

# **Safe as Houses**

**Tool Kit to promote feelings of safety and security in the home for the elderly.**

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## Chapter 1

### Introduction – aims and objectives of the Initiative

#### Health Challenge Wales

1. The key themes of Health Challenge Wales have been selected because they are considered to be those issues that constitute a significant proportion of the ill health that could be avoided. One of the key themes is Mental Health and Well being. This initiative is designed to protect mental health and promote well being amongst elderly people living in the community.
2. It is well established that fear of crime can have a severe effect on mental health and can diminish the individual's feeling of well being. Research for the Home Office shows that absence of peace of mind, the belief or knowledge of an individual that they are in an 'at risk' group, perceived impotence to change this situation and fear of the effect that becoming a victim of crime may have on life style and independence can lead to isolation, loneliness, mental strain and depression<sup>i</sup>. One of the objectives in the current Home Office strategy is, "People are and feel more secure in their homes and in their daily lives". Central to the delivery of this is a challenging target to reduce crime by 15%, and further in high crime areas, by 2007/08. Dwelling burglary and domestic violence are included in this target. The trend in dwelling burglaries since 1998/99 has been downwards, yet dwelling burglary makes up around 19% of all recorded property crime and is one of the crimes most feared by the general public and particularly by the elderly maintaining independent lives and living in the community. Significantly, that fear has not fallen in line with the trend. Burglary remains a problem in high crime areas; in inner cities; and amongst single-parent and elderly households. Furthermore, 40% of burglaries are repeats, mostly within 7 days<sup>ii</sup>.
3. The cost of crimes, such as burglaries and distraction burglaries to domestic premises is difficult to calculate. There is a huge range of costs incurred as a response to crime. There are costs to the police, who record, investigate and build evidence on those crimes that come to their attention, the Crown Prosecution Service, Magistrates and Crown Courts, Legal Aid and non legally-aided defence costs, and costs to the prison and probation services. These costs are quantifiable, although incurred over differing time periods and by a number of different agencies.
4. The reduced quality of life of potential victims is perhaps the most nebulous cost of crime. Quality of life cannot be measured; neither can reduction to quality of life be costed. After all the measures taken to reduce the risk and costs of a victimisation have been taken into account, many potential victims are still fearful and their quality of life is still adversely affected by crime. This quality of life impact includes a reduced feeling of safety in communities, curtailment of the freedom to socialise or travel, and a loss of enjoyment in work or leisure activities. The emotional and physical impact and reduced quality of life for victims of crime can be substantial, particularly for personal crimes. For example, the victim of a robbery may have received physical injuries (bruises, cuts), they may feel shocked, insecure, distrustful and

vulnerable for many weeks or months afterwards, and may be unable to sleep properly. Victims of property or personal crimes may suffer a feeling of violation<sup>iii</sup>. This physical or emotional impact, especially for violent and sexual offences, generally far outweighs any financial costs.

5. The consequences of crime may also include reduced effectiveness at work, loss of enjoyment from leisure or social activities, and a legacy of increased fear or interpersonal problems. Property stolen or destroyed may have sentimental value over and above its replacement value. Victims may also require care or counselling, the cost of which is included under victim services. In cases where crime involves assault or violence to the victim, health costs fall on the NHS and other health service providers, as the opportunity cost of resources used to treat crime victims. Emotional costs of crime to the victim may manifest themselves in the need for support services such as counselling (e.g. through Victim Support). In all cases the resources used in such services have an opportunity cost in terms of accommodation, staffing and other running costs.
6. In a small percentage of cases the elderly living in the community give up their independence through their own fear of continuing to live in the community and take up accommodation in sheltered or residential care homes. Such a move may in some cases be beneficial, bringing the individual into social environment and enriching their lives, but in others can lead to a feeling of loss of control and impotence to determine what will happen to them. Such feelings of loss of control can lead to further mental deterioration and loss of feeling of well being.
7. In line with the Health Challenge Wales aspiration improve mental health and well being this project seeks to make the homes of elderly people living in the community more secure, to enhance their feeling of being safe and secure.

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<sup>i</sup> Dubourg R and Thorns J Home office Economics and Resources Analysis Unit

<sup>ii</sup> Home Office Figures, 2003-4 cited by the Safe Partnership 2005

<sup>iii</sup> For example, victims of burglary often feel their privacy has been invaded. A third of burglary victims in the 1988 sweep of the BCS mentioned 'invasion of privacy' as the worst aspect of the incident (cited in Mirrlees-Black et al., 1996). Around a quarter cited a feeling of fear and insecurity after a burglary incident.

## Chapter 2

### Safe as Houses – Helping the elderly feel safe at home.

#### 1. Initial considerations

Initial considerations for this project have to be addressed, including;

- What is the target group?
- Will the outcome have the desired outcome,
- How can the target group be reached?
- Who are the key partners in the initiative?
- How will the initiative be evaluated?
- Will the initiative deliver value for money?

#### 2. Target Group

This initiative targets fear of crime to the elderly in their own homes, therefore it is a necessary to define the age group of individuals to be considered as 'the elderly'. The National Assembly's 'Keep Well This Winter' campaign identifies an older person as someone over the age of 65 years. It is therefore suggested that this age limit should be adopted for the purposes of this initiative.

The initiative therefore is addressed at persons over the age of 65 years, who are owner occupiers or private tenants, living alone or with others persons within the target group.

#### 3. Achieving the desired outcome

The desired outcome for this initiative is that elderly people within the target group should feel safer within their own homes. The consequence of the desired outcome being achieved is that the target group, physical and other factors permitting, should remain in their own homes, living independent lives in the community for longer than would have been the case had the initiative not been put in place. Therefore the desired outcome will not just lead to a perception of being safer, but will cause the target group to act on their perception and continue to live independently within the community.

#### 4. Reaching the Target Group

The target group can be reached by a two pronged approach – self referral in consequence of a marketing scheme and through the referral of a third party.

The marketing exercise can be started by the dissemination of leaflets and those individuals who express interest in the scheme can be invited to attend an event at which a presentation about the scheme can be made outlining what the scheme was seeking to do, and what could be done on behalf of participating individuals. Further information about the scheme can be placed in the local papers circulating in the intervention area which may be delivered to the homes of members of the target group.

Referrals of individuals to the scheme can be made by agreed groups having contact on a day to day basis with the target group. These may include Social Services Department Home Carers and by Community Nurses, Housing Officers of the local

authority, staff of voluntary organisations and GPs and Practice Nurses. This list is neither exclusive nor exhaustive. Guidance must be issued in respect of referrals to ensure that only those persons who could benefit from the scheme were referred to it, and to ensure that the scheme is not swamped by referrals where the intervention made can only be minimal.

Consideration may be given to targeting the scheme to a particular geographical area where it is known that crime rates are higher, or where it has been identified from local surveys (Crime and Disorder surveys, Housing Renewal Area surveys) that fear of crime is high.

## **5. Who are the key partners in the initiative?**

Partners to the scheme can include the local authority, through its environmental health and housing departments and its social services department Home Carers, the local Care and Repair Agency, the local Police Force and Fire Brigade, the local NHS Trust and Local Health Board and interested bodies from the voluntary sector.

## **6. How will the initiative be evaluated?**

The evaluation of this project is difficult since in large part its success relies on those who have benefited from the intervention feeling safer. It is impossible to measure perceptions, and, as described in Chapter 1, the fact that crime may be falling and an individual may be less at risk is not necessarily reflected in individuals feeling safer and less at risk.

Take up of the scheme could be used as a measure of success - the number of homes within the target group taking up the benefits of the initiative could be used to demonstrate its attractiveness to that group and can be used as a basis quantitative measure of success.

As noted however there is no guarantee that making a home more safe will actually lead to the resident living within it feeling safer. It is therefore suggested that simple measurement as above is not sufficiently comprehensive. There is a need to seek to measure the perception of the individuals taking part in the initiative to determine how their feeling of well being has been enhanced, if at all. This can be done by issuing questionnaires to be completed by the members of the target group taking part in the project, to be completed a fixed period after the intervention to determine whether their perception of being safe within their home has increased.

It is also suggested that independent reviews may be carried out of the scheme, where individual cases are analysed in detail by an independent and external individual or body, to assess whether the scheme is achieving its objectives and whether it is delivering value for money.

## **7. Will the initiative deliver value for money?**

In the pilot project this scheme was run alongside a renewal area scheme. The partnership conducting the pilot project spent £32,000, which money paid for the establishment of the scheme, its marking and the costs of material and labour for the intervention to go ahead in 300 homes.

At the time of the compilation of this tool kit no analysis of the project had been carried out, however given that there is no cost at all to those receiving the benefit of this scheme, and given the costs, both financial and in mental well being terms of members of the target group having to give up their independence through fear of crime reduce well being it is suggested that this intervention will represent value for money.



## Chapter 3

### **Safe as Houses – Promoting feelings of Safety and Security for the elderly in their own homes**

#### **The Campaign**

The homes of elderly people are inspected to assess home security and safety measures. The initiative can be extended to include a fire audit and energy efficiency audit, as local demand required.

#### **Marketing the initiative**

1. This campaign requires a critical mass of participants to ensure that it is cost effective. It is therefore necessary to ensure that as many of the eligible elderly people who could benefit from the scheme are aware of it, and register their interest in being part of it. To this end it is suggested that there should be a two pronged approach to engaging participants, a self nomination approach and a referral approach.
2. Self nomination is encouraged through a marketing programme. Fliers are sent out to a wide audience including local libraries, local voluntary groups (e.g. Age Concern, Help the Aged, Women's Institutes etc) luncheon clubs. Presentations are made to various local groups, and displays/presentations carried out at local events The flier invites the eligible persons to attend a presentation in a centrally convenient location, where the purpose and benefits of the scheme are outlined in a presentation. They are also sent to particular geographical area where it is know that crime rates are higher, or where it has been identified from local surveys (Crime and Disorder surveys, Housing Renewal Area surveys) that fear of crime is high. The event could also be used to promote other health and well being messages to the target group, e.g. availability of winter flu jabs, winter heating messages, benefits messages etc, but care must be taken not to generate information overload and cloud the central Home Safety and Security message.
3. The referral scheme must be carefully managed to ensure that the scheme is not overwhelmed. In the pilot scheme the power to refer was given to Social Services Home Carers and Community Nurses, Housing Officers GPs and staff of selected voluntary sector organisations, being persons having intimate contact on a day to day basis with the elderly in their own homes. Guidance notes were produced to assist the referring parties in determining whether a referral to the scheme should be made, and a standard form was used for referrals. The Guidance Notes used in the pilot project appear as [Appendix 1](#), the referral form appears as [Appendix 2](#).

#### **Post referral assessment visit and action**

4. Following referral the elderly person should be visited in their home, at a date and time convenient to them. The officer carrying out the visit should inspect the home looking for items that could compromise the safety and /or security of the occupant. The inspection could also cover fire safety, the presence of carbon monoxide detectors, and heating provision. The range of issues covered will depend on local proprieties and the amount of resource available for remediation works. Where necessary immediate advice can be given by the officer carrying out the inspection. At

the end of the inspection a report should be produced detailing all of the works required. Some works will be minor repairs, e.g. to window catches or ill fitting external doors, whilst other may be of new provision, such as security chains, outdoor lights or peepholes in doors. Advice may be as to security of outdoor storage, placing of large items to ensure that they do not provide access points and planning and hard landscaping schemes for gardens designed to deter intruders.

5. Following the inspection visit a craftsman should visit the premises to carry out the identified works. Visits may also be carried out by members of other bodies having a role in the works or advice provision, such as the Fire Service, Community Police Officers or staff from the energy efficiency unit. Where the property is not owner occupied it is wise to advise the owner of the property of the proposed works to ensure that no objection is made to their being carried out. This visit should be carried out at a date and time convenient to the householder. Where possible all of the identified works should be carried out on the same date, to cause minimum disruption and inconvenience to the householder.

### **Evaluation of the Scheme**

6. As noted in Chapter 2.6 some quantitative evaluation of the success of the initiative can be made by consideration of take up figures for the scheme, and possibly by taking such figures down to their component parts – e.g. how many security chains fitted, how many outside lights etc.
7. Most of the measures in this scheme are designed to reduce the fear of crime and to make the elderly feel safe in their own homes. Reduction in fear and the increased feeling of safety cannot be quantitatively evaluated, but there are important measures of success. It is therefore suggested that a customer satisfaction survey should be carried out, with a selected group of the elderly persons who have participated in the scheme. In this survey questions as to perceptions of safety and reductions or otherwise in fear about crime can be asked. The survey form used in the pilot project is attached as [Appendix 3](#). The forms should be analysed to identify benefits and disbenefits arising from the scheme, and to inform the development of future schemes.

## Appendix 1

Gofal a Thrwsio Ceredigion Care & Repair

### **Cardi Sâff Scheme - Referral Guidance**

To be used in conjunction with the Cardi Sâff referral Form.

1. Firstly complete the "From". This is to identify the Organisation and Department who is referring e.g. CSC, Social Services, Home Care Team South. We need this information in full for our records.
2. Complete all the client details, including a 'Contact name and No.', e.g. relative, neighbour.
3. Provide brief details as to why the Referral is being made, especially if there is a specific problem, that our officers may not be alerted to.  
e.g. Client is very anxious about security. Client very unsteady climbing the stairs.
4. Please indicate if it is not advisable to visit client alone, i.e. client potential risk.
5. Client authorisation, or the authorisation of a responsible contact must be obtained, or we will not attempt to make contact, and the referral will be returned.
6. Referrer to sign, and print name clearly, so that we can identify the referrer.

#### **7. ELLIGIBILITY CRITERIA**

The service user group for the service will be :

*Older people over 65, vulnerable disabled people.*

*Across all tenures within the boundary of the Cardigan Renewal Area.*

8. Fax a completed form to the number provided and keep a copy for your client records.
9. Any queries please do not hesitate to phone us for advice before faxing.

On 01970 639920



**Appendix 2**

**Gofal a Thrwsio Ceredigion Care & Repair**

**Cardi Sâff      Scheme Referral**

O/From: \_\_\_\_\_

I/To:            **Cynllun Cardi Sâff Scheme**  
**Gofal a Thrwsio Ceredigion Care & Repair**

**Enw Client/Client's Name**

.....

**Cyfeiriad/Address**

.....

.....

**Dyddiad Geni/**

D.O.B            .....

**Côd Post/**

Post Code.....

**Rhif Ffôn/**

Tel No.            .....

**Enw Cyswllt/Contact Name** .....

**Rhif Cyswllt/Contact No.** .....

**Manylion/Details:**

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**Cytundeb Cleient**

Client Authorisation: .....

Referrer Signature:.....

Referrer    PRINT.....            **Dyddiad/Date:**...../...../...

Department    .....

**FACS I/FAX TO 01970 639925**

**GOFAL A THRWSIO CEREDIGION CARE & REPAIR**



## Appendix 3

### Cardi Sâff Scheme Works Questionnaire

1. Do you feel safer and more secure in your home following the Cardi Sâff Scheme?

Yes  No

Comments:

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2. Has the service reduced the likelihood of you falling at home?

Yes  No

Comments:

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3. Were you happy with the conduct and quality of works carried out by?

i) Cardi Sâff Craftsman Yes  No

Comments:

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4. If you are unhappy with any part of the service,

i) would you like us to contact you to discuss the matter

Yes  No

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or

ii) would you like us to send out a copy of our complaints procedure

Yes  No

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