**Absafe – Practice Exemplar**

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| **Name and Timescales** |
| Absafe – The Safe is an ongoing initiative which started in November 2014. |
| **Summary**  |
| Absafe is a safety education charity working with local statutory partners to save lives and reduce harm by instilling a positive safety culture in our communities and inspiring a passion for safety through education and engagement. At our facility, The Safe*,* we use real life settings to teach home safety, fire safety, road safety, internet safety, citizenship & anti-social behaviour, bullying & hate crime, solvent & alcohol awareness, water and railway safety*.* In the North East of Scotland, we work with schools, community groups and local businesses to make safety interactive, engaging and fun in order to create the behavioural change needed to build safer futures.  |
| **Need for Initiative**  |
| Working with local partners such as local authorities, police, fire, NHS, and coastguard we have identified key priorities through strategic assessment of the local area, review of statistics gathered from ISD Scotland, NHS Grampian and Transport Scotland, as well as publications by RoSPA and World Health Organisation. In our region over the last five years there have been 60 accidental deaths and nearly 6,000 serious injuries to children and young people[[1]](#footnote-1). Unintentional injuries are the leading cause of death in children aged five and over[[2]](#footnote-2). On average there are three accidental injuries requiring hospital admission every single day in our area; these injuries are the tip of the iceberg: they do not include those treated and discharged from A&E, seen by GPs or given first aid by parents at home. Public Health Scotland highlights that 30% of a person’s health is dictated by their behaviours and other research shows[[3]](#footnote-3) that people require experience and context as well as knowledge in order to effectively improve behaviour. Absafe’s focus on improving outcomes is driven by a very specific approach to instil safe behaviour and attitudes, ensuring messages are not only remembered, but acted upon. By using fun and realistic experiences of risk without the danger of harm; using a positive model of safe behaviour; addressing the individual needs of the learner including confidence, resilience, and self-esteem as well as individual learning styles; and by engaging the whole community to work in partnership, we ensure our work makes a demonstrable positive impact. |
| **Aims and Objectives**  |
| Absafe is focussed on early intervention and prevention to improve the outcomes for children so that they have a safer future; free from life-changing unintentional injury, harm or death. The overall change that we want for participants is a decrease in vulnerability to unintentional harm; the ability to recognise, assess and manage risk; and an increase in the necessary skills, confidence, resilience, self-esteem and self-efficacy to empower them to make safe, independent |
| **Delivery** |
| A maximum of 50 school children can attend The Safe per day. On arrival participants undertake a safety quiz to evaluate their current understanding of safety (this quiz is repeated at the end of the session to evaluate any change). Participants are then split into small groups of 7 and take part in a series of 20 minute workshops covering topics including: home safety, fire safety, bullying, antisocial behaviour, hate crime, violence prevention, road safety, railway safety, water safety, citizenship and internet safety. Each ‘set’ has lesson plans specific to the learning level of lower and upper primary children and identifies key outcomes to be achieved to demonstrate success. Attendees take home materials to put safety into practise at home, passing knowledge on to their families and communities and becoming advocates for good safety habits. Teachers are also given templates to help to re-enforce learning by doing risk assessments for future school activities. |
| **Successes and Challenges** |
| Katie\* (name changed to protect confidentiality) was 10 years old when she was hit by a car while crossing the road. Left with facial scarring, her confidence was shattered as she no longer felt able to travel by herself and was self-conscious about her appearance. Living in a rural area, her independence became limited and she started to worry about secondary school where she would have to travel by herself. Katie’s classmates were also affected and were worrying about their own safety, especially when crossing the road. After a request from their teacher for support, a class visit was arranged. During their session, the children were taught how recognise hazards and do a basic risk assessment they could apply to any situation. We made the session Absafe fun giving them tools rather than scare tactics so that they were engaged and empowered to take responsibility for themselves, and better able to remember and use what they had learnt. Our main challenges are securing sufficient financial and volunteer resources. In funding terms we work with local businesses, creating a social enterprise to engage staff with safety in a fun and informal way, offering team building activities with an emphasis on safety events. We also seek funding from grants and sponsorship but it is a constant challenge.Volunteering is integral to our organisation. We work with local universities, job centres, Third Sector interface, and community groups to build our volunteer pool. Volunteers are supported throughout the day and are able to feedback any concerns, disclosures made by the children, or any information they feel is relevant. Volunteers are regularly asked for feedback to ensure a positive, rewarding and supported experience. We also celebrate the input and commitment of volunteers through annual awards ceremonies.  |
| **Impact/Change** |
| We know it works. We use audience response software to evaluate safety knowledge and understanding before and after each visit. This shows an average of 42% improvement in knowledge across all topics. Learning is further evaluated 6 months later, allowing us to measure learning outcomes from each session and demonstrate longer term learning retention. Surveys are done with class teachers to gauge impact on behavioural change and follow up activities are sent to practise and demonstrate wider application of skills gained. Feedback from clients is regularly sought to ensure the experience was positive and engaging. 99% of teachers currently rate us 9 or more out of 10. We also survey the children that participate to ensure they can input and influence our services, keep informed of changing risks they experience and encourage them to think further about how they can now do things differently. |
| **Reflections** |
| We have seen first-hand the difference in knowledge and experience of children coming to us from higher areas of deprivation with a worryingly low level of the most basic risk awareness. In response, we are seeking funding to assist with targeting high risk children with even earlier intervention, to not only improve their safety and wellbeing from an earlier age but also better prepare them for their upper primary safety education.Feedback from P7 teacher at Greenbrae School, and Absafe visitor:*“Absafe covers outcomes which are very hard to cover in the classroom/school. The set-up rooms are an excellent resource. Having small groups, each with a well-trained adult helper, ensures the outcomes are delivered to a high level. The children have benefitted from more awareness of their responsibility to keep themselves safe, especially important before going on to secondary, as well as awareness of safety issues we haven’t looked at so much in school. The pupils all felt very grown up getting all the more ‘scary’ information and were very positive about everything they had learnt.”*  |
| **Additional Information** |
| [www.absafe.org.uk](http://www.absafe.org.uk)<https://www.youtube.com/watch?v=zxXff__M2PU> |
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1. ISD Scotland: Report on Unintentional injuries [↑](#footnote-ref-1)
2. The Lancet: Causes of death among children aged 5–14 years in the WHO European Region: a systematic analysis for the Global Burden of Disease Study 2016 [↑](#footnote-ref-2)
3. RoSPA: 10 Principals for Effective Safety Education [↑](#footnote-ref-3)