

Low Hill Home Safety Service Evaluation

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Background

Low Hill Home Safety Service is a pilot project, funded by Sure Start, to offer home safety training and equipment to parents in the Low Hill area. The scheme was set up because home safety is a particularly problematic local issue, with Low Hill having one of the highest levels of accidents in the home and visits to A&E departments. A home safety worker post was funded for one year, beginning Dec 2002, but funding has been extended until the end of the financial year 2003/04. Janet Ryan was appointed to the home safety worker post and based at Barnardo's Low Hill Family Centre.

Summary of Scheme

Aims The aims of the Home Safety Service are:

- 1 To reduce the number of injuries received by children under 4 in the home in the Low Hill and Scotlands area.
- 2 To reduce the number of children admitted to A&E departments in Low Hill and Scotlands area.
- 3 To increase awareness of issues of safety in the home for families in the area.

Setting up service

Before the service was established, the home safety worker conducted a needs analysis, by visiting local clinics, health centres, playgroups and schools and consulting with parents and professionals working with the potential client-group (including other Sure Start projects). She then set up the service, which is offered to all parents with a child under 4 in the Low Hill area.

Service offered

As part of the service, home safety appliances and adaptations such as fire guards, safety gates and cupboard catches are fitted by the centre's fitter are fitted in the homes of local parents and smoke alarms are fitted by the local fire brigade.

A course in home safety is also offered. The course comprises five one-hour, weekly sessions,

delivered in a variety of different, convenient places (including family centres, nurseries, community centres and church halls) by the home safety worker and . The course is free and coffee and crèche facilities are provided. The course covers:

1. General home safety
2. Fire safety
3. Food hygiene
4. Sun safety/outdoor safety
5. First aid

Sessions are facilitated by the home safety worker who also delivers some of the sessions, a local fire safety officer delivers the fire safety course. At the end of the course participants receive a certificate of attendance. In addition, participants are given home safety equipment at the end of each session, such as socket covers, video locks.

To identify the safety equipment needs of the parent, the home safety worker visits the home once a parent has registered for the course. A gate or guard is fitted before the start of the course and again after completion of the course. The home safety worker will give out further equipment if further needs are identified.

Promoting the service

The home safety worker promotes the scheme by attending various local groups (such as mother and baby groups) and clinics. Here she will hand out information sheets and put up posters. The worker also receives referrals from health visitors and other practitioners.

Expansion of service

Since the start of the service the home safety worker has developed a number of additions to the service.

- 1 Sure Start are keen to recruit more child-minders into deprived areas. The home safety worker has initiated a child-minding information session and has offered support to a group of women who have expressed an interest in becoming child-minders. The Local Authority had offered to train some of the women from this group but at the time of writing this was no longer planned.
- 2 Discussions with mothers have revealed they are interested in receiving training in cooking and nutrition. In response the home safety worker arranged a course in this. A nutritionist has been recruited who will be delivering the course. It is being funded by Sure Start.
- 3 The home safety worker identified a need for First Aid and Lifesaver (baby and child) course. She has set up 2 groups to receive the programme. She has brought in St Johns Ambulance Service to run the certificated course.
- 4 A local health visitor has asked the home safety worker to provide sessions in home safety for a group of substance misusing parents. The worker is in negotiation over this at the time of writing.
- 5 Low Hill and Scotlands has large number of families being re-located from London to the area. To reduce the isolation of these families a health visitor is setting up a support group for them and the home safety worker is going to run sessions in home safety with them.
- 6 In 'child safety week' the home safety worker ran a safety competition to win a child's car seat. At the car seat presentation a fitter from Halfords came to enable parents to have their child-car seat checked for safety and suitability. This was available to all local parents in the area.
- 7 There is a large traveller community in the area and the home safety worker makes up packs of home safety equipment for Health Visitors to give out or takes them out to the

- traveller parents herself.
- 8 The home safety worker has been setting up home safety displays in local community and family centres.
 - 9 The home safety worker will also identify and address any individual needs and try to meet these either directly herself or by bringing in outside help.

Methodology for evaluation

An evaluation has been carried out of the effectiveness of the home safety service. The evaluation had a number of different elements:

- 1 **Literature review** Review of the evidence on home safety schemes focusing on the role of home safety workers.
- 2 **Monitoring data** Monitoring data collected on the number and demographics of those who take up the scheme (including number of sessions attended, whether received home visit, what equipment provided) was examined.
- 3 **A&E data** An analysis of data available for A&E admissions at New Cross hospital for under 4s was proposed. This has not been possible within the scope of this phase of evaluation but should be considered for the future. The service would need to negotiate access to monitoring data with the local Accident and Emergency department or the health visitors in the area for a systematic analysis of outcome data on the rate of accidents for the children of parents who have received a service and children in the local area generally. It is likely that any pattern would take a considerable period of time to become apparent and it would be difficult to ascribe causality to this one intervention.
- 4 **Course evaluation sheets** Analysis of evaluation sheets handed out at the end of the course was undertaken.
- 5 **Interviews with parents** Telephone interviews with a sample of parents who had attended the course were conducted (27 parents interviewed). Inevitably there is an overlap between these parents and those who completed evaluation forms.
- 6 **Survey of referrers** A postal survey was sent out to all health visitors and other professionals who refer to service or who run centres where courses are held. (5 responses) to identify their views of the scheme and any 'added value' that the scheme offers.
- 7 **Interviews with professionals** A telephone interview was carried out with one further health visitor who was unable to return the questionnaire.
- 8 **Consultation with parents** A focus group/consultation with a group of parents who have received the intervention was carried out.

The need for the service and the reasons underlying referrals

A sample of six referring and host professionals (those whose organisations hosted the home safety course) identified the following reasons for making referrals:

- 1 Improve knowledge of home safety, provide them with equipment especially fire guards/stair gates
- 2 Safety gates, fireguards, living in hazardous conditions, parents needing support re. housing association repairs, gas electricity, phone difficulties

- 3 Raising awareness generally but also specific issues around accidents to children
- 4 Lack of awareness and/or safety equipment in the home where there are young children
- 5 Have felt that they would benefit from an informal learning environment that relates directly to their needs and situations.

The main child safety issues were described as follows:

- 1 *main accidents tend to be falls, burns, accidental ingestion so info re above and appropriate safety equipment vital;*
- 2 *Fire guards, stairgates, A&E attendance through falls;*
- 3 *issues with parents living in trailers. Janet has said that she wants to consult further with parents on the site re specific issues;*
- 4 *stairs/hot kettles, pans/gas fires/ponds in gardens/basic first aid/medical procedures/medicines;*
- 5 *Fire hazards – unguarded fires, falls from high chairs, sofas etc., where parents do not see the potential for risk. Lack of security on stairs (no gates), medicine safety often not regarded as priority;*
- 6 *Basic safety – chip pans, stair gates, gas fires. Also first aid for parents, also basic food hygiene.*

These were felt to be particular issues in the Low Hill area for the following reasons:

- 1 *Poor role models from our experience as children, therefore lack of knowledge ignorance of risk;*
- 2 *Young parents can at times feel and be very vulnerable;*
- 3 *Inexperienced/single/vulnerable parents/larger than average number of people in the home;*
- 4 *There are numerous attendances at A/E for fairly minor avoidable accidents;*
- 5 *There have been several fatal house fires since I have lived/worked here (June 2001);*
- 6 *Low level of awareness of dangers, eg prescribed medicines, road safety, I see very small children unsupervised (near roads).*

Literature Review

Introduction

The aim of this literature review is to consider the evidence of the impact of home safety interventions on recipient families. In particular, the effect home safety schemes have on the use of safety equipment and the number of unintentional childhood injuries will be considered.

The studies included in this review are of those home safety interventions which included home visits in their service and that were community based. Safety interventions conducted in medical or educational settings, and those aimed at traffic control measures or reducing 'risk' safety behaviour such as alcohol consumption have been excluded from this review.

Nature of home visiting

For the initiatives reviewed here, home visiting was either the sole element of service, or was an element of a larger safety initiative which could also have included the promotion of safety information or the provision of safety training.

Home visits typically included:

- A home safety assessment.
- The distribution and installation of safety equipment (such as smoke detectors, child seat restraints).
- The provision of information and advice on child health issues.
- Links to local support networks and information about local services.

Definition of terms used in this review

Randomised Control Trial – In which participants are randomly assigned to either an intervention or a control group which does not receive the intervention.

Systematic Review – A systematic review is a method of comprehensively identifying, critically appraising, summarising and attempting to reconcile the research evidence on a specific question. (Lucas 2003)

What is known about home visiting and home safety initiatives?

A number of studies have suggested that advice about home safety given in clinical settings alone is not effective at reducing injury rates, and that when questioned, relatively few families recall receiving injury prevention advice from a physician. (Johnson et al 2000)

Evidence from countries which have adopted community home safety initiatives indicate the potential success of a home or community based model. Sweden has developed community based programmes aimed at home safety and has a comparatively low childhood injury rate to other European countries. (Sellstrom et al 2003, Ellsaber and Berfenstam 2000)

Two major systematic reviews of the effect of home visiting on home safety have concluded that home visiting can substantially reduce rates of accidental injury. (Lucas, P 2003, Klassen, et al 2000) Lucas, 2003 in a 'What Works' review of home visiting found that structured home visiting can reduce accidental injuries in the home by around 26%. (Lucas 2003)

How effective is Home visiting?

1 Evidence of the effectiveness of home visiting on target population.

Although not exclusively, the majority of home safety initiatives have focused on households with pre-school children who are on a low income. It is thought that children living in areas of deprivation will benefit the most from home safety initiatives. (Colver, A et al 1982) A number of studies have found that home visiting has reduced the level of childhood injury amongst household groups such as teenage parents and low-income first time mothers. (in Lucas, 2003)

2 Home visits may encourage parents to reduce home/ transport hazards.

Home safety workers have generally been found to have a positive impact on the ownership and use of a variety of home safety equipment amongst participant families, including smoke alarms, car seat restraints and stair gates (Lucas 2003). However, one systematic review has suggested that the effectiveness of home visiting varies according to the safety practice that schemes are aimed at. (Klassen et al 2000)

Klassen et al found that practices such as bicycle helmet use and age appropriate car seat restraints were significantly increased following community based home safety initiatives. However, the evidence was less compelling that community safety initiatives were effective at increasing child pedestrian safety or at reducing individual's dangerous driving. (Klassen et al 2000)

Colver et al, 1982. Study of Home safety schemes for families with children. UK

Intervention: Health visitors visited low-income homes in Newcastle and provided information on safety as well as grants for safety improvements.

Outcomes: Families visited at home were more likely to obtain and fit stair gates, fireguards, cupboard locks, window locks, and cooker guards than those who were not visited.

Johnston, B et al 2000: The impact of 'Head Start' injury prevention program, Washington, USA.

Intervention: Part of a scheme aimed at reducing the number of accidental injuries amongst families with a low income who have children attending preschool. Families were visited by a family service case worker who had been trained in home safety.

Three months after receiving a home visit, the outcomes of 213 families who had accessed the scheme were compared to a control group in a similar locality.

Outcomes: Compared to the control group, families involved with initiative were;

- Three times more likely to have a working smoke detector.
- Twice as likely to have removed poisonous substances present at the start of the intervention
- Almost twice as likely to report 'always' having their child restrained in the car.

DiGuissepe and Higgins, 2004: Systemic Review of smoke alarm promotion evaluations

Review: Researchers identified 26 programmes which aimed to promote the ownership and function of smoke alarms. None of these trials featured a randomised control group.

Findings: Community/ home visit programmes which supplied smoke alarms free of charge apparently reduced fire-related injuries. Initiatives which provided counselling on smoke alarms were found to increase smoke alarm ownership and function.

However, these studies only suggest that there has been an increase in the ownership of safety measures and any change in the use of this equipment they consider is self-reported rather than objective. The effect of home safety initiatives on the long-term safety behaviour of families or on actual rates of accidental injury are not considered by these studies.

- 3 Home Visits can reduce the risk of accidental injuries in the home by around 26% (Lucas 2003)

A small number of studies have considered the effects of home visiting initiatives on actual rates of injury. While some caution is needed in the interpretation of this research, it does indicate that home visiting is likely to reduce the rate of childhood accidental injuries. However, there is still little evidence to suggest the long-term impact of initiatives on behaviour and safety outcomes. (Colver et al 1982) One literature review has questioned the impact of home safety initiatives. It suggests that there is little direct evidence that community safety intervention programmes in isolation do reduce unintentional childhood injuries. (Tower et al 1996) However in a more recent review the author considers that the effect of community safety programmes is more promising when they are focused on specific areas of home safety. (Tower and Dowswell, 2002 in Sellstrom et al, 2003)

Sellstorm et al, 2003 Association between childhood community safety interventions and hospital injury records. (Sweden)

Intervention: Study of preschool hospital admissions for injury for a number of areas of Stockholm, some with community safety intervention programmes and some with no safety programme.

Outcomes: Communities with home safety schemes had a lower rate of preschool children's hospital admissions for injuries compared to communities without such

initiatives. Although the length of time the initiatives were in place was not studied specifically, the researchers worked with the assumption that safety measures needed to have been in place over at least 3 years before their effect on rates of injuries could be considered. Thus the impact of short term home safety initiatives on injury rates are not considered by this review.

Roberts, Kramer and Suissa, 1996: Systematic review of home visiting to prevent childhood injury which included randomised control trials

Review: Considers evidence from eleven trials of home visiting schemes designed to prevent childhood injury and abuse.

Findings: Of the eight trials designed to prevent childhood injury, six reported that there was a lower incidence of injury in the group that received home visits in comparison to the control group.

What are the implications of this for Home Safety Schemes and recommendations of good practice?

A number of studies have suggested that, where possible, it is resource effective for home safety promotion to be incorporated into already available community services, such as family support workers, health visitors, or nurses. (Johnston et al, 2000)

Klassen et al 2000 concluded in their systematic review of thirty two studies of community based home safety schemes that there were three key elements of 'good practice'. These were that initiatives should be:

- 4 Grounded in the theory of behaviour change.
- 5 Integrated into the local community they were operating in and were tailored to meet the specific needs of that community.
- 6 Inclusive of local community stakeholders and resources. These were found to increase the likelihood of widespread safety behaviour in a community.

Klassen et al make a further recommendation that ,where possible, initiatives should use randomised controlled design to maximize the trustworthiness of research findings and aid effective decision making. (Klassen et al,2000)

Gaps in research?

The evidence is unclear as to what particular components of home visiting initiatives are effective. (Colver et al 1982) No research was found which compared the impact of different safety interventions (home visiting in isolation, the provision of safety information, provision of safety equipment).

Little is known about the impact of the nature of the professional who does the home visit on safety initiatives outcomes. (Colver et al 1982) The studies cited in this review include home visitors with different professional/ semi-professional and trained community volunteers backgrounds.

A number of studies have included the views of families participating in schemes about their experiences. (Johnston et al, 2000) However, participant family's opinions and experiences of safety programmes have not been the focus of any known study. Colver, et al 1982 suggest that although parents have given positive responses regarding initiatives in a number of studies, it has not as yet been considered whether families feel stigmatised by home visits. Future research is needed in this area.

The Low Hill Home Safety Service

Evaluation Findings

Monitoring data

To date 77 parents have made use of the service. Of these, 56 have attended at least one session of the home safety course, half of the parents who came to the home safety course attended for at least 4 of the 5 sessions. 45 parents have had safety gates fitted and 51 have had fire guards fitted. 17 had a smoke detector fitted and another three had the batteries replaced in existing ones. At the time of writing the scheme did not have a fitter in post to fit the appliances and train parents in their use. The number of appliances which could have been fitted during the year has been reduced by the lack of a fitter in post for the latter part of 2003. Recruitment to the post is obviously dependent on the postholder satisfactorily completing an enhanced police check and fitting should resume in February 2004. The lack of a fitter this has increased the size of the waiting list for appliances but the suitability of the fitter and safety of parents and children is paramount and could not be compromised.

Evaluation sheets

Twenty three evaluation sheets were completed by parents at the end of the home safety course. All of those parents who completed evaluation sheets thought attending the course had been a positive experience. One parent stated '*Jan has been great fun and taught us a lot that we wouldn't imagine and has opened my eyes to danger*'. Most respondents enjoyed all the sessions delivered and welcomed the opportunity to meet other parents and learn more about home safety. The aspects parents particularly enjoyed were sessions on first aid and fire safety.

Most of the parents who attended (78 per cent) thought that there was nothing they would like to change about the course. This was illustrated by one parent who reported that '*all the sessions were perfect*'. The remainder of parents stated that they would like the course to have been longer with more practical work.

Parents generally reported having learnt '*a lot*' from the course, especially around potential dangers in the home and how to avoid them. They all stated that they would change their behaviour in the home as a result of the course. The main ways that they intended to change their behaviour was to be more aware of safety in the home and outside and to look closely for hazards that could cause accidents. Five of the parents expressed an interest in attending further home safety courses.

Several parents reported that such courses should be widely available to all parents with children:

'I feel this programme should be compulsory to all parents to attend and not through choice, as you are made aware of issues that happen in everyday life.'

Telephone interviews with sample of parents

Telephone interviews were conducted with 27 parents who had attended the course.

The main ways that parents had learnt about the scheme were through the Home Safety Worker, family and friends, nursery and groups/clinics they attend. The majority of those interviewed had attended all (9) or most (11) of the sessions of the course. All of those who attended the course reported that they found it enjoyable.

All of those who had safety equipment fitted reported that the fitter had explained to them how to use the equipment. No-one had experienced any problems with the equipment though one thought the fireguard was unattractive and another subsequently said that their child had learned how to open the stairgate.

Most of the parents (23) reported that their children were safer in the home now and three that they were more aware of the dangers, the one who did not respond positively was the parent whose child had learned to open the stairgate. Nineteen of the parents had also told someone else about the scheme.

When asked what they had enjoyed most the most frequently mentioned components of the course were First Aid (9) and Fire safety (5), several others mentioned the chance to meet and mix with other parents (4), food hygiene (3) and several parents commented that the whole course had been useful, enjoyable and informative,

'learning something new',

'I found it very helpful and it made me think how to make my home a safer place for children.'

'First aid, food hygiene and fire safety which will prove very useful'.

What did parents learn as a result of the course?

'A lot about fires like pulling plugs out after use'.

When asked what they had learned as a result of the course, several parents reported that they would look at things more through the eyes of their children in respect of dangers around the house and would take more direct action to teach their children about how to keep safe in and around the home.

'How to look at things as if you were a child.'

'Age of child to understand road speed'.

In general parents made comments about looking out for and being aware of dangers in the home, that the course had alerted them to more and different danger factors in the home. One parent in the focus group said that the course made you realise how much you had forgotten. Several mentioned strategies that they were now using or felt equipped to use should the need arise.

'I found that the fire one made me talk to the children and made a plan on how to get out safely.'

'A lot more about teaching my child to cross the road'.

When asked to name something that they would do as a result of attending the home safety course, nine parents said that they would be more safety aware generally in the home and garden.

- 1 Four parents said they would unplug appliances
- 2 Three that they would do an inventory of the house from the child's perspective and remove things that were in reach
- 3 One intended to fit a smoke alarm
- 4 One would plan how to get out in case of fire
- 5 One parent said that they would teach their children to cross the road safely
- 6 Another that they would fit a stair gate to prevent children getting into the kitchen.
- 7 Three parents said that they intended to do further courses
- 8 One parent in the focus group said that she had thrown her double plugs away
- 9 Another that it had made her think about safety when her children were being looked after by others 'Make sure that other people who have my children understand

Asked how they felt about putting what they had learned into practice nearly all of the parents said that they felt positive (24), most that they felt confident (20) satisfied (17), interested (17).

Further consultation with parents

A focus group was conducted with parents who attended the course. Feedback was positive and confirmed the messages from the individual telephone interviews with parents that the course had been a positive experience with useful content.

Feedback from referring health visitors and host professionals

What (the worker) is offering is invaluable. Having her here is just fantastic for our parents. Venue provider

Responses were received from six of the seven health visitors and other professionals who either refer to the service or who run centres or groups for parents where courses are held.

Of the six, five made referrals, two provided premises for the course and one also contributed to the course. Those making referrals estimated that they had made approximately 30-40 referrals but with other families self-referring and the home safety worker herself inviting families using the Low Hill family centre to access the course.

Four courses had been delivered at their premises and one reported some training being provided for the Wolverhampton Social Inclusion Interagency group.

Five of the six professionals that responded felt that parents had benefited 'a lot' from the service,

- 1 *For all of the above reasons, which in turn has improved their self-confidence, self esteem.*
- 2 *Awareness raising during interagency meeting. Not on course as such.*
- 3 *Awareness/confidence to set limits/rules for safety.*
- 4 *The course has been a valuable awareness raising opportunity.*

5 *More careful in the home. Empowered to do basic First Aid.*

Four out of six professionals felt that parents who had attended the course had 'a lot' more awareness of safety in the home, two said that they would not know, one of these that it would tend to be *'the receptive ones who are attending baby clinic'*.

- 1 *Improved knowledge of risks in the home for young children.*
- 2 *Parents who have been visited have benefited greatly from information and materials provided.*
- 3 *One would hope they are – certainly the equipment provided is seen in use.*
- 4 *More confident in themselves.*

All reported that the service had been successful in making contact with new families moving to the area and with other families as well.

'The worker comes into the baby clinic, to the drop-in, she responds very flexibly.'
Health visitor

'(The worker) has been very good at networking, has visited all the health visitors, very visible, some times people set up a new service and you don't see them again but she has been very there.'
Health visitor

>From the perspective of the referring professionals the best aspects of the home safety service were

- 1 *That equipment could be delivered and fitted appropriately – as often single girls have no way of screwing/fitting stair gates, fireguards etc;*
- 2 *Useful for the practical support it offers parents: Cuts down on accident in the home. Parents are more aware of the safety needs of their children;*
- 3 *Contact with and support for parents – willingness to share concerns about unsafe incidents and practicalities: availability of someone to help follow up difficulties;*
- 4 *The provision of safety equipment to needy families, bringing together young mothers and new comers to the area – a good social networking opportunity;*
- 5 *Availability of safety equipment;*
- 6 *Combination of worker's knowledge and enthusiasm and providing safety equipment.*

The feedback on the service's ability to access parents in need, the convenience of the timing and location of courses, crèche, facilitator, availability of safety equipment, pace of learning and subjects covered were generally very positive, one professional commented that there may be too much for parents to absorb and the advertising of the scheme received a slightly less positive assessment than the above elements.

What would parents and professionals change about the home safety scheme?

When asked what they would like to have changed most parents said 'nothing' (17), 2 requested a longer course and 2 asked for more practical work in the sessions.

The opportunity to offer final comments again stimulated very favourable comments but also raised one or two other learning points for any future courses that are run. Two parents commented that the timing of the fire video needed to be changed as there was not enough time to discuss it, and one of the two reported that some of the other parents were distressed after watching the video.

Professionals said that they would like to see:

- 1 *the scheme continue;*
- 2 *more sources of practical safety equipment for parents living in trailers;*
- 3 *better advertising;*
- 4 *greater community involvement;*
- 5 *more people attending although one also said that 'the delivery of the courses has been just right with a wide representation of the community attending';*
- 6 *getting to more people, more dads.*

Conclusions

The funding of a home safety worker post in the Low Hill/Scotlands Sure Start area has had tangible results in terms of an increase in the number of parents with safety appliances fitted correctly in their homes and a cohort of parents who have had, engaged with and learned from a home safety course which has also covered such important topics as safety in the sun and food hygiene.

The scheme was able to recruit a worker who has made positive relationships with parents and professionals who value her input and the service provided. She has made good networks in the area, seeking out and maximising the opportunities to communicate home safety messages, an example being the information provided to childminders as well as parents and providing an accessible and sensitive service to a wide range of local parents.

The home safety worker has been successful in reaching some of the most isolated and potentially socially-excluded parents in the Low Hill area: travellers; those recently relocated from London; substance-misusing parents.

Parents completing the course report a positive experience and many were able to detail how they would begin to put what they had learned into practice, with some giving examples of how their thinking and awareness of home safety had been raised. They had been able to meet other parents and several reported this to be a positive outcome of the scheme.

The feedback from a small number of referring professionals and those professionals who hosted the home safety courses has been very positive. The service clearly meets identified needs amongst their service users given the high level of child accidents in the Low Hill area, the high levels of social exclusion and the additional issues raised by large numbers of new families being re-located into the area with few if any local connections or sources of support.

The service has been organised and delivered in such a way that professionals feel at ease making referrals of vulnerable parents with young children and report tangible outcomes for the children in improvements to their home environment.

There is a high level of support for the continuation of the service. Outcome evaluation should be inbuilt to any further stage of the service that may be funded.

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