

Child Health and Safety Provision at Sure Start Rowley Regis

The initial aim of this evaluation is to:

- Assess the reach and impact of the Home Safety Equipment Loan Scheme delivered by Sure Start Rowley Regis.
- Look at any issues affecting the delivery and impact of the scheme upon the local community with a view for operational improvement and better reach.

This evaluation will also look at how the programme is working towards the **national accident admission** target with particular focus on **smoking in pregnancy** and **breastfeeding** trends.

The target

Under the 'Improving Health Objective' Sure Start is required;

“To achieve a reduction in inequalities in emergency hospital admissions of children aged 0-4 for gastro-enteritis, lower respiratory infection or severe injury.”

Local Context Analysis

The Rowley Regis Sure Start programme came into being as a 'trailblazer' in 1999, with services first being rolled out in late 2000. The incidence of childhood accidents resulting in severe injury, where hospital emergency treatment was required for the Rowley Regis Sure Start Local area was 12.66 between 1st April 2001 and 31st March 2002, compared to an England-wide average of 8.3.

Rowley Regis Sure Start area A&E Admissions

Number of cases admitted to A & E	England-Wide Apr 01- Mar 02	Rowley Apr 01- Mar 02	Rowley Apr 02- Mar 03	Rowley Apr 03- Mar 04	Rowley Apr 04- Mar 05
Severe Injury	8.3	8	6	0	4
Gastro-enteritis	7.8	13	10	14	9
Lower respiratory infection	14.6	8	7	8	10

Source for data years Mar 2001-Mar 2005 is emergency admissions for SWBH for patients aged 0-4 yrs relating to Rowley Regis Sure Start area.

*Note: Original SWBH lists are sorted by primary diagnosis code and final figures above are a count of various identifiable diagnoses that appear to fit into the above conditions. There may be more conditions which relate to the Sure Start targeted conditions, however coding can be quite broad in some cases i.e. *code B349: viral infection unspecified* which we cannot count as lower respiratory infection as the data is simply not specific enough for our purposes.

The codes counted are:

gastro-enteritis- A084 'Viral Intestinal Infection, unspecified'. K529 'Non-infective gastroenteritis' A082 'Adenoviral enteritis'

lower Respiratory Infection- J219 'Acute bronchiolitis, unspecified' J22x 'Unspecified acute lower respiratory infection' J180 'Bronchopneumonia, unspecified' J181 'Lobar pneumonia, unspecified' **For 02-03 there are also 9 cases of 'viral infection' and one case of 'wheezing' which could relate to lower respiratory infection, however is in not possible to safely draw that conclusion and so have not been counted.**

As '**Severe injury**' is not a diagnosis, but rather a cause, it is not possible to identify the number of cases where children have severe injuries as the result of accidents, instead a count of *superficial injury, nose and head wounds and dislocated bones and fractures* has been used, and of course assumes that these injuries were accidental.

Due to the way that incidents are coded where causes are not recorded, it is not possible to ensure that all conditions definable as lower respiratory, severe injury or gastroenteritis have been included. The codes accepted for the purpose of this exercise are those that clearly fit the definitions.

For the reasons above it is advisable to observe, for consistency, the same source data for the Rowley Regis area for years 01-02,02-03, 03-04 and 04-05

Comparing like with like, the number of cases of **gastroenteritis** and **severe injury** in children under 4 in the Rowley area appear to have decreased between years 2001/2002 and 2004/2005.

For gastroenteritis the drop in incidence reported in 2004/2005 is approximately one third down on 2001/2002 figures.

For cases of severe injury the drop is approximately half the number of cases in 2004/2005 compared to 2001/2002 figures.

Cases of **lower respiratory infection** however appear to have increased by a quarter between 2001/2002 and 2004/2005.

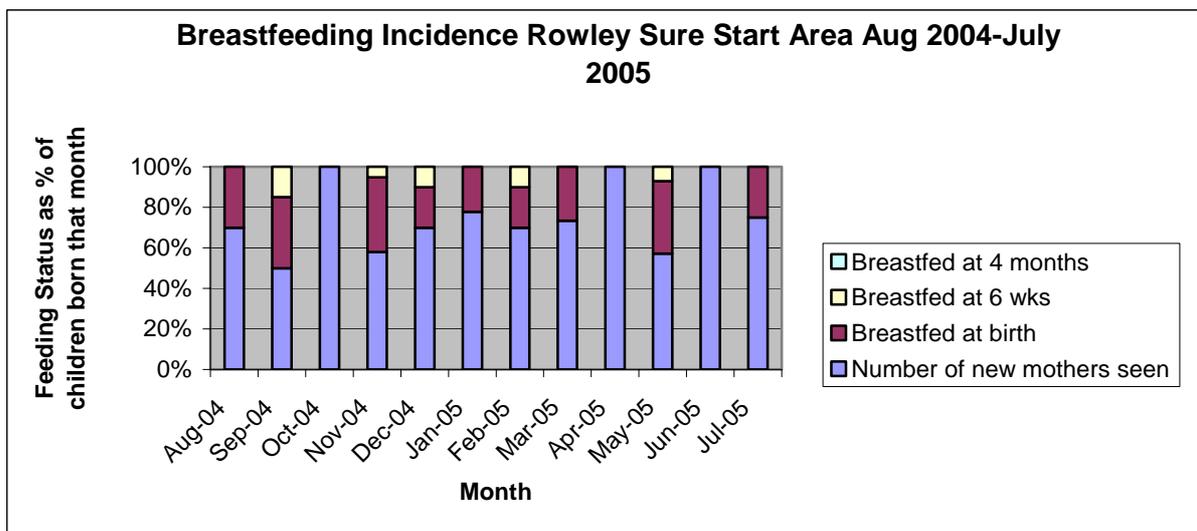
[How is Sure Start Rowley Regis addressing the target?](#)

To prevent cases of **gastroenteritis**

- The programmes Health Visitor service offers **healthy eating advice** and a **healthy cooking for the family course** open to all parents held at Blackheath Methodist Church.
- One session per term at **Baby Club** is dedicated to **bottle hygiene and sterilisation**; the session also covers **safe bottle making and storage**.
- Another session is dedicated to the area of **dummy safety** for which the programme has also produced a leaflet that advises parents about the dangers of inappropriate dummy use.
- Health Visitors and Maternity staff at the programme also deliver **verbal advice** and training about **bottle** and **dummy safety** to parents that do not attend baby club.
- The Maternity Support service also provides **bottle making, sterilising and storage** training and advice to all mothers who are not breastfeeding.

- **Breastfeeding support** is also provided to all new mothers as breastfeeding helps to reduce the risk of babies developing gastro-enteritis through the build up of antibodies and a strong immune system.
- Anecdotal evidence from Health Visitors at the programme suggests an improvement in local breastfeeding rates that they feel to be a direct result of the advice and support that they offer. Maternity Support breastfeeding records for the year Aug 2004-July 2005 are shown below:

The Department of Health target is **“to deliver an increase of 2 percentage points per year in breastfeeding initiation rate, focusing especially on women from disadvantaged groups”**.



The local rate for breastfeeding at birth is 37% over the last year (Aug 2004-Jul 2005). There was no baseline data for the local area and so it is not currently possible to say if current rates are an improvement or not. However data gathered during this evaluation has provided us with a proxy baseline, which can be used for future comparison.

- Data from the National Infant Feeding Survey 2000 shows that 69% of mothers in England and Wales initiate breastfeeding (at birth).
- Rates at 6 weeks (post birth) are currently very low for the Rowley Sure Start area at 7% compared to the national average at this stage is 42% (National Statistics Infant Feeding Survey 2000). Current data (Jul 2004-Aug 2005) is taken from Maternity Support home visiting records.
- Data for Jan 2004-Dec 2004 collated by the programmes Health Visitors show that 26% of mothers were breastfeeding at 6 weeks.
- This difference indicates that the data held by the programme, and data held by Health Visitors is not the same. Steps need to be taken to ensure that the programme holds as much correct information as possible.

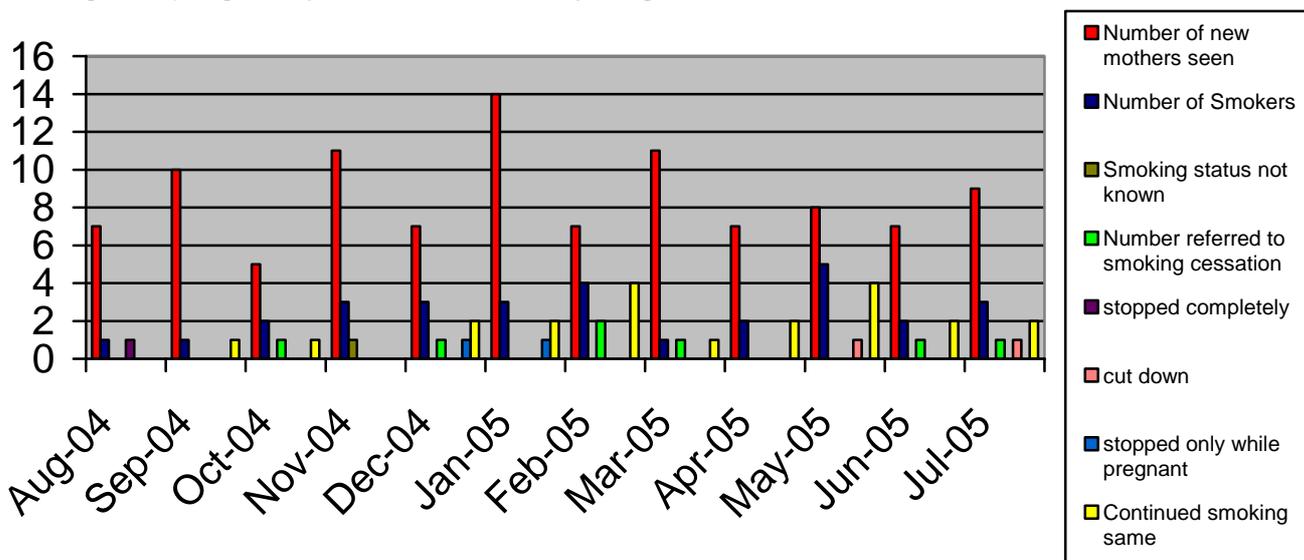
- Health Visitors attempt to collate data after the 6-week stage however data collated by the Health Visitor team is also recorded as being insufficient after the 6-week period.
- Maternity Support report that visits usually take place within the first 2-6 weeks of birth only due to capacity restrictions, and so feeding status after this stage is often unknown.
- The national average of babies who are breastfed at 4 months old is 28%. There are no babies in the Rowley Regis Sure Start area recorded as breastfeeding at this stage.
- It is clear that, data aside, breastfeeding rates in the area are still well below the national average and additional steps should be taken to rectify this.
- When looking at A&E admission data it would appear that the programme's efforts to reduce cases of gastroenteritis in children under 4 are effective, however there is clearly room for improvement and greater consistency.

To prevent cases of **lower respiratory infection**, where passive smoking can be a major contributor:

- Programme staff received training in **smoking cessation support** methods, delivered by one of the programme's health visitors in 2002, so that they can advise parents and parents-to-be about the dangers that smoking has upon their children or unborn baby, and actively encourage them to quit, and then to support them if they choose to do so.
- Parents are actively encouraged, during their conversations with staff, to reduce the risk smoking can have upon their children by not smoking in areas where their children frequent both in and away from the home, as well as preventing others from exposing their children to the risks of secondary smoke.
- The programme actively refers to the **Smoking Cessation Service** where parents can access face to face or telephone advice, or simply receive information about quitting smoking. Maternity Support Workers, the Midwife, Social Worker and Health Visitors deliver smoking cessation advice as a matter of course to all smoking parents that they encounter. This in turn may reduce the number of referrals to the smoking cessation service.
- A change in behaviour has been noticed by Health Visitors at the programme who have observed, on subsequent visits, that parents are indeed refraining from exposing their children to secondary smoke from various sources, including grandparents and visitors to the home.
- It may be that parents are refraining from smoking while they are being visited, which is giving the impression to health professionals that smoking in pregnancy is on the decline.

- There is clearly some disparity between the perception of smoking in pregnancy trends by staff at the programme, and actual trends.
- Child Health Surveillance data will provide the hard data to support this assumption, however the data remains unavailable to Sure Start at the present time, but is soon to be provided. The programmes database does not currently contain data about smoking, despite it being collected by Maternity Support Workers at postnatal visits, measures have now been taken to ensure that smoking data is recorded. It has been possible, using manual records, to look at Maternity Support activity for the year Aug 2004-July 2005 as charted below;

Smoking and pregnancy Sure Start Rowley Aug 2004-Jul 2005



Smoking and pregnancy Sure Start Rowley Aug 2004-Jul 2005

(Table Format)

Month	Number of new mothers seen	Number of Smokers	Smoking status not known	Number referred to smoking cessation	stopped completely	cut down	stopped only while pregnant	Continued smoking same
Aug-04	7	1			1			
Sep-04	10	1						1
Oct-04	5	2		1				1
Nov-04	11	3	1					
Dec-04	7	3		1			1	2
Jan-05	14	3					1	2
Feb-05	7	4		2				4
Mar-05	11	1		1				1
Apr-05	7	2						2
May-05	8	5				1		4
Jun-05	7	2		1				2
Jul-05	9	3		1		1		2
Aug-05	9	1			1			
TOTALS	112	31	1	7	2	2	2	21

Health Visitors have reported that more mothers-to-be are refraining from smoking while pregnant, even if they later start smoking again.

Baseline data from 1999-2000 showed that 30% of mothers in the area were smoking at 12 weeks of pregnancy, and 23% were still smoking at the time of the birth, which is in line with the national average.

The smoking target is a 6-percentage point reduction in the proportion of mothers who continue to smoke during pregnancy by March 2006

The figures above for Aug 2004- Jul 2005 show that 30% of mothers were smokers, and 25% were still smoking at the time of delivery, 2 percentage points above the national average.

On the surface there has therefore been no improvement in smoking in pregnancy rates for the area since 1999-2000.

Current improved monitoring now records whether mothers cut down the amount they smoke during pregnancy. Programme data shows that in addition to the 3 mothers that quit smoking during their pregnancies, two other mothers also managed to cut down the amount they smoked while pregnant.

- Data from Sandwell PCT shows that between 1 Apr 2004 and 30 Jun 2005 9 pregnant women and one expectant father set quit smoking dates in the Rowley Sure Start area. It is not known whether any of these parents are the same parents recorded as quitting in the programmes own records.
- Current rates are indicative that smoking cessation methods are not proving to be effective in the area, when compared to the national average cessation rate of 2%. It is unclear whether it is referrals that are not leading to reduction, or whether the health promotion message is not getting across, future investigation into this would be a wise step with a view to improve smoking in pregnancy rates in the area.
- Given the disparity between perceived and actual smoking rates the programme should seek to ensure that staff are aware of the true picture.
- Breastfeeding also helps to reduce the risk of babies developing **chest infections**¹, and so again, **breastfeeding support** is important.
- There has been little work undertaken by the programme thus far concerning smoking cessation for parents who are not expecting a child. Given the increased incidence of lower respiratory infection amongst children in the area, this may be an area that the programme should concentrate upon.

¹ Nafstad P, Jaakkola JJ, Hagen JA, Botten G, Kongrud J. Breastfeeding, Maternal Smoking, and Lower Respiratory Tract Infections. *Eur Respir J.* 1996;9:2623-2629

About the Home Safety Equipment Loan Scheme

The **Home Safety Equipment Scheme** offered by the programme relates to the prevention of **severe injury** in young children through accidents both in the home and outside.

Through the scheme local families and carers in the Sure Start Rowley Regis area are able to borrow essential home safety equipment for as long as they need to keep children safe from accidents in the home. Safety equipment available includes;

- stair gates
- fire and radiator guards
- smoke alarms
- cupboard, window and drawer locks
- corner buffers
- socket covers
- temperature bath plugs
- bath mats
- finger protectors
- bed guards
- safety film roll

The Scheme is promoted in a number of ways. The programme has produced a leaflet that is specifically about the Scheme, and also seeks to promote it at events and in the quarterly newsletter. Mainstream agencies, Social Services and Health Visitors are well aware of the scheme and are actively encouraged by the health visitors and social worker at the programme, to promote and refer to the service wherever a need is identified.

The delivery of the scheme follows a clear process as follows:

i) Referrals are received from either families that call to request equipment, or from mainstream agencies namely health visitors and social services. Maternity Support also systematically refers new families to the scheme.

Referrals to Scheme 2005

Referee	Number of referrals
Health Visitors	54
Sure Start	54
Nursery	0
Friend	10
Self	9
Social Worker	1
Other	5

ii) An initial assessment of the family home safety needs is conducted, this takes the form of a staff member going into the home and noting dangers which can be minimised with the equipment provided. This is also an opportunity to let the family

know about all equipment that is on offer, and to make sure that families are fully aware of dangers in the home.

iii) The Handyman visits the home and fits equipment according to required standards.

iv) Safety Reviews are conducted every 6 months until the equipment is returned. The review entails checking equipment to ensure that it is working and being used properly. Any repairs or refits are performed and anything that is no longer needed is taken back.

v) In all cases the used items are uninstalled and collected by the handyman when no longer required.

If families have any problems with equipment in between reviews they can call the programme and the handyman will go out to address them, this has only happened approximately 9 times in the history of the scheme.

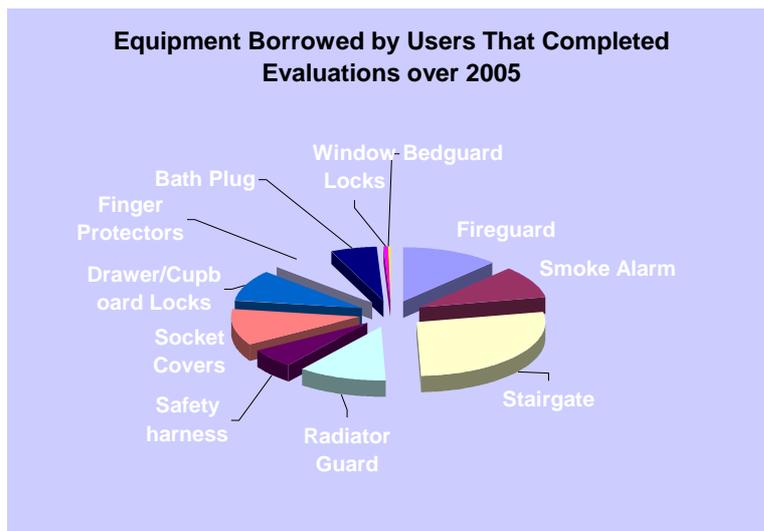
Referrals since commencement Oct 2001

Current Reviews	139
Moved Away, taking equipment	35
Thrown Away/Lost equipment	15
Returned equipment	29
No Contact	1
Other	10
TOTAL	229

What the average family borrows

Item	Cost
2 x stair gates	£30.50
1 x starter pack	£9.09
1 x fireguards	£14.75
2 x Smoke Alarms	£25.00
2 x door protectors	£3.20
4 x radiator guards	£35.80
2 x cupboard locks	£1.60
1 x socket covers	£0.89
Total	£120.83

On average, a family will borrow £120.83 worth of equipment and return £81.05 worth of it.



When loaning safety equipment the programme also seeks to educate families about dangers to children in the home with a view to ensure the equipment is used to its maximum benefit, and also to ensure that parents are knowledgeable about dangers and how to keep children safe.

Similarly, the programme seeks to constantly and systematically educate the local community about safety issues, including food hygiene and the effect of smoking upon children. This is done in conjunction with other agencies including;

- Fire Service (annual fire safety event/fun day for local families)
- Take Five (healthy eating advisory incorporating the 5 a day fruit and vegetable requirement)
- Ambulance Service
- Police Service
- Smoking Cession
- Schools
- Sandwell MBC (Community Safety Officer)
- Child Accident Prevention Trust
- Rowley Regis and Tipton Primary Care Trusts (Health Visitors)

The above agencies attend fun days and child safety week that the programme holds, providing a point of reference for carers, they also advise the programme in their specialist areas whenever needed. The fire service has also visited early years sessions to perform demonstrations and educate children in fire safety issues.

Health and safety education is delivered, and standards improved via a range of activities, sessions and services including;

- Healthy Eating course
- Healthy Eating lessons at sessions
- Child Safety Week Ensuring local existing settings are up to Sure Start standard
- Leaflets available at all programme settings and events
- Health Visitor support and advice available in house and in the home
- Maternity and Midwifery Support

- Smoking Cessation accelerated referral scheme for pregnant women

Sure Start endeavours to actively support all local childcare settings, including local child minders, with child safety achievement. The scheme is open to all carers of children under 4 in the Rowley Sure Start area, and will be extended to carers of under 5s by March 2006 (However by March 2006 it is expected that the programme will already be engaged with children aged between 4-5 as our current 3-4 year olds will grow to 5).

How much has the scheme cost?

Breakdown since commencement Oct 2001

Safety Equipment purchase £22,850 (see appendix for breakdown of equipment)
 Sunhats (not loaned) £1,004 (provided in goody bags/at events)
 Teddy Light Reflectors (not loan) £1,892 (provided in goody bags/at events)
 Volunteer Expenses £674 (1st year only)
 Other staff time –average 10 hrs per month (initial assessments)

Initial Outlay £26,420

Handyman Salary (16/20hrs pw)- **£4,701 pa** (excluding employer National Insurance contributions) since Aug 2002 (**£14,103** to date).

Overall Total £42,523 over 4 years.

(The handyman salary includes his role as the programme minibus driver, there is no record of a breakdown of his hours and so it is not possible to determine how many hours have been spent on each part of his role).

Annually approx £4.5K per year since initial outlay
Feb 2001 approx £10K (initial order)

Returns

70% of equipment is returned after reviews and approx 30% is returned after families call in to say that they no longer need items. Most equipment is returned in good working order, however the fixings (nuts & bolts etc) tend not to be returned but are relatively cheap to replace.

The number of returns has increased over the last year to about 29 returns, as the children that were newborn at the commencement of the scheme are now reaching over 4 years old and so the equipment is returned.

A total of 50 families, since the commencement of the scheme, have failed to return items as they have either moved away from the area and taken the equipment and not left forwarding addresses, or have lost or damaged equipment beyond repair. This equates to 21% of all equipment loaned since the scheme commenced, at a cost of £6,041.50 (based upon the average family costing).

Some equipment is classed as non-returnable for various reasons:

- Fire alarms and safety film roll can still be of use to a family after children grow past 3 yrs 6 months.
- Socket covers, buffers, locks are prone to loss, damage and wear.
- Bath plugs and mats are not returned for hygiene and wear reasons.

The approximate annual cost of running the scheme is **£5,430.41** which is the total cost of the handyman salary (£4,701), approximate cost of replacement socket covers, buffers, locks, harnesses, bath mats and fire alarms (£211.28) and starter packs (£518.13). (See next section for data about users). There is also an approximate assumed cost of £1,449.96 per year to cover non-return of returnable items, giving a total of **£6,880.37** per annum.

Who is the Home Safety Equipment Loan Scheme reaching?

According to census 2001 information there are 594 children under 4 in the Rowley Regis Sure Start area. Although it has proven difficult thus far, to identify the number of *families* in the Sure Start Rowley Regis area, the programmes database has identified that there are approximately 379 registered families with a total of 506 children across those families.

There are **229** households that are currently borrowing safety equipment from the programme, which equates to approximately **60%** of our registered families. Of the families that completed evaluations for the scheme in 2005 there were 164 children under four living in the households.

Home Safety Scheme new users Jul 31 2002- Jul 31 2005

	Oct 2001- July 31 2002	Aug 1 2002- July 31 2003	Aug 1 2003- July 31 2004	1 Aug 2004- Jul 31 2005
Number of families	64	54	64	47

Here it can be seen that there is a consistent amount of families accessing the service for the first time each year since it started. It can therefore be expected that this consistency will be maintained with an average of **57** families using the scheme per year.

On average a family will borrow equipment for 3 years, from when the youngest child is around 7 months, until around 3 and a half. After this time home safety equipment is unlikely to be required, unless another child has been born into the family.

It is worth noting that nearly **17%** of registered families do not currently have home safety concerns, as they are expecting their first child (8 families) or have an 'immobile' child (under 7 months, 55 families) and no other at risk children; these families therefore have little need for the home safety equipment that the programme provides at present. These families are in contact with the programme and so have pending referrals to loan safety equipment when the children become mobile and the risk of harm rises, of course, if they wish, equipment is available to them prior to this stage, particularly fire alarms, bath mats and plugs, however historically there have been very few requests for equipment before the child is 7 months.

Considering that 60% of families in the area are currently using the scheme, and 17% have no need, as yet, for the scheme, there is only 23% of families with young children in the area who the programme is not currently providing safety equipment to.

When asked, 76 out of 131 families reported in 2005 that they would **not** otherwise **have been able afford** to buy the safety equipment that they have borrowed from the programme. A significant number who said that they could afford the equipment also stated that they would **not have been able to afford as much equipment** as they borrowed, or **would not have bought as much**. Others reported that they **would not have known** the full safety requirement for their homes. Full comments and responses from user evaluations completed in 2005 are available in appendix 2.

The Scheme is used equally across all three regions that comprise Rowley Sure Start- Springfield, Brickhouse Estate and Rowley Hall.

There are an average of 4-5 referrals to the scheme per month.

The majority of referrals made to the scheme are made by **Health Visitors** and by the programme itself.

[What do carers think about the scheme?](#)

Carers are asked to complete a **user questionnaire** either when they redeem their loan or during a review period. A full breakdown of responses given by 131 carers over 2005 is enclosed in appendix 2.

When asked which aspect of the scheme they felt was significant in ensuring that their children did not have accidents carers answered as follows:

76 said 'the Fitting Service'

110 said 'the loan of the equipment'

51 said 'the safety check'

45 felt that the safety advice given helped to ensure their children did not have an accident.

Some of the comments made include:

"A very useful and effective service provided by Sure Start for those who cannot afford the equipment"

"This service is good, my child did not have any injuries while I had this equipment"

"Handyman coming to check that equipment is still safe is very useful"

"I would have been lost without the equipment, it allows my child to have freedom around the flat"

"As safety is essential in the home I found the service very useful. Without it we may not have been able to afford all the equipment needed. I feel happy knowing that my

children are safer in the home. The checking of equipment every 6 months is also a good idea”.

“Yes, I could have afforded the equipment but would have found it difficult, both my husband and I think this is a great scheme both for awareness and loaning of the equipment”

The full range of responses made in 2005 is in appendix 2.

Who is the scheme failing to reach, and why?

It is known that some families have declined safety equipment in the past as they already had sufficient equipment in their homes that they have purchased themselves.

Although registered, some families may be among the ‘**hard to reach**’ family groups. These would include:

- **Parents that both work full time** (or a single parent that works full time) and so find it difficult to access our daytime hours service,
- Also, **asylum seekers** who either may not be aware of the scheme due to language and literacy barriers.
- Another hard to reach group, identified by home visiting staff at the programme, are **teenage and young mothers**. They report that young and teenage mothers are difficult to engage with the programme across many of the services offered. There are currently 19 young mothers (under 20 yrs) with children under 4 on the programmes database, and 15 of them have not accessed any of our services in the past 12 months.
- **Families of disabled children** are likely to receive home safety support from the Disabilities Team at Sandwell MBC. According to the database there are 2 registered children who are disabled.

Although there may not have been a service that related to home safety equipment prior to Sure Start, it does not necessarily mean that awareness of home safety issues was low.

However the uptake of the scheme indicates that there is indeed a local demand for low cost/no cost provision of equipment. It would be interesting however to investigate whether families would go out and purchase safety equipment in the absence of the loan scheme.

The fact that 223 families have taken up the scheme, together with the wide range of equipment available, and A&E data which shows that there has been a 50% decrease in the number of children that are being severely injured since 2001 would suggest that the presence of the Home Safety Scheme is having a positive effect in the area.

It would therefore be somewhat safe to assume that as more families join the scheme and receive safety advice, there will continue to be a decrease in the number of incidents where children are being severely injured in their homes.

It would be interesting to monitor the incidence of severe injury among children whose families have joined the Rowley Sure Start home safety scheme to assess whether the decrease shown in A & E figures actually does relate to the presence of the scheme.

Further and more specific hard evidence about hospital admissions relating to severe injury, respiratory infection and gastro-enteritis is due to be provided by Child Health Surveillance very soon. This data will allow us to see the exact reduction of child hospital admissions for these specific types of health issues, in percentage terms.

Issues Arising

Programme staff do not have a **true picture** of **smoking in pregnancy rates**, given the trends that we reported compared to what the data shows. Therefore it would be recommended for staff to discuss the findings with a view to **clarity**.

There has been little work undertaken by the programme thus far concerning **smoking cessation for parents who are not expecting a child**. Given the increased incidence of lower respiratory infection amongst children in the area, this may be an area that the programme should concentrate upon.

The programme does not seem to have a clear picture of **breastfeeding rates** for the area. **Health Visitor** records and **maternity support** data **differ** significantly. Measures must be taken by the programme to ensure that all available **data** is **recorded** in a **central** way (database) so that a **true picture** can be seen.

Feedback has highlighted that **radiator covers** may be **dangerous** to young children, particularly toddlers, as the covers can easily get knocked off with wheeled walking toys such as toddler trucks and also baby walkers. The programme should consider where the greatest risk for children lies both from an ethical and liability point of view, to include radiator covers in the scheme or not.

Bath plugs have been found to have a **very low 'ok' temp**, which is considered by some to be too cool for comfort. It is advisable to check with the relevant agencies if the low temperature is a risk to children's health.

Many **families** seem to **prefer** the **portable fingers protectors** rather than those that are fixed permanently. The advantage of this preference for the programme being that fewer protectors will be required if they are portable, a possible disadvantage being that the success of portable protectors relies upon parents ensuring that they are transferred when required. Again, this is something that the programme can carefully consider.

Some **parents complain** about having their **walls drilled to fit stair gates** and **fireguards**, and so refuse to have them fitted, this leaves an obvious risk to

children. The programme has protected itself in terms of liability as parents declining gates and guards are sent a letter that confirms their choice, reaffirms the need for the equipment, and states that the equipment is still available if they change their mind. Despite the liability issue being addressed, ethically the programme should consider whether it is a viable option to also supply an alternative type of gate/guard that will not require drilling.

Bed guards, as supplied by the programme have to be given out with a written disclaimer as **ROSPA** consider them to be more **dangerous** than falling out of bed. The programme should ensure that this disclaimer is offered verbally to parents who specifically request bed guards, in case of language or literacy issues in a family that it may not be aware.

Ways of **engaging** those that have been identified as **hard to reach** should also be addressed with a view to ensure that their home safety needs are being addressed and that those families are educated about important health, safety and hygiene issues.

As **Health Visitors** are a key referee to the scheme, it would be viable to ensure that Health Visitors and the **PCT** are kept aware of the scheme. This may prove an effective way of reaching some **hard to reach groups** who access **health care services** but who may not otherwise access the programme.

Fire Alarms and **fitting** are now available from **Fire Service, Rowley Town Team** and **Sandwell Homes** and so should no longer cost the programme. A saving could be made here of £12.50 per unit. The Handyman reports that each home that has a need for fire alarms receives no more than 2 alarms. Sixteen fire/smoke alarms have been given out in the last 2 years at a cost of £200 to the programme.

It would be interesting to **monitor** the **incidence of severe injury among children whose families have joined the Rowley Sure Start home safety scheme** to assess whether the decrease shown in A & E figures actually does relate to the presence of the scheme.

[Sustainability of the scheme](#)

As trailblazer programme, Sure Start Rowley Regis has reached the end of its 100% funding phase and is now entering the 25% year on year funding taper (starting yr 2006/7), and as such the sustainability of the scheme should be addressed.

As the scheme is now following a well established process of loan and return, there remains one major funding issue that needs to be addressed in order to maintain the schemes provision and delivery, this is the funding of the annual running cost of the scheme **£6,880.37** (£5,430.41 plus the variable amount of around £1,449.96 for losses), including the employment of the necessary handyman post (£4,701).

- The Handyman post is crucial to the effective running of the scheme:

- His presence ensures that equipment is returned, in good order, to the programme.
- The handyman also ensures that equipment is fitted and used in the correct way.
- Families that do not have a person who could deliver, fit and collect equipment for them may choose not to, or feel that they cannot access the service.
- He is on hand to make any repairs to equipment that may have been damaged in the home.
- Other programme staff do not have the capacity, or skills to deliver, fit, collect, repair, log and stack/unstack equipment at the current required rate.
- The handyman is also the programme minibus driver whose hours are a combination of both driving and home safety work.
- The remaining annual stock replenishment cost of £729.41 should also be taken into account when considering sustainability, as replenishment is required to ensure that there is sufficient stock for all families in the area.
- In addition to the annual running cost, there is also the cost of non-returned items, which can vary depending on how many families do not return items, and the value of the items those families do not return.
- If the same non-return rate is sustained, then annually approximately 12 families will fail to return the equipment they borrow which will cost the programme about £1,449.96 per year. The programme should explore ways that this cost can be minimised and/or consider how this cost will be covered.

Conclusion

Overall the programmes progress towards the accident admission target appears to be reasonable, with the Home Safety Loan Scheme reach being particularly strong. It is difficult to see exactly how the programmes measures have affected the number of accident and emergency admissions for gastroenteritis, lower respiratory infection and severe injury in the area, until the awaited CHS data detailing the number of admissions in the area is received. The data from CHS will not have the degree of subjective classification that the data used for the purpose of this report has had to rely upon, instead it will encompass all medical emergency conditions that relate specifically to Sure Start targets. Breastfeeding and smoking in pregnancy rates need to be looked at, and measures reviewed by the relevant staff to see if other measures can be taken to try to further curb negative trends. Other programmes Nationwide may be incorporating other, more successful methods that the programme can learn from and so this should be looked into.

Appendix 1

Breakdown of safety equipment initially purchased

Item	Amount Purchased	Single cost	Total
cost			
Smoke Alarms	230	£12.50	£2875.00
Fireguards	172	£14.75	£2537.00
Customised F/guard	10	3 x £35 7 x £80	£ 665.00
Safety gates	516	£15.25	£7869.00
Bath Plugs	100	£ 2.65	£ 265.00
Bath Mats	110	£ 4.50	£ 495.00
Bed-guards	25	£10.50	£ 262.50
Safety Film Roll	16	£ 9.75	£ 156.00
Socket Covers	200	£ 0.89	£ 178.00
Harnesses	120	£ 3.45	£ 414.00
Finger protectors	255	£ 1.60	£ 408.00
Radiator Guards	150	£ 8.95	£1342.50
Window Locks	60	£ 2.99	£ 180.00
Drawer/cupboard/fridge locks	120	£ 0.80	£ 96.00
Corner cushions	70	£ 0.80	£ 56.00
Multi-locks	75	£ 1.80	£ 135.00
Starter packs	301	£ 9.09	£2736.00

Appendix 2- User Questionnaire Responses

Response	Referred By								Equipment Loaned								Afford anyway		More safe now?		Why?								
	Health Visitor	Sure Start	Nursery	Friend	Self	Social Worker	Homestart	Parent/Carer	Other	Fireguard	Smoke Alarm	Stairgate	Radiator Guard	Safety harness	Socket Covers	Drawer/Cupboard Locks	Finger Protectors	Bath Plug	Window Locks	Bedguard	Yes	No	Yes	No	Safety Advice	Safety Check	Loan of Equipme	Fitting Service	
total	54	53	0	10	9	1	0	0	5	69	55	157	63	33	61	55	37	34	3	1	51	76	122	4	45	51	110	76	
131																													

Qualitative Responses

Bath Plug letting water out.

Found service very valuable, although we could have just about afforded the equipment ourselves we probably would not have bought the range that was provided radiator covers and finger protectors as we did not know about these.

Foster carer- would probably have received financial support from social services to purchase equipment

The fitter always puts equipment right there and then if he can

A very useful and effective service provided by Sure Start for those who cannot afford the equipment.

This service is good, my child did not have any injuries while I had this equipment

This service is very useful from a safety and a financial point of view

Handyman coming to check that equipment is still safe is very useful.

Excellent service to protect the safety of young children, great idea

Everyone has been very helpful and friendly. The equipment has been great, especially the fireguard and smoke alarms.

Stair-gates are good but by the time my child was 16 months old he could open them

I think the system is a great idea and it is very useful to parents on a low income

I found the Sure Start safety pack very useful and would recommend Sure Start to a friend.

Good service, I appreciate regular checks

I would have been lost without the equipment, it allows my child to have freedom around the flat

My granddaughter looks forward to Thursday mornings, so if she's happy we are happy and we think that sure Start is a good thing for everyone.

We think that this is a fantastic scheme for people in the same or similar position to us.

As safety is essential in the home I found the service very useful. Without it we may not have been able to afford all the equipment needed. I feel happy knowing that my children are safer in the home. The checking of equipment every 6 months is also a good idea.

The equipment has been very useful to us. I can say that they have prevented many accidents that would have otherwise happened to our children

I am very happy with this service. I am still using the fireguard and gate at the top of the stairs, these give me peace of mind when my child is out of sight. although she is now 4, having the gate means that if she gets out of bed in the night while it is dark she cannot get ot the stairs. As a single parent on low income this service has helped a lot.

The loan of safety equipment has helped me a great deal. It has made my home a lot safer for both me and my child.

We have had the stair gates and fireguard in place for 2 years now. I am expecting a second child in August and this service has come in extremely useful not only the loan of the equipment but the fact that it is checked regularly has ensured that my son and the new arrival will be kept nice and safe at home

giving me peace of mind.

A great service from Sure Start staff

I had never heard of the service and was amazed at the equipment available

I found the loan of the stair gate very useful as I have now moved it to the bedroom door so that my son does not fall down the stairs at night when he is half asleep as he can climb the stairs and is able to come down on his bottom safely now.

Great service with regular safety checks by someone from Sure Start

It is a great idea and a great help to me being a single parent, really appreciated.

We had just moved into the property when baby was born and money was tight and we were not sure what we needed. I think it is brilliant to loan out the equipment it would have been great if my parents, and my parents parent's could have loaned maybe just the fireguard and stair-gate as it was expensive for them to purchase as well.

Although I could have afforded the equipment I would not have purchased as many items

I am very pleased with all the help I have received from Sure Start, and I've found all the staff very friendly and the equipment very handy.

Yes, I could have afforded the equipment but would have found it difficult, both my husband and I think this is a great scheme both for awareness and loaning of the equipment.

Very useful service, the follow up assessed changes in our safety requirements.

The man who fitted the equipment was really helpful

The service has helped us to provide a safe environment to bring our child up in and I always tell my friends and family about the service.