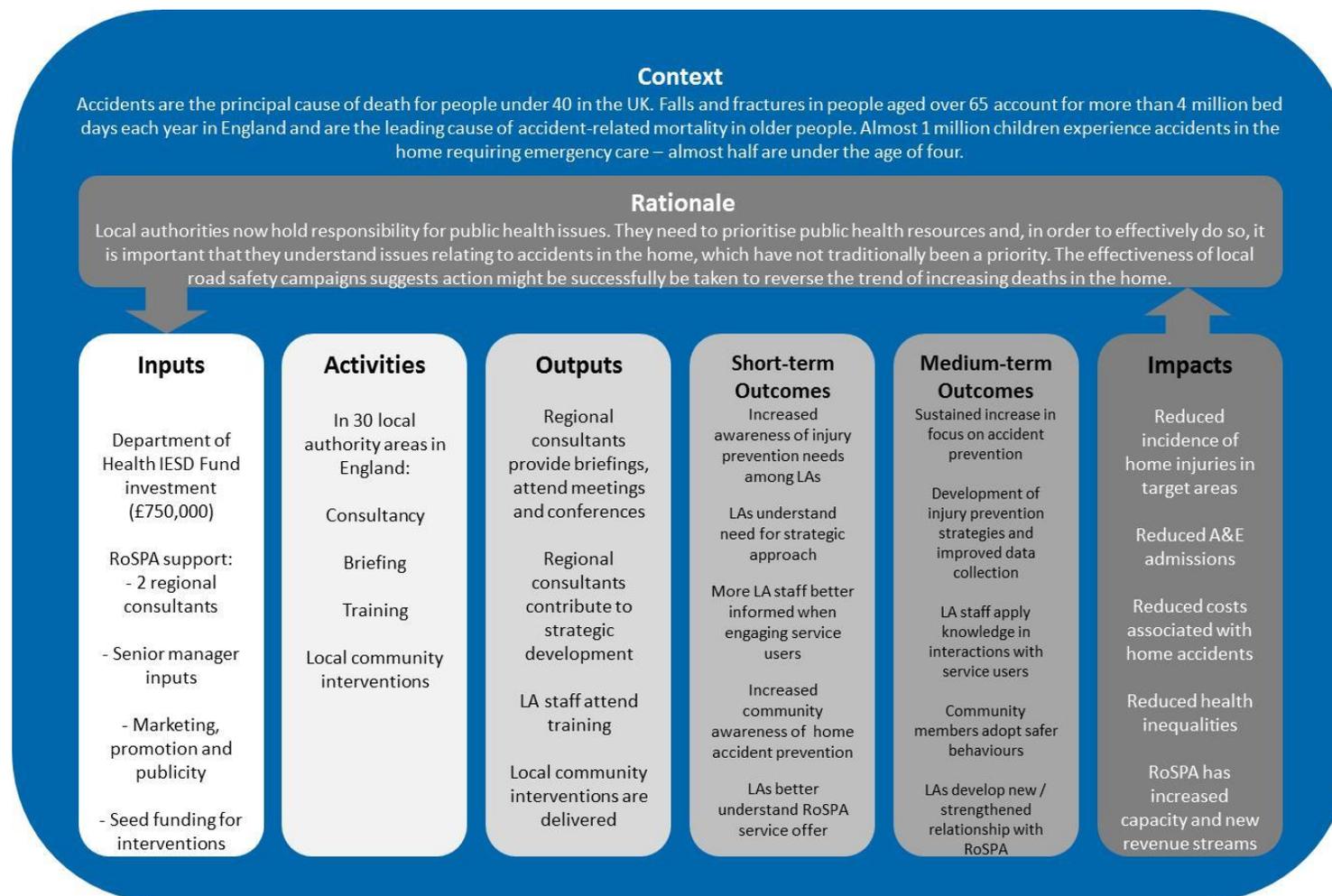


Table A2.2 Evaluation framework

Element of logic model	Indicator	Tool/method of evidence collection
Inputs	<ul style="list-style-type: none"> ■ Department of Health funding ■ RoSPA support: 2 regional consultants; senior manager inputs; marketing, promotion and publicity; seed funding for interventions 	<i>Document and MI review</i>
Outputs	<ul style="list-style-type: none"> ■ No. briefing sessions ■ No. consulting sessions ■ No. staff attending training ■ No. local community interventions delivered 	<i>Document and MI review, case studies, local authority telephone interviews</i>
Short-term outcomes	<ul style="list-style-type: none"> ■ Increased awareness of injury prevention needs among local authorities ■ Local authorities understand need for a strategic approach ■ More local authority staff better informed when engaging service users ■ Increased community awareness of home injury prevention ■ Local authorities better understand RoSPA service offer 	<i>Case studies, local authority telephone interviews, training beneficiary e-survey, training beneficiary interviews, document and MI review</i>
Medium-term outcomes	<ul style="list-style-type: none"> ■ Sustained increase in focus on accident prevention ■ Development of injury prevention strategies and improved data collection ■ LA staff apply knowledge in interactions with service users ■ Community members adopt safer behaviours ■ Local authorities develop new/strengthened relationship with RoSPA 	<i>Case studies, local authority telephone interviews, training beneficiary e-survey, training beneficiary interviews, document and MI review</i>
Impact	<ul style="list-style-type: none"> ■ Reduced incidence of home injuries in target areas ■ Reduced A&E admissions ■ Reduced costs associated with home accidents ■ Reduced health inequalities ■ RoSPA has increased capacity and potential new revenue streams 	<i>Case studies, local authority telephone interviews, training beneficiary e-survey, training beneficiary interviews</i>

Annex 3 Research tools

The following sections outline the topic guides which will be used to structure field interviews and surveys. It includes:

- A topic guide for semi-structured interviews with the main contact at each local authority;
- A survey for trainees;
- A topic guide for semi-structured interviews with trainees;
- A set of lines of enquiry for the fieldwork with beneficiaries of the community intervention.

A3.1 Interview with the main contact at each LA

Introduction

- Explain the evaluation and their rights as a research participant. Ask for permission to record the interview.
- Confirm interviewee's role within their own organisation (and the organisation's links with the local authority if they are external).
- Explore how the interviewee first heard about Safer Homes and what their involvement has been in the programme.

Context and rationale

Explore the local context:

- What are the main public health challenges faced in your area?
- How have these changed over recent years?
- Where does accident prevention sit within this?
 - Probe for any specific knowledge of the needs of children under 5 and people aged over 65

Explore how the team is set up and how priorities are set:

- How is the public health team organised in the local authority?
- What are the key documents / strategies defining the team's priorities?
- How are priorities set in relation to public health challenges?
- How does addressing accident prevention support delivery of other priorities and the wider Public Health Outcomes Framework?
- Who are the key stakeholders in shaping these?
- How have decision making processes changed since responsibility for public health has moved to the local authority?
- [For those who worked across the previous system] How has capacity and capability for public health work changed since responsibility for public health has moved to the local authority?
- How does Safer Homes fit with other initiatives and strategies being carried out within your organisation (or externally)?
 - Public Health England initiatives?
 - NHS-led initiatives (for example, from the local CCG)?

Key activities

Having established what activities the local authority took up, explore each in depth:

Consultancy

- Why did you choose to take the offer of consultancy support up? How did it fill a gap or add to what you already do?
- Explore what format this activity took:
 - Who was involved? How were they selected?
 - When did the activity take place?
 - How much of your time and resource did you commit? How much was committed by RoSPA?
 - Who else should be interviewed about this particular activity?
- How effectively was this support delivered?
- What improvements could you suggest to the delivery?
- Would you be interested in this intervention if you had to pay for it on a commercial basis?

Briefing

- Why did you choose to take the offer of the briefings? How did it fill a gap or add to what you already do?
- Explore what format this activity took:
 - Who was involved? How were they selected?
 - When did the activity take place?
 - How much of your time and resource did you commit? How much was committed by RoSPA?
 - Who else should be interviewed about this particular activity?
- How effectively was this support delivered?
- What improvements could you suggest to the delivery?
- Would you be interested in this intervention if you had to pay for it on a commercial basis?

Training

- Why did you choose to take the offer of the training up? How did it fill a gap or add to what you already do?
- Explore what format this activity took:
 - Who was involved? How were they selected?
 - When did the activity take place?
 - How much of your time and resource did you commit? How much was committed by RoSPA?
 - Has the training offered RoSPA met your expectations/demand in terms of number of practitioners trained?
 - Who else should be interviewed about this particular activity?
- How effectively was this support delivered? Have you collected any feedback on this?
- What improvements could you suggest to the delivery?
- Would you be interested in this intervention if you had to pay for it on a commercial basis?

Intervention

- Why did you choose to take the offer of support related to the intervention up?
- Explore what format this activity took:
 - Who was involved? How were they selected? How did you recruit families?
 - When did the activity take place? Where did the activity take place?
 - How much of your time and resource did you commit? How much was committed by RoSPA?
 - What form did RoSPA support take? Who led on the design and delivery of the intervention?
 - Who else should be interviewed about this particular activity?
- What improvements could you suggest to the delivery of the community intervention?
- Would you be interested in this intervention if you had to pay for it on a commercial basis?

Outcomes, impacts

- Begin by asking: what are the main outcomes achieved from this work so far?
- Is this greater or less than expected? Explore reasons for their answer.

Prompt against each of the activity areas for changes in mindset / attitudes / awareness; and concrete examples of changed behaviours.

- Consultancy support:
 - Increased awareness of accident prevention among staff (strategic and delivery)?
 - Development of new / adaptation of existing strategies and business plans?
 - Changes to data collection / management practices.
- Briefing
 - Improved skills / knowledge of key staff? Who has benefited and how?
 - Actions taken on the basis of this new awareness, knowledge and skills?
- Training
 - Improved skills of practitioner staff – which staff? which skills? How have these changed?
 - Improved knowledge of practitioner staff? E.g. risk factors for key target groups; steps to take to prevent accidents.
 - Changed approach to interactions with public
 - Ability to deliver new interventions – including the Safer Homes intervention if applicable
- Intervention
 - Improved links with the community
 - Improved awareness among community of particular issues
 - Early evidence of reduced accidents
- For each outcome identified explore the following questions:
 - Why was this outcome achieved? What were the key factors behind it? Explore:
 - Enabling factors (e.g. strategic alignment, internal champion, expertise, capacity)
 - Quality of delivery

- Suitability of intervention to local need
- What barriers limited the achievement of these outcomes? Explore:
 - Lack of engagement from staff in training
 - Other priorities leading to a low level of engagement
 - Lack of engagement from senior staff
 - Lack of capacity / skills from local partners to deliver activities
- Is there any evidence available of:
 - Reduced incidence of accidents in the home
 - Cost savings
 - Reduced health inequalities
- To what extent would the outcomes evidenced here have been generated in the absence of the programme?
 - Would there have been the idea or impetus for the work?
 - Would there have been an alternative funder of their work?
 - Would they have been able to achieve the same goals using different means?
- If evidence of these impacts is limited at this stage, do you expect any change in these in future? If not, why not?
- [For those interviewees involved in multiple aspects of the programme] Explore how well the various strands of the programme have worked together: Have they reinforced / added value to one another?

Sustainability and future business options for RoSPA

- To what extent have the changes / outcomes you have identified been sustained following formal disengagement from the programme?
- Explore the interviewee's appetite for a follow-on programme / new set of publically-funded support. Where should the focus lie? How should it be delivered / managed? Which other local stakeholders should be involved?
- Explore the extent to which the individual's organisation would be willing to pay for the services and support received through the Safer Homes programme? Which aspects would have greatest value?

A3.2 Topic guide for semi-structured interviews with trainees

Background of the individual

- Explore the interviewee's:
 - Current role and responsibilities
 - Level of seniority
 - Professional background
- Explore the interviewee's day-to-day role and how the training intervention fits with this.

Context and rationale

- Explore the interviewee's views on the main public health challenges facing their area. Include:

- The extent to which they consider accident prevention to be a challenge in their area
- The priority given to the issue by the local authority (particularly in relation to other public health challenges).
- How is work relating to accident prevention organised? Who are the main teams and professionals involved in home accident prevention in your organisation and what is their role?
 - Housing
 - Environmental health
 - Social care / domiciliary care
 - Other
- How is accident prevention in the home linked to your existing work relating to older people and under 5s?

Quality and relevance of the training

- Why did you go on the training?
- What other training in this area have you received in recent years?
- What other approaches to professional development do you take?
- How well was the training delivered? How could the delivery be improved?
- How relevant was it to your day-to-day work? What areas were missing? Which areas were less relevant?

Impact

- Explore:
 - What the main learning points that the interviewee took away from the training?
 - Whether their existing thinking was challenged in any way?
 - Whether they learned any new skills that are of use in their day-to-day work?
- Explore:
 - Whether the interviewee is doing anything different as a result of the training
 - If they are acting differently, explore what the reasons are for this.
 - If they are not doing anything significantly differently, what are the reasons for this?
- How has the training impacted on the wider team?
 - Has learning been shared? If not, why not?
 - Has it influenced any practices / policies in the team?
 - Has it altered the profile of accident prevention within the team?
 - Has the training changed practice at the strategic level of the organisation
- Would you take additional training from RoSPA up in future? What topic areas would be of interest? [For more senior interviewees] Would there be training budget available to support this training?

A3.3 Lines of enquiry for assessment of community intervention

This section outlines the broad lines of enquiry to be used in the fieldwork with families / members of the public who have benefited from the community interventions. These lines of enquiry will be tailored for each community intervention once the detail is known. They will either be used by an ICF researcher to facilitate a focus group or for a telephone interview.

For focus group attendees, a consent form and participant information sheet will be provided. These will be prepared and shared with RoSPA after consultation with the case study local authorities has taken place. We will enquire about the contact details they already have, and whether the beneficiaries of the community intervention have consented to be contacted.

Introduction, background of the individual(s) and baseline knowledge

- Explore:
 - How did you hear about the community intervention?
 - Why did you decide to attend / take part?
- Explore the interviewee's baseline knowledge of the subject of the community intervention. Include a discussion of:
 - What they knew prior to the intervention
 - Where they got this information from

Views on delivery

- Explore the form of delivery. Examine whether:
 - It was convenient for them to get to?
 - Whether they found the delivery interesting / comprehensible?
 - Whether it was what they expected (and if not, how it differed)?
- How could the community intervention be improved?
 - A different subject
 - A different type of delivery

Impact

- Explore how the community intervention has impacted on beneficiaries' knowledge:
 - Beneficiaries' knowledge: What do you know now that you did not know previously?
 - Actions: has it changed your behaviour in the home? If so, how?

Annex 4 Methodological note

A4.1 Online survey

An online survey was developed and distributed to provide further insights into the three training courses provided by RoSPA as part of the Safer Homes Programme: Child Safety in the Home; Older People's Safety in the Home; and an Introduction to Home Safety. It was used to explore the quality and relevance of the courses provided, as well as what was learnt from the training and how it has been applied to the participants' work.

A mixed methods survey was used to explore these issues, containing both open (qualitative) questions, allowing free text responses, and closed (quantitative) questions. Closed questions included multiple choice questions (sometimes allowing more than one answer to be selected) and Likert scale questions, where participants were asked to what extent they agreed with particular statements, selecting either 'strongly disagree', 'disagree', 'neither agree nor disagree', 'agree', 'strongly agree' or 'don't know'.

The final section of the survey asked respondents if they would be willing to be contacted by a researcher for a short follow-up telephone interview to talk about the training in more detail. A total of 12 follow-up interviews were conducted from the 36 that gave their details, and the findings have been combined with the quantitative survey data in chapter 4 to provide additional detail from the qualitative findings to the analysis.

A covering email including a link to the online survey was sent out by RoSPA representatives to the 345 training participants who had provided their email address. In addition, 19 course organisers were emailed with a request to circulate the link more widely to the remaining participants. We were unable to determine how many further participants were contacted as a result of this. It is estimated that approximately 50 email addresses were no longer functional at the time of the survey email (most often due to participants changing email addresses).

A4.2 Methodology and achieved sample

Programme management information suggests that 23 of the local authorities participating in Safer Homes took part in the training strand. Three courses were delivered. These were:

- Child Safety in the Home ;
- Older People's Safety in the Home; and
- Introduction to Home Safety.

A total of 715 people have received training – this ranges from 10 to 58 per project (an average of 31). 274 participants have received City & Guilds accreditation for the training.

To complement the in-depth findings from the qualitative interviews, we developed and distributed an online survey to provide further insights into the training courses provided by RoSPA as part of the Safer Homes Programme.

The survey was used to explore the characteristics of people who attended the training, the quality and relevance of the courses provided, as well as what was learnt from the training and how it has been applied to the participants' work.

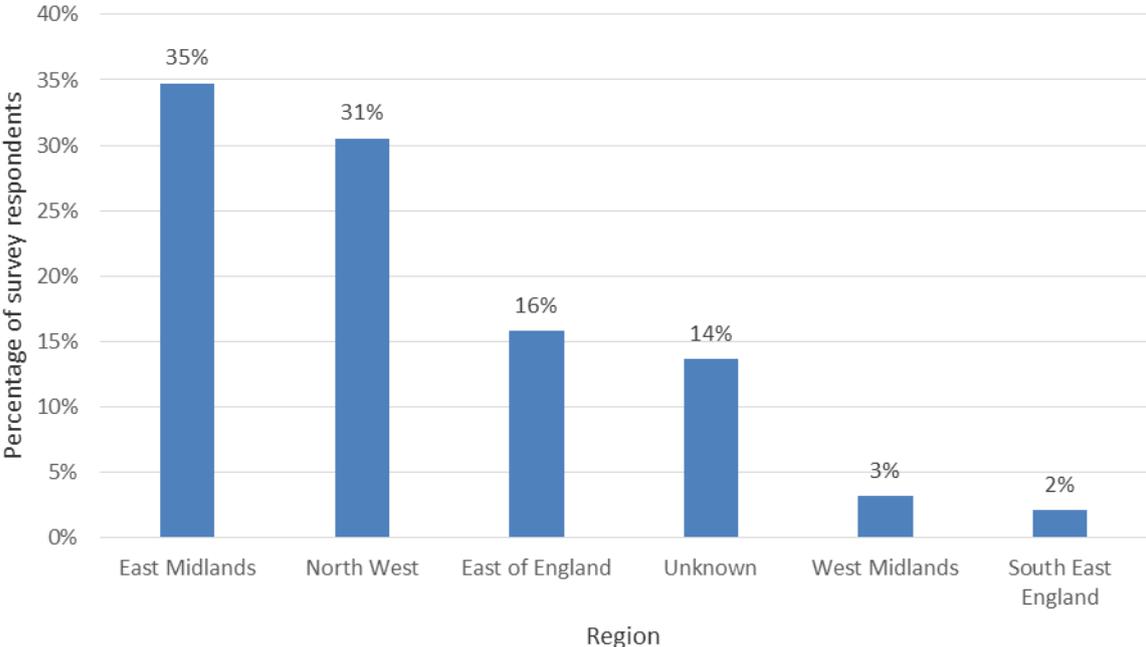
Nearly four-fifths of respondents (78% or 74 people) attended the RoSPA Child Safety in the Home training, and 18% (17 people) attended the Older People's Safety in the Home training. 3% (3 people) attended the Introduction to Home Safety Training, as this was only delivered to a few areas on request. In addition to the online survey, we followed up with 12 survey respondents for a telephone interview. This enabled us to augment the quantitative analysis with a set of qualitative reflections which are reported below.

A4.2.1 Geographical spread of respondents

Almost two thirds of respondents were from the East Midlands or the North West of England, with only five respondents from the South East

Looking first at the geographical spread of respondents (Figure A4.1), the greatest number of respondents (over a third, or 33 participants) were from the East Midlands (15 respondents from Derbyshire; one from Leicestershire; and 17 from Nottinghamshire). Just under a third (29 participants) were from the North West of England (one from Cheshire; 13 from Greater Manchester; two from Lancashire; and 13 from Merseyside). In addition, a sixth (15) were from the East of England (eight from Bedfordshire; one from Lincolnshire; and six from Norfolk); and five respondents (5%) were from the South East of England (London and Surrey) or the West Midlands (Wolverhampton and Birmingham). It was unclear where around one sixth (13) came from.

Figure A4.1 Geographical distribution of survey respondents

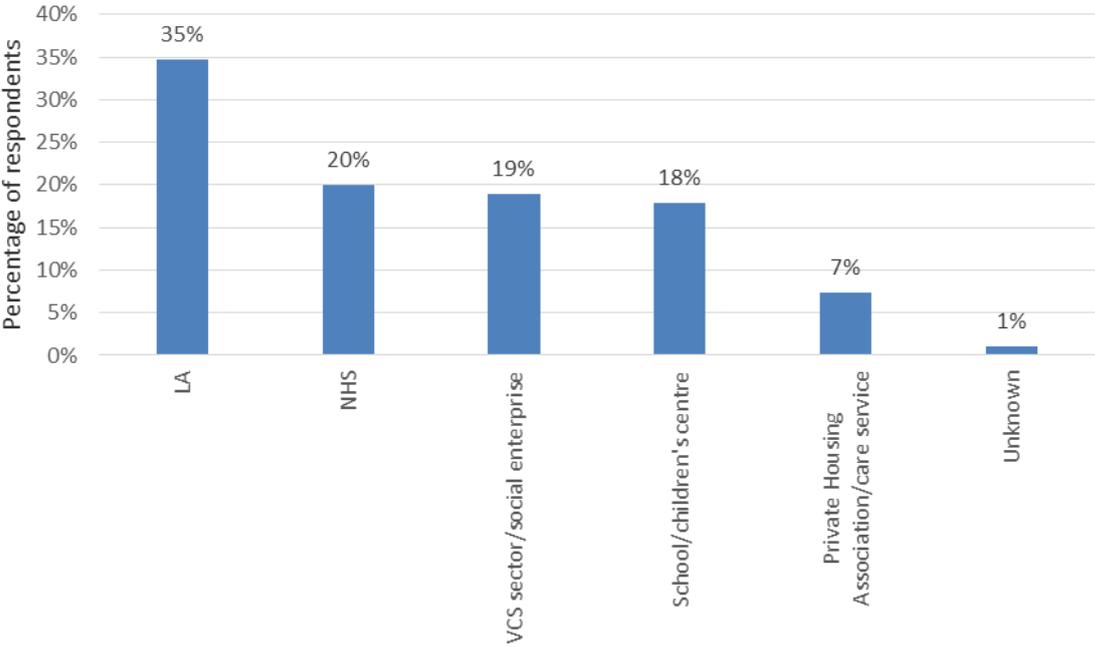


Splitting the results by course, the Child Safety in the Home course had a slightly higher percentage of respondents from the East Midlands (42% or 31 participants), but the spread of respondents for the Older People’s Safety in the Home course was in line with the result for all courses combined. All three respondents for an Introduction to Home Safety were from the East or West Midlands (two and one individual respectively).

A4.2.2 Respondents’ employers

Most survey respondents worked for a Local Authority, with private sector Housing Associations or care services accounting for only 7%. As shown in Figure A4.2, the majority of survey respondents were from a Local Authority (33). A fifth (15) were from the NHS; just under a fifth (18) were from a Voluntary and Community Sector (VCS) organisation or Social enterprise, followed by 17 respondents from a school or children’s centre; and seven participants came from private sector Housing Associations or care organisations. One respondent did not specify the organisation they worked for.

Figure A4.2 Respondents' employers



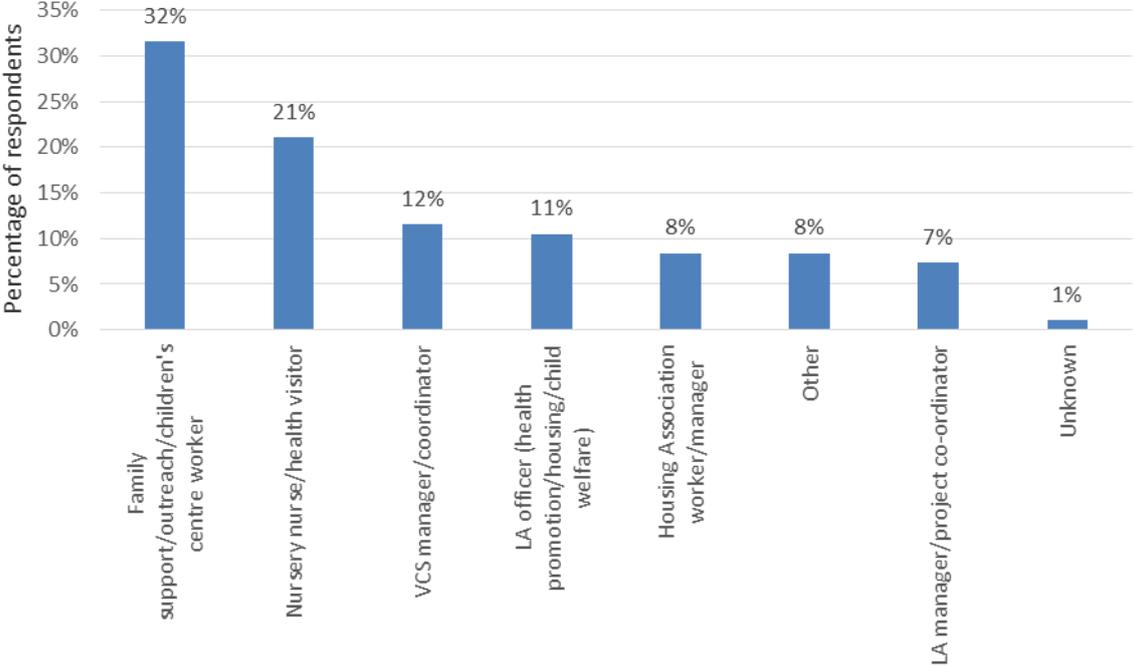
A4.2.3 Respondents' roles

Most survey respondents were front-line staff; only seven respondents had a senior role within a Local Authority. The findings relating to the job roles of respondents (Figure A4.3) show that:

- Almost a third of respondents (30) worked as **family support workers or children's centre workers**, often conducting outreach work with vulnerable families (two outreach workers worked with elderly participants).
- Just over a fifth of respondents (20) worked as **nursery nurses or health visitors**; the large majority (17) worked for the NHS, although one respondent was a specialist infection control nurse for PHE, and one worked for a private day nursery.
- Just over a tenth of respondents (11) worked as **managers, CEOs or project coordinators for VCS organisations or social enterprise groups**.
- A similar proportion (10) worked for a **Local Authority**, in areas such as: health promotion and development (3); childcare improvement, child learning and early years quality (6); and home improvement.
- Eight participants worked for **private Housing Associations**, either as housing officers or senior managers;
- Eight participants were categorised as **'other'** and included: a Fall-safe project lead for the NHS; two LA technical officers; one children's centre manager and one school manager; a safety equipment fitter; a LA admin assistant; and a LA 'visiting officer'; and
- Seven respondents were **senior managers or project co-ordinators for a LA**.

The finding that a large number of survey respondents were front-line staff is supported by the qualitative interview findings, in which many interviewees noted that training was most often attended by frontline staff, particularly those in Children's Centres, as well as maintenance staff, housing officers and VCS workers.

Figure A4.3 Survey respondents by job role



Looking at the type of attendees for each course individually:

- The trend in the type of respondents attending the Child Safety in the Home course was in line with the combined total.
- The Introduction to Home Safety course had two responses from family support/outreach/children’s centre workers and one from a nursery nurse/health visitor.
- However, for the Older People’s Safety course, only two respondents were family support/outreach/children’s centre workers. A high proportion were Housing Association workers/managers (24% or 4 participants) or VCS managers/coordinators (24% or 4 participants), with one response from an LA manager/project coordinator and one from an LA officer.

Only a quarter of respondents currently work in a specialist public health role, and most do not manage staff. Just over a quarter (26%) of the 95 respondents (25) reported that they currently work in a specialist public health role with the remaining participants either answering that they didn’t (61) or were unsure (9).

However, all participants who did work in a specialist public health role provided an example of how accident prevention was part of their role, with activities including:

- Distributing resources and information to promote child safety in the home;
- Speaking directly to parents and children about child safety in the home;
- Undertaking health and safety home assessments (for young children or the elderly)
- Removing hazards or installing safety equipment in homes; and
- Ensuring health and safety in schools for all employees and students.

The majority of respondents (82% or 78 participants) do not manage staff. Those respondents who do manage staff, typically only managed between one and four participants, although five participants managed between 11 and 120 staff members.

Just under half (44%) of staff have been in their current role for over five years (42 participants); 13% have been in the role for 3-5 years; 25% (24) have been in the role for 1-3 years and 17% (16) have been in the current role for less than a year.

Annex 5 List of RoSPA Safer Homes participating Local Authorities

The following local authority areas participated in Safer Homes:

- Birmingham City Council
- Blackburn with Darwen Council
- Blackpool Council
- Bolton Council
- Burnley Borough Council
- Derbyshire County Council
- Hackney Council
- Halton Borough Council
- Islington Council
- Knowsley Council
- Lambeth Council and Southwark Council
- Lancaster City Council
- Leicester City Council
- Lincolnshire County Council
- Liverpool city Council
- Luton Borough Council
- Manchester City Council
- Newham London Borough Council
- Norfolk County Council
- Nottinghamshire County Council
- Oldham Council
- Preston City Council
- Rochdale Borough Council
- Salford City Council
- Sefton Council
- Somerset County Council
- St. Helens Metropolitan Borough Council
- Stockport Council
- Stoke-on-Trent City Council
- Tameside Metropolitan Borough Council
- Wolverhampton City Council

Annex 6 Suggested improvements to the training

Theme	Description	Illustrative quotation
Suitability of the trainer	Around a third of respondents (ten participants) felt the Child Safety trainers were often unable to answer the questions being asked; were unenthusiastic and could be more engaging; and were unable to retain the focus of the group. Two respondents criticised the Older People trainers for not following the accompanying booklet/jumping around and one criticised the Child Safety Trainer for not having a pattern to their training.	<i>"Information was relevant but the trainer was not enthusiastic about the content and seemed disinterested, which wasn't very motivating"</i> (Child Injury Prevention Coordinator, Child Safety in the Home course participant)
Better targeting of training	Just under a third of respondents from both the Child and Older People training thought the training should be targeted at carers, healthcare assistants or new employees rather than higher-level professionals. While RoSPA specified that these frontline workers were the target, it appears further clarification may be needed. Some more senior participants were disappointed that the training covered things they already knew, suggesting there could be a better assessment of the knowledge base of the attendees prior to the course.	<i>"The course wasn't pitched at the right level for the knowledge and practice we already had"</i> (Community Paediatric Nurse, Child Safety in the Home course participant). <i>"The course covered things I already knew, with the exception of some statistics"</i> (VCS Research and Engagement Officer, Child Safety in the Home course participant)
Length of the course	Although two participants found the course too 'fast-paced' and 'rushed', a fifth of respondents (six participants) from the Child Safety or Older People training thought the training could be condensed into half a day rather than a full day.	<i>"[it] could have been completed in half the time"</i> (Family Support Charity Coordinator, Child Safety in the Home course participant)
Greater focus on the practicalities of implementation	Child Safety or Older People trainees who attended training to aid the implementation of their community intervention would have liked to see examples of the home safety equipment being used; and wanted to know more about the process for getting equipment to families, as well as the general referral process.	<i>"Less statistical information, more hands-on training"</i> (Care Navigator, Older People's Safety in the Home participant). <i>"Would have liked to go through referral in more detail"</i> (Nursery Nurse, Child Safety in the Home course participant)
More up-to-date statistics	Participants suggested that providing more up-to-date statistics ²⁹ , including sector-specific examples, would be useful. In the RoSPA training evaluation reports carried out by local authorities, 'statistics' was frequently cited as one of the less useful parts of the course,	<i>"More up-to-date facts and figures, plus more real-life case studies and examples"</i> (Operations Coordinator, Child Safety in the Home course participant)
More group work	Two respondents from the Child Safety course would have liked the opportunity to interact more with other attendees and take part in more group activities.	<i>"More group activities"</i> (Children's Centre Coordinator, Child Safety in the Home course participant)
Better quality resources	Respondents requested better quality resources – for example, better quality workbooks and handouts.	<i>"Better quality handouts"</i> (Technical Officer, Child Safety in the Home course participant)

²⁹ RoSPA consultants used the latest data available. However, it has been reported that the required data has not always been collected or has not been collected frequently enough for RoSPA to be in a position to provide very recent statistics.

