



Building Safer Communities



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1. Brief summary

Building Safer Communities had an initial focus of addressing two issues: fire safety for vulnerable groups and the development of a good neighbour/good neighbourhood watch. The learning from this pilot was used to inform and support the development of a larger piece of work, to address wider community safety concerns raised by stakeholders.

2. Background

Building Safer Communities developed from an earlier COPE project 'Getting It Right For Every Community'. Which aimed to support families meet the SHANARI principles of GIRFEC (Getting It Right For Every Child) in the home. It also aimed to increase awareness for the wider community and agencies to be aware of the principles of GIRFEC and how they could support them. For more information on GIRFEC, visit <http://www.gov.scot/resource/doc/1141/0065063.pdf>.

Many people in the area in which COPE offers support are challenged by inequality. This includes issues of not feeling safe; as highlighted in a local flash poverty survey. There was a need to improve connections between vulnerable at-risk groups, support services and sources of information and advice for addressing concerns.

3. Aims & Objectives

The aim was to support a pilot project to test a new set of connections to address community safety issues. The objectives were that by the end of this project there would be two new community developments promoting safer communities and addressing fear of crime. These would be achieved through:

- (1) The establishment of at least one neighborhood watch area, in partnership with Police Scotland, in Drumchapel, Glasgow, with a '*Good Neighbours, Good Neighbourhood*' scheme. This model will be suitable for roll out into other areas.
- (2) A new process for identifying people at risk of domestic fires to be developed alongside the Scottish Fire and Rescue Service (SFRS), at-risk groups and care givers (including primary care) and piloted with 30 people from at-risk groups. Interventions will include: assessment of fire safety, signposting to services to support fire safety and fire safety education such as cook safe classes.

4. Method & approaches

Mapping existing activity

We wished to ascertain the current fire safety education activities in Drumchapel. How are people targeted to be offered this learning? Who is involved in that process? Where are there gaps? We were interested in how improved connections could be made between vulnerable groups at risk of fire and those services and supports which could reduce this risk.

We wanted to understand the current level of activity, in the area of Drumchapel, for members of the community to work with services to reduce crime. What were the connections and opportunities for people and services to work together? We were interested in where gaps were, and how effective connections could be made between the community and services to reduce crime and improve safety.

5. Findings

- We found improvements could be made in referral for home fire safety visits for vulnerable adults e.g. now we ask all clients that are new to COPE if they have a working smoke detector and respond appropriately if they say no.
- We found there were concerns around safety issues from the community and a desire to see improvements in links with services so we took the lead on establishing a locally Equally Safe delivery group.
- We discovered addressing issues of anger and support for anger management is more complicated than initially thought. In many ways, anger is an inequality issue and a holistic approach on many levels is required to address it.
- We discovered starting any kind of 'neighbourhood watch' was going to take more time and a more creative approach.

6. Discussion and what has changed

- The action plan within the Local Area Drug and Alcohol strategy now includes improvements in assessing risk of fire and referrals to SFRS for HFSV.
- Each quarter, in partnership with COPE, SFRS offers 25 places for training to agencies and the public on home fire safety and how to make a referral for HFSV.
- Funding has been secured by SFRS for Mail Guards to provide safety and security for individuals threatened by arson e.g. where there are issues of domestic abuse and awareness of how to access this is being promoted through the local Violence Against Women Delivery group.
- It is now a routine question when people phone COPE Scotland to ask if callers have a working smoke detector and if not, we make a referral for a HFSV. Our assessment information has been changed to reflect this.
- A local violence against women delivery group was set up, led by Cernach Housing association and COPE Scotland in partnership with NHS GG&C and Community Safety services. This group now meets regularly

and includes within its membership; local community members, members of the Community Council and other partners who can have an impact on women's safety.

- Links have been built between the local delivery group in Drumchapel with other groups in other areas to share learning, training opportunities and good practice including raising awareness of issues of '*Honour Crimes and Female Genital Mutilation*'
- The Community Planning Area Partnership has the concerns around safety and how these can be addressed within its neighbourhood plans and as Drumchapel is shortly to become a '*Thriving Place*', the work of this project will compliment developments in this area. COPE Scotland have already been approached by officers involved in '*Thriving Places*' keen that we share our learning and contribute to developments.
- There is now a new holistic anger management service in place offered by COPE Scotland.
- The kinder neighbourhoods involved many pieces of activity:
 - We launched a kindness campaign and wishing tree pledges, to date we have over 700 people signed up with pledges of kindness to others.
 - We supported other services clean up campaigns and helped recruit people as neighbourhood initiative volunteers.
 - We developed crafting for kindness as a community engagement activity, where people make flowers and give it to someone else.
 - We started knitting groups to make squares for blankets for refugees and people who are under extreme challenge and need our support.
 - We wrote a song about wellbeing and kindness which won a competition, <http://academy.alliance-scotland.org.uk/be-part-of-the-conversation> <https://vimeo.com/134695306>.
 - We are creating space to have conversations around Healthier and Fairer Scotland and using this as a way to bring people on board.
 - We have volunteers committed to work with us in helping connect even more with people who currently are disengaged from services and opportunities to contribute to developments which will have impacts for them and their family.

Overall this project has set out what it intended to do, however, the change we are looking for will not be achieved in one year. This project enabled steps in the right direction, it also acted as a catalyst to secure additional funding to take it forwards. Unlike ward based nursing where a new technique can be implemented, monitored and evaluated, community nursing is so much more challenging as there are so many more factors to consider:

- The culture of the community, its norms, values, how much cohesion exists.
- People are not passive recipients in a controlled environment like a ward.
- The attitudes and willingness of people to work together where this is not the norm. In a ward you have a recognised team, in the community, this is a lot more organic if you are to work across sectors -a lot more time is needed to build relationships.
- Whose agenda it is and who feels a sense of ownership requires time to build trust and forge connections.

- The need to think out of the box and move away from a medical model to something which is far more holistic and where the health professionals need to give way to other ways of working e.g. co-design and production. Non clinical interventions e.g. the Mood and Music group.
- How do we measure change and impact? This work is on so many levels, in an area which does need a lot more attention. However, to do this requires time and resources so that it offers something more than simple statistics which do not tell the story. Also, the journey in community nursing when tackling issues of inequality is as important as the destination.

7. Conclusion

This report has shared some of the impacts of the project, implications for nursing practice including a new way of looking at shared decision making. Already we have given a lecture to District Nurses attending Glasgow Caledonian University, a copy of this presentation is now in the University materials and a copy available on the QNIS website. We are keen to promote shared decision making and also the impact of nursing in the community in non-traditional settings. COPE Scotland is an inequality sensitive needs led mental health service in an area of deprivation keen on sharing best practice across Scotland committed to the principles of co design and production.

8. Next steps

- Training on home fire safety courses is now core to our practice.
- We are the local leads on violence against women.
- The anger management service is now core to our practice.
- We have already started dialogues with Community Planning as to the '*Thriving Places*' approach.
- The community are building their own hub to support a bridge between people and all local services and we are supporting them in their journey.
- Community connection events have been held and will continue to be held and any other partners community event used as an opportunity for engagement e.g. Guy Fawkes night.
- We have started offering lectures to nurses and have interest from nurses to join us on placement.