



REPORT

**SAFESTART PROJECT
(PREVENTION OF UNINTENTIONAL CHILDHOOD INJURIES)**

JANUARY 2003 TO MARCH 2004

FUNDED BY THE DEPARTMENT OF HUMAN SERVICES



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Thanks are also due to others who supported and contributed to the project:

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Best Start Steering Group:

Mainly service providers.

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The Department of Human Services
Victorian State Government
Level 16, 120 Spencer Street
Melbourne Vic 3000

The Shire of Yarra Ranges valued the opportunity to secure funding from the DHS (Department of Human Services), Victorian State Government to be a SafeStart demonstration site. SafeStart, a DHS child injury prevention initiative focuses on community partnerships to target a reduction in child injuries.

Carol Emanuel
SafeStart Project Officer
April 2004

TABLE OF CONTENTS

<i>LIST OF TABLES</i>	v
<i>LIST OF FIGURES</i>	v
<i>APPENDICES</i>	vi
<i>ACRONYMS</i>	vi
<i>EXECUTIVE SUMMARY</i>	vii
<i>INTRODUCTION</i>	ix
1. BACKGROUND	1
1.1 SETTING THE CONTEXT.....	1
1.2 SHIRE OF YARRA RANGES.....	2
1.3 CHILDHOOD INJURY IN YARRA RANGES	4
1.4 FUNDING	5
1.5 MANAGEMENT OF THE PROJECT	5
1.6 EXTERNAL EVALUATION.....	5
2. PLANNING PROCESS	6
2.1 AIM	6
2.2 TARGET GROUPS	6
2.3 OBJECTIVES	6
2.4 GOALS	6
3. STRATEGIES AND IMPLEMENTATION	7
3.1 PRELIMINARY PLANNING	7
3.2 PROJECT PHASES:	8
3.3 <i>Sustainability</i> :.....	10
3.4 <i>Project Boundaries</i> :	10
3.5 EARLY BARRIERS AND/ OR STRENGTHS	12
3.6 WORKING GROUPS	12
3.6.1 <i>Approaches in Developing Working Groups</i>	13
3.7 TRAINING OF WORKING GROUPS	18
3.7.1 <i>Chirnside Park SafeStart</i>	18
3.7.2 <i>Best Start Action Groups</i>	19
3.7.3 <i>Training and Education</i>	19
3.8 RESOURCES	22
3.8.1 <i>Interactive Resources</i>	22
3.8.2 <i>Information Brochures and Leaflets</i>	22

3.8.3 Child Safety Products	22
3.8.4 Child Safety Kitchen Site	22
3.8.5 Child Safety Resource Manual	23
3.8.6 Kits.....	23
3.8.7 Home and Farm Safety Checklists	24
3.8.8 Libraries.....	24
3.8.9 Shire Childhood Injury Prevention Web Page.....	25
3.8.10 Healesville & Yarra Glen Community Directory 2004	25
3.8.11 Early Years Services Wallet Card.....	25
3.8.12 Maternal and Child Health Literature Redevelopment	25
3.8.13 Child Safety Product Display Folder	26
3.9 DEVELOP SIMPLE MARKETING MESSAGES	31
3.10 EVENTS.....	35
3.11 ENGAGEMENT OF TRADESPEOPLE	37
3.11.1 Rotary Clubs and Trades.....	37
3.11.2 Trades.....	37
3.12 DEVELOPMENT OF MATERNAL & CHILD HEALTH HOME SAFETY PACKAGE.....	38
(SOURCED FROM GEAS TABLE 5A)	40
3.13 SPONSORSHIP OF SAFETY PRODUCTS	41
3.14 CHILD HEALTH AND SAFETY ACCREDITATION.....	41
3.15 FAMILY DAY CARE.....	42
4. SUSTAINABILITY OF STRATEGIES	42
4.1 FIRST AID PROVIDER.....	42
4.2 THE CHIRNSIDE PARK SAFESTART WORKING GROUP	42
4.3 MCH CENTRE CHILD SAFETY DISPLAYS	42
4.4 CHILD HEALTH AND SAFETY ACCREDITATION.....	42
4.5 EARLY YEARS SERVICES WALLET CARD	43
4.6 BEST START ACTION PLAN.....	43
4.7 BUILDING PARTNERSHIPS	43
4.8 IMPACT OF SAFESTART PROJECT ON SHIRE OF YARRA RANGES POLICIES	46
5. EVALUATION FRAMEWORK	47
5.1 BASELINE	47
5.2 GENERIC EVALUATION ASSESSMENT SYSTEM (GEAS)	47
5.2.1 Project Process Sheet.....	47
5.2.2 Running Sheet.....	47

5.3 INTERVIEWS AND FOCUS GROUPS	47
5.4 PROGRAM EVALUATIONS	47
5.4.1 <i>First Aid Courses</i>	47
5.4.2 <i>Information Sessions</i>	48
5.4.3 <i>Support for Best Start Consultations (4 May – 20 August)</i>	48
5.4.4 <i>Training Chirnside Park Working Group</i>	49
5.4.5 <i>Early Years Services Wallet Card</i>	49
6. KEY OUTCOMES AND MAJOR CHALLENGES	49
6.1 KEY OUTCOMES.....	49
6.1.1 <i>Child Health and Safety Accreditation</i>	49
6.1.2 <i>Early Years Services Wallet Card and Maternal & Child Health Literature</i>	50
6.1.3 <i>Working Groups</i>	50
6.1.4 <i>Chirnside Park Community Centre - Safety Kitchen</i>	50
6.1.5 <i>Child Safety Resource Manual & MCH Centre Safety Display</i>	50
6.1.6 <i>Child Safety Products Display Folders</i>	50
6.1.7 <i>Incidental Outcomes</i>	50
6.2 MAJOR CHALLENGES.....	51
6.3 COMMUNICATIONS.....	53
6.4 BARRIERS TO SUCCESS IN COMMUNITY DEVELOPMENT PRACTICE:	53
6.4.1 <i>Project Length Limitations</i>	53
6.4.2 <i>Childcare</i>	54
6.4.3 <i>Changing Systemic Attitudes</i>	54
7. RECOMMENDATIONS	54
<u>STATE AND NATIONAL:</u>	54
<u>SHIRE OF YARRA RANGES:</u>	55
8. REFERENCES	57

LIST OF TABLES

Table 1	Training	27
Table 2	Education	28
Table 3	New, Existing and Adapted Resources	34- 37
Table 4	Publicity (newspapers, magazines, radio, TV, etc)	39-41
Table 5:	Special events (displays, demonstrations etc):	
	Awareness raising activities	43
Table 6	Environmental Risk Reduction Activities	47
Table 7	Partnerships and partnership benefits	51-52
Table 8:	Beneficial changes to regulations,	
	policies, protocols and practices	53

LIST OF FIGURES

Figure 1	Map of Relative Socio-Economic Disadvantage	10
Figure 2	Outcome Based Approach	16
Figure 3	Preliminary Planning:	
	Activities/ Strategies/Structure breakdown	18

APPENDICES

1. SafeStart Information Kit
2. Child Safety Quiz (Kidsafe)
3. First Aid Courses
4. Chirnside Park Working Group Action Plan
5. Best Start Consultation Form
6. Best Start Community Group Action Plans
7. SOYR Library Audit
8. Early Years Services Wallet card
9. MCH Information Brochure
10. MCH Business Card
11. MCH Key Visit Postcard
12. Media Releases
13. Media Campaign – free editorial
14. Healesville and Yarra Glen Community Directory
15. MCH Home Safety Package Research
16. Child Health and Safety Accreditation
17. SafeStart Baseline
18. Generic Evaluation Assessment System (GEAS)
19. SafeStart Questionnaire
20. Working Group Training
21. Feedback given by Shire of Yarra Ranges

ACRONYMS

CCCH	Centre for Community Child Care Health
CFA	Country Fire Authority
DHD	Department of Human Services Victoria
GEAS	Generic Evaluation Assessment System
MCH	Maternal and Child Health
MCHC	Maternal and Child Health Coordinator
MUARC	Monash University Accident Research Centre
RCH	Royal Children's Hospital (RCH)
RTO	Registered Training Organisation
SOYR	Shire of Yarra Ranges
TAFE	Tertiary & Further Education
VEMD	Victorian Emergency Minimum Dataset
VSCN	Victorian Safer Communities Network

EXECUTIVE SUMMARY

"Injury is a major public health problem and is one of four leading causes of death. During childhood, injury accounts for approximately 50 per cent of all deaths".
(Department of Human Services – website) 2003

The Shire is committed to improving the health and well-being of residents. This commitment is highlighted in the 2002-2005 Shire of Yarra Ranges Community Well-Being Plan which has been developed on the premise that health gains are made through targeting individual behaviour and both physical and social environments. Furthermore, that action is most effectively undertaken in social settings and through collaborative partnerships between governments, service providers, businesses and the community.

The Shire recognises that the health of the community is enhanced by providing a physical and social environment which reduces the risk of injury and physical or mental illness and promotes community participation and cohesion. This approach to health planning supports the objectives of the Shire's Child Injury Prevention Demonstration Project.

The Shire actively supports child injury prevention through its maternal and child health services, infrastructure planning, provision of safe play areas and the coordination of community safety planning with external organisations.

Research has shown that among children, adolescents and adults, lower socio-economic status is associated with increased risk of injury at all levels: deaths, hospital admissions and emergency department presentations. There are pockets of this Shire with low socio-economic status requiring proactive effort to ensure the minimisation of injury.

During July 2000 and June 2001, 1608 (approximately 10%) of children aged 0-8 years who resided in the Shire of Yarra Ranges were treated at a hospital emergency department for an unintentional injury (VEMD). Of these 1608, 1131 occurred within their home environment (house/property).

In line with the strategic focus on health and well being, as identified above, injuries in the home represent a significant issue for the Shire of Yarra Ranges. The opportunity to receive funding from the Victorian Department of Human Services, as a demonstration site for the SafeStart project, was most welcomed and much needed in the Shire.

The focus of the SafeStart project, in the Shire of Yarra Ranges, was to develop sustainable strategies to reduce the incidence of unintentional childhood injury specifically in the home environment. It was understood that skilling of peer educators would deliver sustainable outcomes – to maintain and promote injury prevention in the long term. An integrated approach was initiated that included educational, environmental and behavioural changes within a community development framework.

This SafeStart demonstration project was titled Safe at Home: A Child Injury Prevention Demonstration Project.. The project aimed to provide a comprehensive

and community wide approach to address safety issues in the home for 0-8 year old children. It used a range of strategies to prevent unintentional childhood injury. These strategies were developed with key partners to meet the specific needs of individual areas and groups.

The Shire of Yarra Ranges SafeStart Project focused on:

- Increasing the community's awareness of the causes of unintentional childhood injuries;
- Preventing and reducing the likelihood of unintentional childhood injuries in the home environment within the Shire; and
- Developing sustainable practise.

An outcome-based approach was used with three distinct phases: planning, implementation and consolidation. Community Development principles and techniques were implemented in this approach which included: participation, networking, resource sharing, community education, community awareness raising, advocacy, empowerment and ownership.

It was envisaged that working groups would influence the actions they wanted to take in their own community. Although the original submission proposed the development of ten Working Groups, five were seen as more achievable in the available timeframe. Factors taken into consideration included: sustainability of groups, distance and diversity of communities, logistics for the officer and flexibility for communities to 'do it their way'.

There were many activities, resources and learnings from the Shire of Yarra Ranges SafeStart Project . Some of the key outcomes include:

- Child injury prevention being incorporated into the Shire of Yarra Ranges' Community Wellbeing Plan, Community Safety Plan and Early Years Plan;
- Effective partnerships being established with some key service providers and groups in the community to sustain the work effort in minimising unintentional childhood injuries;
- First Aid trainers incorporated an unintentional childhood injury component to their Child Safety courses for the first time. This was an unanticipated and sustainable strategy to prevent Unintentional Injury in children.
- Development or adaptation of a significant number of resources and kits that can be used by a broad range of individuals – from professionals in the children's services field to parents at home.
- Introduction of a Child Safety Kitchen in the Chirnside Park Community Centre to encourage use of safety products.
- An Early Years Wallet Card which maximises the opportunity for parents to carry information about children's services with them at all times in a practical and accessible form. This will be updated bi-annually.

Overall, twenty-five recommendations were identified from this project: thirteen can be applied at a Statewide or National level and twelve within the Shire.

INTRODUCTION

"Injury is a major public health problem and is one of four leading causes of death. During childhood, injury accounts for approximately 50 per cent of all deaths".

(Department of Human Services – website) 2003

Current services available in the Shire of Yarra Ranges (SOYR), working in childhood injury prevention, focus on the first year of life or pre-primary (aged 3 – 5 years) and primary (aged 5 - 12 years). Evidence collected through the Best Start Service Mapping exercise, and supported by workers' experience and understanding of the children in the shire, demonstrates that there is a service gap in the 18 month - three year age group.

The focus of the SafeStart project, in the Shire of Yarra Ranges, was to develop sustainable strategies to reduce the incidence of unintentional childhood injury specifically in the home environment. It was understood that skilling of peer educators would deliver sustainable outcomes – to maintain and promote injury prevention in the long term. An integrated approach was initiated that included educational, environmental and behavioural changes within a community development framework.

Evidence- Based Health Promotion: No 4 Child Injury Prevention states:

'A combination of techniques is necessary for effective injury prevention programs for the 0-4 year age group'. (The Department of Human Service [DHS]).

Using the objectives outlined by DHS for SafeStart, the following strategies were identified for action:

Convene a Shire wide Reference Group: to 'champion' the project and ensure that it has a high profile and all key stakeholders are involved;

Development of Ten Local Working Groups: to develop and deliver their own action plan, using SafeStart principles, and linking into other established groups where possible;

Development of Simple Marketing Messages: focussed on particular injury prevention strategies to be incorporated into the local home environment;

Sponsorship of Safety Devices: by tapping into local traders' networks and Township Development Working Groups;

Engagement of trade's people: to promote and install safety devices and messages; and

Development of an extended Home Safety Package for use by Maternal and Child Health (MCH) nurses and provide assistance for toddler-age visit: to develop and deliver MCH resource training needs following evaluation of current material

(*'Safe at Home: A Child Injury Prevention Demonstration Project' – SOYR 2002*)

Communities were encouraged and supported to undertake projects proven to be successful but adapted to local circumstances. The methodology expanded on the six strategies and is outlined in Section 3.6 onwards. The outcomes and learnings of the related actions are detailed in the Evaluation Tables found in Section 4 as well as Section 6.

1. BACKGROUND

In October 2002, the Shire of Yarra Ranges commenced the SafeStart project, one of three local government pilot projects focussed on the prevention of unintentional childhood injuries in the home environment.

SOYR SafeStart had two broad aims:

- to increase the community's awareness that unintentional childhood injuries in the home are preventable; and
- to develop sustainable strategies that would help reduce the incidence of these injuries across the Shire.

1.1 Setting the Context

Injury prevention and control is one of the National Health Agenda Priority Areas with an emphasis and commitment to preventing childhood injury.

'Injury impacts on the length and quality of life, children and their families, and costs involved in public health planning'

(Evidence- Based Health Promotion: No 4 Child Injury Prevention – DHS, 2001).

Some key findings generating concern and proactive work effort towards child injury prevention include:

Burns, scalds, poisoning and immersion (drowning or near drowning) occur more frequently in children under five years of age;

Injuries due to falls become more common with increasing age, as children develop and become more physically mobile; and

Poisoning (pharmaceutical or other) is one of the leading causes of presentations to emergency departments in Australia, requiring hospitalisation for the 0-4 age group in particular.

Health inequalities exist across a range of social and cultural measures including educational level, occupation, age, income, employment status, rurality, ethnicity, Aboriginality and gender. (Reducing Health Inequalities: Challenges to Promoting Health and Preventing Injury, Rob Moody, Victorian Health Promotion Foundation – Hazard Edition No. 49, Summer 2001-2002)

Injuries are not inevitable but the culmination of a set of circumstances and pre-existing conditions that may best be understood as a chain of events. There are three main factors that contribute to injury:

- The person at risk;
- The activity being undertaken; and
- The environment

These factors interact in an unpredictable way to result in an injury. By viewing injuries not as accidents that are 'inevitable' or as the 'fault' of individuals and by considering the factors of injury and intervention, injuries can be prevented or reduced in severity. Intervention strategies fall into the following categories:

- Legislation and/or regulation leading to enforcement;
- Environmental and/ or design changes;
- Education and/or behaviour changes;
- Public support; and
- Community or organization based action.

1.2 Shire of Yarra Ranges

The Shire of Yarra Ranges is located in the Outer Eastern Metropolitan Region in Melbourne's fringe and has a population of approximately 140,000 people. The population is expected to remain constant in the foreseeable future. With an area of almost 2,500 square kilometres, the Shire is the largest of any metropolitan or fringe council in the State. Based upon ABS projections the approximate number of children aged 0- 8 residing in Shire of Yarra Ranges between 1999 - 2001 is 16,000 with 55.5% of all households occupied by families with children (45.5% two parents; 10.1% single parent).

The Shire balances a mixture of urban and rural communities. Approximately 70% of the Shire's population lives in the 10% of the Shire that is classed as urban, while the remaining rural population occupies 35% of the area. Residents live in 50 townships and small communities unevenly dispersed within the Shire.

The Shire has available some of the cheapest residential properties and land in Metropolitan Melbourne. Poor transport systems and limited job opportunities are other factors related, in part, to areas of a high socio-economic disadvantage as shown in Figure 1 - Map of Relative Socio-Economic Disadvantage.

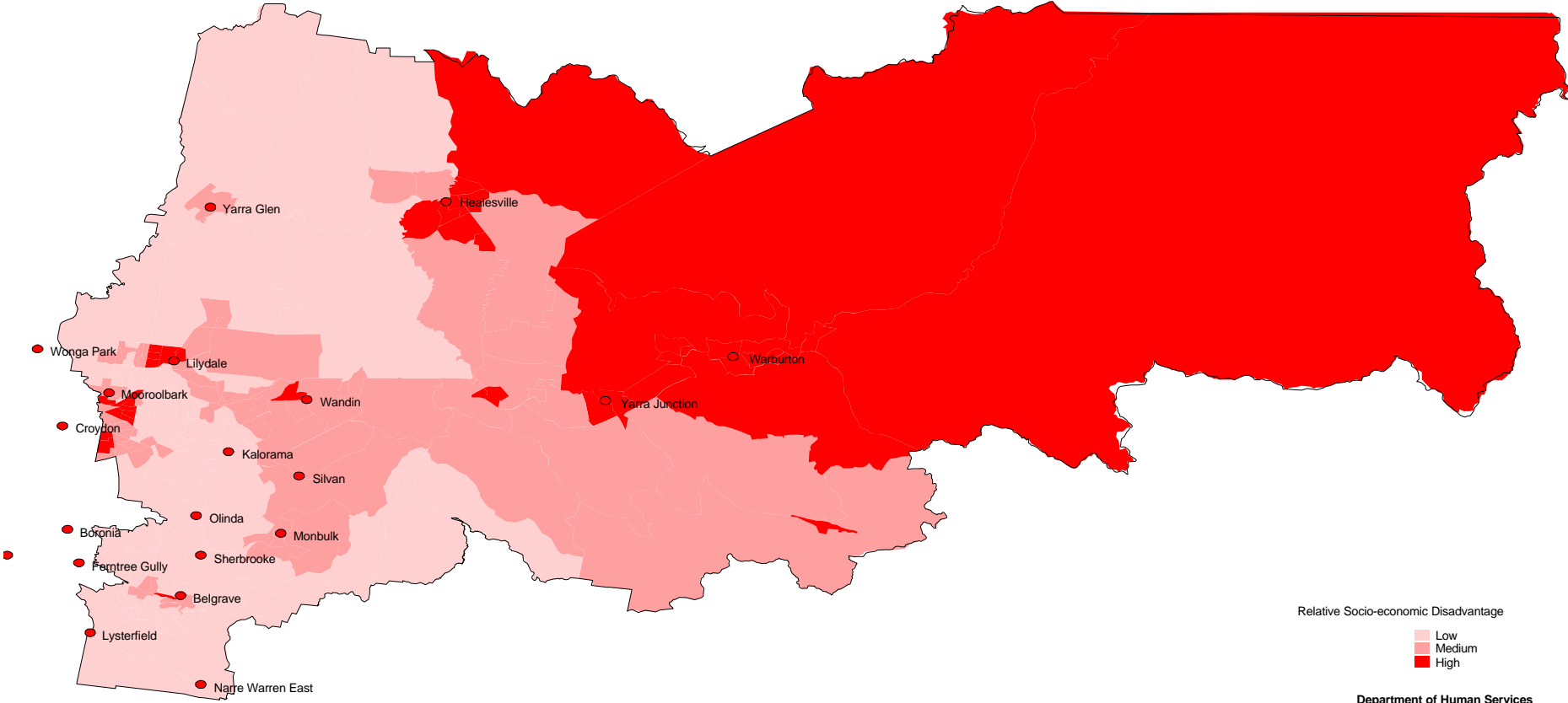
The Shire has a significant local indigenous community. Evidence indicates that indigenous people suffer increased disadvantage and have increased risk in relation to poor health status.

The Shire of Yarra Ranges can be characterized as a "young" Shire, with a higher than average population aged between 0 -17 years and a lower than average proportion of residents 60 years and over.

The socio-economic status of the Shire's community is relatively low. The map in Figure 1, developed by DHS using the SEIFA index, shows areas from highest to lowest socio-economic disadvantage using a series of weighted measures such as rurality, urbanity, income and education.

The project *'Towards a Healthier Community: Solutions for addressing the general practitioner shortage and improving access to acute emergency services in the Shire of Yarra Ranges'* (Dec 2002), found that a range of issues impact adversely on the provision of health services in the Shire which include a shortage of general practitioners, a poor range of primary health care services, and limited access to acute emergency services, particularly for residents in the outer areas of the Shire.

Figure 1 Map - Relative Socio-economic Disadvantage in Yarra Ranges (SEIFA)



1.3 Childhood Injury in Yarra Ranges

The Shire of Yarra Ranges (SOYR) is committed to improving the health and well-being of residents. This commitment is highlighted in the 2002-2005 Shire of Yarra Ranges Community Well-Being Plan which has been developed on the premise that health gains are made through targeting individual behaviour and both physical and social environments. Furthermore, that action is most effectively undertaken in social settings and through collaborative partnerships between governments, service providers, businesses and the community.

The Shire recognises that the health of the community is enhanced by providing a physical and social environment which reduces the risk of injury and physical or mental illness and promotes community participation and cohesion. This approach to health planning supports the objectives of the Child Injury Prevention Demonstration Project.

SOYR is very committed to ensuring that the municipality is a safe place for the community. The Shire actively supports child injury prevention through its maternal and child health services, infrastructure planning, provision of safe play areas and the coordination of community safety planning with external organisations.

The likelihood of injury is not the same for all people. Research has shown that among children, adolescents and adults, lower socio-economic status is associated with increased risk of injury at all levels: deaths, hospital admissions and emergency department presentations. This raises significant concerns for the Shire, given the relatively low socio-economic status as demonstrated in Figure 1.

Between 1999 and 2001, there were 3,497 accidents involving children aged 0-8 requiring hospital treatment. Of these, 2,887 (82.6%) occurred in the home environment as compared to 421 (12%) in school, day care, public administration areas and 189 (5.4%) in a place for recreation.

During July 1999 and June 2001, the main causes of unintentional injuries of children aged 0-8 years were poisoning, falls, burns and scalds (Safe at Home: a Child Injury Prevention Project (2002).

During July 2000 and June 2001, 1608 (approximately 10%) of children aged 0-8 years who resided in SOYR were treated at a hospital emergency department for an unintentional injury (VEMD). Of these 1608, 1131 occurred within their home environment (house/property).

Injuries in the home represent a significant issue SOYR which led to the funding submission for this project to reach fruition.

The following Council policies and strategies are well aligned with preventing childhood injury and complementary to the SafeStart Project.

The Shire of Yarra Ranges 2002-2005 Community Well-Being Plan

The plan identifies community safety as a major issue that impacts upon the health and well-being of the community. Strategies have been identified to provide an environment in which people can confidently undertake their daily activities and participate in the life of their community, without fear for

their safety. This is the key to the health of the community. The settings in which people live, work and play must be safe.

Vision 2020: Working in Partnership with our Community

A consultative approach was used in the development of Vision 2020. Within this context, residents understand and are prepared for the risks associated with the physical environment in which they live. They also have a greater capacity and willingness to take responsibility for their own personal safety. Most importantly, they no longer assume that, if they are at risk, others will solve the problem for them.

Community Safety Plan (in development)

Provides an opportunity for the Shire to work proactively and in partnership with the community and organizations involved in the delivery of services, to create a safer community through the reduction of injury and death and the prevention of crime.

1.4 Funding

The SafeStart project was funded by Department of Human Services (Public Health) for 18 months at a cost of \$120,000 and included the appointment of a full time SafeStart Officer. Funding was provided to bring a focus on unintentional child injury.

1.5 Management of the Project

The Manager Community Development and Partnering and the Maternal and Child Health Coordinator managed the project with guidance from a Steering Committee comprised of representatives from the Shire, family support services within the Shire and the community. The original committee disbanded and later became part of the Steering committee for the Best Start project. This combined committee provided a practical solution to ensure members had the capacity for participation and to oversee the implementation and management of both the SafeStart and Best Start projects.

1.6 External Evaluation

The Department of Human Services contracted Monash University Accident Research Centre (MUARC) and the Centre for Community Child Health (CCCH) at the Royal Children's Hospital to support and evaluate the three childhood injury prevention demonstration project sites which form SafeStart. The three projects were located in the City of Ballarat, the City of Greater Dandenong and the Shire of Yarra Ranges.

2. PLANNING PROCESS

2.1 Aim

To provide a comprehensive and community wide approach to address safety issues in the home, for 0-8 year old children, using a range of strategies to prevent unintentional childhood injury developed with key partners to meet the specific needs of individual areas and groups.

2.2 Target Groups

The SafeStart target groups included:

Those who traditionally care for children 0 – 5 years of age, i.e. parents, grandparents, relatives and friends;

Professional carers, members of local community networks, service providers including Maternal and Child Health nurses;

Service clubs and trade groups; and

Priority areas that demonstrate a background of higher unemployment, ruralism, isolation, poor transport, single parenting and higher levels of children less than 5 years.

2.3 Objectives

The five main objectives of SafeStart are aimed at:

- Improving local knowledge of risks and barriers and enhancing local capacity to respond to unintentional childhood injury issues;
- Reducing the incidence of unintentional childhood and/or demonstrable risk for each of the priority areas;
- Building sustainable unintentional childhood injury prevention responses at a community, service provider and local government level;
- Testing specific interventions to reduce the incidence of unintentional childhood injury at a local community level with a focus on disadvantaged groups; and
- Incorporating prevention of unintentional injury for children into existing programs or plans as key areas for attention, eg, local government public health plans.

2.4 Goals

SOYR SafeStart Project focused on:

- Increasing the community's awareness of the causes of unintentional childhood injuries;
- Preventing and reducing the likelihood of unintentional childhood injuries in the home environment within the Shire; and
- Developing sustainable practise.

3. STRATEGIES AND IMPLEMENTATION

3.1 Preliminary Planning

A SafeStart Project Officer was appointed to facilitate the planning and undertake the strategies and actions over an 18 month period. The first Project Officer resigned within the first three months which resulted in partial loss of time for the project. A second SafeStart Project Officer was appointed and had 14 months remaining to complete the project.

Upon the commencement of the second Project officer, time was spent reading relevant material, gathering statistics, finding available resources and identifying current programs running in the community. Strategies were prioritised, by the SafeStart Project Officer. This was a change from the original approach, using Community Development principles such as participation, networking, resource sharing, community education, community awareness raising, advocacy, empowerment and ownership. Brainstorming and mind mapping techniques were particularly useful in the development of the action plan, prior to implementation. One morning a week was set aside for report writing.

The strategies were prioritised to increase community ownership of SafeStart. It was envisaged that working groups would influence the actions they wanted to take in their own community. This would empower them and provide a local solution with a strong likelihood of sustaining this work effort. There was also a greater likelihood of success if they developed the marketing messages, sponsorship of safety devices and engaged trades that they identified in their action plans. (see *Figure 3*)

Although the original submission proposed the development of ten Working Groups, five were seen as more achievable in the available timeframe. These were to be developed in Lilydale, Warburton, Yarra Junction (Upper Yarra), Healesville and Belgrave which encompass 25 townships from May – November 2003. Factors taken into consideration included: sustainability of groups, distance and diversity of communities, logistics for the officer and flexibility for communities to 'do it their way'. Section 3.6 provides more details about the Working Groups.

An information 'kit' (appendix 1) was developed for internal and external use. It included a brochure which explained what the SafeStart project would achieve and how the project would be delivered. This simplified the process of distributing information to those interested, through networking opportunities, and helped to 'spread' SafeStart to key stakeholders. Opportunities were also taken to speak to service providers and their staff and promote SafeStart.

3.2 Project Phases:

Three distinct phases were used in this project: planning, implementation and consolidation. Each phase had a 'process' and a 'task' focus component. Planning for the consolidation phase was important in ensuring sustainability and managing and delivering project outcomes. Figure 2 better illustrates this outcome-based approach.

To quote a member of the Victorian Safer Communities Network (VSCN):

"Do not plan for the end of the project but plan to end the project!"

Following the development of the project plan, the priorities and requisite timeframes became evident.

Figure 2: Outcome Based Approach

The following are examples of outcomes only and are not a comprehensive list.

Safe Start			
	Planning Jan – April 04	Implementation May – Nov 03	Consolidation Dec 03 – May 04
Task	<ul style="list-style-type: none"> Develop personal work plan with timeline Research information and resources available Develop marketing messages 	<ul style="list-style-type: none"> Book information sessions with target groups Develop SafeStart pack to advertise information sessions to community groups and individuals Deliver information sessions 	<ul style="list-style-type: none"> Develop systems for MCH Complete developing resources Complete reports
Process	<ul style="list-style-type: none"> Brainstorm and mind map the project Develop project plan Ensuring sustainability – Ownership + Empowerment = Sustainability 	<ul style="list-style-type: none"> Listen and act on community engagement opportunities eg: First aid provision Identify training of Working Groups through consultation Feedback on strategies 	<ul style="list-style-type: none"> Support Working Groups Plan for projects end Evaluation, key informant interviews, focus groups

3.3 Sustainability:

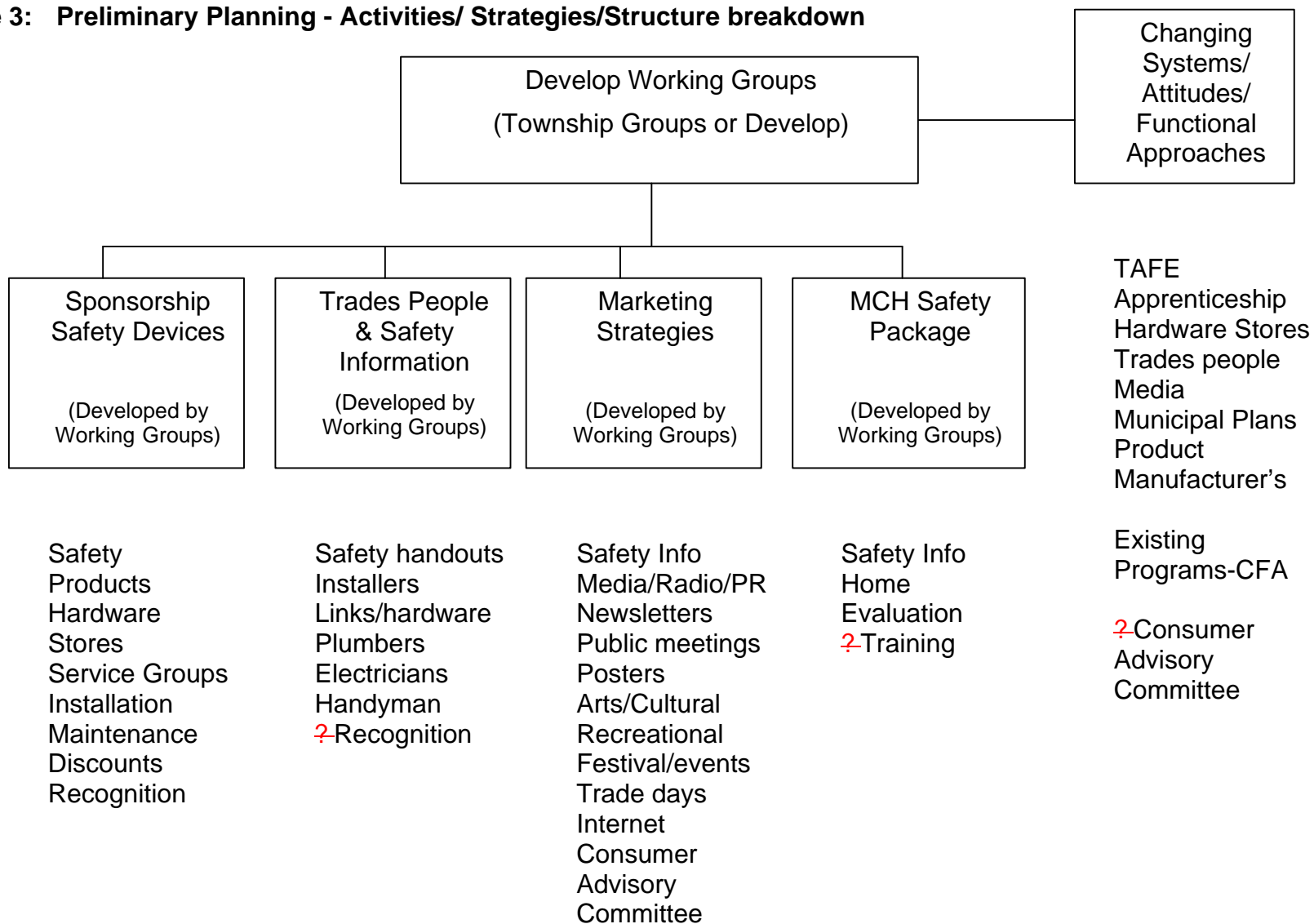
The following principles of sustainability underpin the SOYR Council Plan in delivering both a sustainable organisation and sustainable community.

- Planning long-term rather than short-term actions;
- Building capacity;
- Developing local solutions in response to wider issues;
- Working together – integrated rather than silo thinking.

3.4 Project Boundaries:

The Shire of Yarra Ranges SafeStart Project focused on unintentional childhood injury specifically in the 'home' environment. A number of internal and external demands, outside the focus of the project, needed to be managed sensitively. It became evident that the SafeStart Project Officer was seen as a much needed resource within the Shire and the community. Therefore, it was necessary to set boundaries early in the project, to ensure that the focus remained on delivering the project outcomes.

Figure 3: Preliminary Planning - Activities/ Strategies/Structure breakdown



3.5 Early Barriers and/ or Strengths

From the outset, it was identified that there were both opportunities and barriers to success:

a) The Upper Yarra area of the Shire was targeted for a number of projects. This was due to the identified low socio-economic and geographical isolation of the area. These factors are also known to influence the incidence of unintentional childhood injury.

One project in particular, Best Start, had commenced in the Upper Yarra area and shared the same target group as SafeStart: parents and carers of 0-8 year old children. Given the complementary nature of these two projects (service provision and intervention), a decision was made to work collaboratively with the Best Start Community Facilitator in the area to maximize the impact of the resources and prevent over consultation with the community.

Best Start has a broader focus on child health services and specifically targeted the Warburton, Millgrove and Little Yarra (Gladysdale – Powelltown) areas. Findings from the general community and input from the Steering Committee indicate that unintentional childhood injury does not occur in isolation from other issues in child health and is not seen as a priority by carers.

b) January – May 2003 was used for project planning and to identify resources required for implementation. The Working Groups were developed and implementation of the program was May – November 2003 (six months). This was due to families having other priorities such as Christmas, holidays and generally winding down for the year. November to the end of the project was used for finalising resources, reports and up dating of the Maternal and Child Health package.

c) Managing literature resources for the target group or community was important and challenging. The sheer number of items, duplication of information and lack of dating brochures was confusing. This was identified as an issue for the community and Maternal and Child Health nurses later in the program too.

3. 6 Working Groups

The purpose of the Working Groups being drawn from the community was to empower individuals and communities, to develop sustainable strategies relevant to their community, to prevent and reduce unintentional childhood injury in the home environment and the community. These groups consisted of people who had a particular interest in the prevention of unintentional childhood injury.

A data base was created to facilitate the mailing of information regarding SafeStart information sessions. There was specific targeting of childcare centres, playgroups, preschools, primary schools, churches, neighbourhood houses, health centres and general medical centres. A covering letter requested groups to:

- Display enclosed posters;
- Hand out fliers to those who care for young children;
- Include the information sessions in their newsletter;
- Identify persons or groups that have an interest in childhood injuries; and
- Inform them of availability of the SafeStart Officer for community talks on childhood injury prevention.

The strategy started in the Lilydale and surrounding area primarily because the SafeStart Project Officer was based there and assistance was close at hand. Upper Yarra and Healesville followed consecutively.

There also appeared to be initial interest in Seville and Mt Evelyn. Seville began as an enquiry from the local Neighbourhood House Coordinator who felt that a Working Group could be developed at that site by the community. Two information sessions were held to generate interest and build awareness but attendance was poor (two only). The Neighbourhood House Coordinator was not prepared to go further unless community interest arose. She was very surprised with the community result as she knew the importance of the prevention of unintentional injuries in the home. Importantly, she did instigate a child injury safety display, on behalf of the Neighbourhood House, in the local shopping strip for a week, which she hopes to continue annually.

Mt Evelyn used a long-term approach, typical of community development practice, which extended beyond the timeframe of the SOYR SafeStart Project. This community has a strategic framework in identifying, addressing and finding funding solutions to community issues. Discussions took place with individual Township Committee members and the local community house that has a strong influence in the community. An information session was also given about prevention of unintentional childhood injury with approximately 40 attending. The benefits of this approach had not reached fruition by the end of this project.

The differential experience of the above mentioned illustrates the high degree of flexibility required in both the approaches taken and their implementation to engage the community.

3.6.1 Approaches in Developing Working Groups

As indicated in Section 3.6, several approaches were used to engage the community and develop working groups from each community. A total of 41 information sessions attended by 601 parents and carers were held using the approaches described. The following resources were given consistently to participants in all approaches described. This encouraged discussion and self learning and proved to be popular and was well received. Some took extra copies to give to family members and friends.

- A Child Safety Quiz – Kidsafe (appendix 2)
- Home safety audits (Royal Children’s Hospital - RCH)
- House Fires brochure and Home Escape Plan’s (Country Fire Authority - CFA)

(See Table 3 Resource development and use)

Approaches (b) to (h) were implemented for membership of Best Start.

The following were identified and implemented as potential recruitment avenues:

a) Open Community Information Sessions

Two open community information sessions were held in the Lilydale area only. SOYR's preferred approach to engage with the community is through local Township committees. As Lilydale did not have a committee or recognised community representative group, it was decided to hold open community information sessions. The sessions included an interactive safety talk and product display, a childhood safety quiz and numerous brochures and resources.

The sessions were promoted in the Lilydale area to the community groups identified in Section 3.6. Although bookings were not required, those who participated did ring to secure a spot. This was encouraging at first but did not produce the numbers (ten altogether). Some of the reasons identified for poor attendance were childcare issues, parents not wanting to leave home (particularly at night), parental tiredness and lack of interest.

Despite poor attendance, this approach was the most successful in recruiting volunteers for the Working Groups. This was influenced by the following factors:

Participants attend because they were interested in the subject;

Participants acknowledged their own experience with child injury and had learnt from it;

All were employed professionals or worked with children, eg, pathologist, police officer; and

All had young children.

It is likely that attendance could have been higher, if these factors had been incorporated into the promotion of these sessions and there had been more specific marketing of these elements and targeting of relevant agencies and their staff

b) Playgroups

Playgroups were identified as a potential source for the recruitment of volunteers for working groups. Membership was sought for Best Start only.

It was difficult to identify playgroups in the community because the Shire's list is not updated annually. Many of the playgroups are an informal arrangement and not linked to other current services, i.e. Preschool, Playgroup Victoria.

While working with playgroups a number of needs and issues were identified. Many of the groups were not registered with Playgroup Victoria, did not have insurance, and were not networking with each other. Some were meeting in homes due to lack of venue opportunities and many had safety issues, eg, child having easy access to hot urns used for coffee making. If resources were not limited, this highlights the need for a Shire based playgroup support worker to assist those organising playgroups. Some of these issues and needs are currently being addressed through the Best Start project in Millgrove, Warburton and the Little Yarra areas only.

Kidsafe Child Safety Quiz was used for discussion at the playgroups. Many participants were able to give examples of unintentional childhood injury obtained through personal experiences. Unless challenged, few seemed to have a propensity to identify as to how the injury may have been prevented. Flexibility in

delivery allowed for breast-feeding mums to fit in with 'quiet' time or snack time and small groups in a very noisy environment. One session of five parents was conducted in a sandpit.

Although the attention span of parents (mums) was low, penetration was greater chatting on their own turf in playgroups with children present. The average attendance was ten, with participation having greater relevance to personal experiences. The paradox was that when parents were attentive to the information given, child safety was compromised during the session. For this reason this approach is not recommended unless childcare is simultaneously provided.

c) Childcare Centres

Two local Childcare Centres in the rural area of Healesville distributed 'Safety Kits', (see Table 3 Resource Development and Use) developed by SafeStart, to seventy families who used the service. The focus of the kits was on home and farm safety. This opportunity was also taken to promote three scheduled first aid courses (Appendix 3) that included a childhood injury prevention component.

Safety kits were not the preferred awareness raising method although the (70) working families may not have accessed the information any other way. Though it was difficult to gauge the success of the kits, their distribution encouraged some parents to book first aid courses after receiving them. Therefore, the kits indirectly offered further opportunities to extend their learning. The Kidsafe child safety quiz, home safety audits, house fires brochure and a Home Escape Plan were included in the kits.

d) First time Parent Groups – Maternal and Child Health (MCH)

First time parent groups were not a major target audience as they were already receiving child safety information from MCH nurses. The groups are offered a series of eight sessions in parenting; one session focused on child safety and was presented by the SafeStart Project Officer. This was not seen as a sustainable approach as this could not be maintained at the end of SafeStart.

The approach, however, offered an opportunity to gauge interest in child injury prevention at an early stage of parenting. It also provided an occasion to capture that interest into membership of a Working Group. The MCH nurses felt that a different mode of delivery would gain a stronger response from parents and possibly a behaviour change. Some sessions were delivered by the Project Officer and later the Chirnside Park Working Group decided this was one of the areas, as peers with young children, where they could influence change. After delivery of several sessions the strategy was included in their action plan (appendix 4). Specific recruitment and training for the delivery of this strategy was planned for 2004 by the Chirnside Park group. This revised peer education approach has delivered a sustainable outcome.

e) Integrated First Aid/Childhood Injury Prevention Awareness

Throughout the delivery of information sessions and Best Start consultation, described in Part f) of this Section, the community in Upper Yarra were constantly asking for First Aid, felt it was important to them but expressed concern that it was unaffordable for them. They felt that accidents were not likely to happen to them but they wanted to know what to do if one occurred, particularly as they felt isolated from services.

In the Healesville area, as a means to engage the community, an integrated approach was used whereby First Aid Certificate I was offered with a childhood injury prevention component. There were 83 participants. The target group was parents and carers of children under four years. Cost was \$20 which covered a first aid kit, developed by SafeStart specifically for the home, given on successful completion. The approach, incentive and cost was popular with participants who promoted the course to their friends and family with a number of parents of participants (grandparents) attending further courses. Other courses were held in Chirnside Park (through the Working Groups), Woori Yallock (Care for Kids Childcare Centre) and Millgrove (Best Start) on request. The Chirnside Park Working group are continuing this practice through their Action Plan.

The course format included:

- Session 1 (4 hours) – Certificate II First Aid. House fire brochures, home escape plans and home safety audits were given to create awareness of the issues in the home. Homework was to complete their home safety audit and home escape plan.
- Session 2 (4 hours) - Talk on the causes of child injury and how to prevent them while referring to their home safety audits. The second part of Certificate I was then completed. Child safety products and brochures are displayed at this session.

The SafeStart partnership with an accredited first aid provider, and attendance at all sessions by the Project Officer, allowed for greater participation and feedback and gave a stronger link and greater credibility to council. Some comments were:

- “I think it was a great idea for the two services to come together”.
- “This has given me extra confidence in caring for my special needs grandson”.
- “CPR for infants was valuable”.

After hearing the presentation on unintentional childhood injury prevention given by SafeStart, the first aid provider incorporated the information he learnt into his training delivery. This was an unexpected and sustainable outcome as previously this course had not promoted unintentional childhood injury prevention. In light of this learning, targeting of other First Aid providers is recommended.

Healesville has a significant Aboriginal population. Discussion took place with the Aboriginal Community to ensure inclusive delivery. To this end, the following issues were identified for the Aboriginal community, in consultation with the Healesville Aboriginal Health Officer:

- Sessions need to be short due to tiredness and limited attention span of participants;
- Daytime is more suitable because there are better transport and childcare options;
- Single parents without support cannot attend;
- Unavailability of occasional care;
- The Aboriginal community will not attend sessions if there is a funeral, the course is not in an off pay week or does not provide food; and

All the issues identified for the Aboriginal Community, except the last dot point, also applied to the general community.

Posters, fliers and covering letters (see GEAS Table 1 Resource Development and Use) were sent to service providers and community groups, supporting young children, to advertise the courses, eg, playgroups. Courses were held in a CFA fire station, private childcare facility, school and community centre. Childcare was provided free to one group by a local church.

A demonstrated need arose, from professional childcare and family day care workers currently employed or seeking employment, to attend a first aid course, to increase employment opportunities. First aid training provision is left to the individual.

This approach worked because the need was evident and driven by the participants. A great deal of interest was shown for all five courses resulting in full bookings (20 participants). Bookings and payments were organised through Shire's outlying service centres.

f) Best Start Program – simultaneously with SafeStart

Best Start is a broad based child health program aimed at parents and carers and service providers of children 0 – 8 years. Some objectives are to increase breast feeding, immunisation rates and parents reading to children.

Best Start and SafeStart were implemented as a joint program in the Upper Yarra and Healesville areas. A decision was made to promote Best Start as the recognised program name. Assistance was given from SafeStart in completing the consultation component of Best Start. (Appendix 5). Three local action groups were developed from this in Millgrove, Warburton and Little Yarra with the inclusion of unintentional childhood injury prevention in their plans. (Appendix 6)

This pro-active response in joint delivery lessened confusion and consultation in the community. SafeStart sustainability was increased due to the Best Start Community Facilitator and program continuing for another two years.

g) Immunisation Sessions

Day and evening immunisation sessions proved effective in engaging individuals, in the Healesville and Upper Yarra areas, that may not access other services. Best Start consultations were completed and unintentional childhood injury prevention kits given were highly appreciated.

The following is a good example of the effectiveness of tapping into the immunisation sessions. A 24 year old mother, with a three week old baby, had four children and had never been to a Maternal and Child Health Centre and did not use any service other than immunisation. She was reticent to give even her Christian name but agreed to participate in the Best Start consultation, if the Project Officer completed the form.

A distinct advantage, at sessions, is that parents must stay for the first 15 minutes after immunisation and many fathers also attend evening sessions.

h) Neighbourhood Houses

Attendance, at three neighbourhood houses, was almost nil due to the same factors expressed for the open community information sessions and child care centres.

3.7 Training of Working Groups

Once working groups were identified, it was recognised that training needed to be delivered in a way that promoted sustainability. A successful program would develop through ownership and empowerment.

Therefore, it was important to provide training that was easily duplicable. As training was delivered, working group members were learning how to train others. Existing and newly developed resources were used in the training process and then issued, as follows: (See Table 3 Resource Development and Use).

- 'Kidsafe' manual – contains child safety workshop guide, background information on child injuries, safety organizations, session handouts and fact sheets. (Kidsafe – Child Accident Foundation of Australia);
- Child Safety Resource Manual – contains brochures and quick facts about burns, choking, drowning, and home and farm safety and other common child injury issues (developed by SafeStart);
- Child Safety Made Easy – video (Royal Children's Hospital);
- Directory of Organizations and Contacts – State focus developed by Royal Children's Hospital and available on their website. A local focus was added; and
- Child Safety Product Display Folder – contains approx 20 displays of safety products. (Developed by SafeStart).

Note: A Guide to Baby Safety (video Department Human Services in conjunction with City of Hume) was to be issued but was unavailable at the projects end. This has since become available.

Consistent use of safety messages were encouraged such as:

- Supervision is the best preventative to child injury;
- Safety products are a delaying technique and do not replace supervision;
- Permanently or temporarily remove items that could cause injury, eg, furniture, mats;
- A child stage/age of development directly relates to injury types;
- Keep poisons up high;
- Return to natural cleaning products like vinegar; and
- Plan a safe indoor and outdoor play area.

Training was also given to assist the development of a sustainable action plan. In respect of working group member's family priorities, they were encouraged to develop an action plan that was not over demanding of their time, required limited funds (this takes time to acquire), were achievable and could be celebrated.

3.7.1 Chirnside Park SafeStart

The Chirnside Park SafeStart Working Group, who meets fortnightly, developed from the two open community information sessions held in the Lilydale area. After they received training and developed a three year action plan they, (initially eight, with three continuing), became a dynamic and cohesive group. Their continuing action plan, to be reviewed annually, produced the following outcomes:

- Development and delivery of childhood injury prevention to first time mum's groups at Maternal and Child Health Centres (peer educators). Recruitment for increased delivery has begun;
- Formation of a partnership, with Chirnside Park Community Centre, where they meet and utilise administration and other resources, eg, pick up mail, deliver first aid courses, develop home safety site;
- Negotiation of a babysitting course for years 9-12 in local high schools; and
- Delivery of first aid courses with an unintentional childhood injury component.

3.7.2 Best Start Action Groups

The Best Start Community Facilitator was given training to deliver the SafeStart message to the Best Start Action Groups as identified and agreed in the Best Start Action Plans. This did not occur due to changing priorities in the Best Start Program and the facilitator leaving the position in January 2004. A new facilitator has been appointed but it is anticipated that training will be pursued to allow this strategy to become a reality.

3.7.3 Training and Education

Tables 1 and 2 list the training and education opportunities as set out for the GEAS.

The following definitions apply for the purpose of this evaluation:

- Training encompasses activities (workshops, seminars, modules etc.) that *aim to develop specific knowledge and skills*, and that have objectives relating to the learning needs of the participants.
- Education encompasses activities associated with *general awareness raising or attitudinal change*, thus having broader objectives than training.

Table 1: Training

Training intervention	Trainer	No. of trainees to date	Group/type of persons being trained	Focus or purpose of training	Time period when training was provided
1.1 Training of Working group (Chirnside)	Project Officer	3	Working group members (parents)	To skill the group for the development of an action plan and delivery of child injury prevention programs	22, 29 May - ongoing for the life of the project and by request
1.2 RCH excursion (Chirnside)	RCH & project officer	3	Working group	Increase knowledge & provide resources	19 June 03
1.3 Maternal & Child Health training	Project Officer	15	Nurses		12 Nov 03
1.3 Family Day Care Training	Project Officer	4	Family Day Care Coordinators	Increase knowledge & provide resources	March 04

(Sourced from GEAS Table 4A)

Table 2: Education

Education intervention	Educator	Target group	Duration of session and issue or topic	Total no. of participants	Period of intervention
Information Sessions	Project Officer	Parents and carers	4 @ 1 hrs	28	31 March – 7 July 2003
Community Info Sessions (at Community Houses)	Project Officer	Parents and carers	3 @ 1 hr	4 (one session unattend)	30 April – 29 May 2003
Information sessions	Project Officer	First time mum's group's	2 @ 1 hr	30	17 March, 11 June and 25 August 2003
Playgroup chats	Project Officer	Parents and carers	14 @ 1 hr	130	17 March – 17 Sept 2003
Information Sessions	Project Officer	Peer Health Service Providers	4 @ ½ hr	91	1 April – 15 July 2003
Information Sessions	Project Officer	Community Service Groups	1 ½ hr x 3	78	28 April – 7 Aug 2003
Information session	Project officer	Mt Evelyn Township Committee	½ hr	35 approx	23 October 2003
Information session (St Kilda Town Hall)	Project Officer	Community Sector Children's Services Coordinator's	1 hr	60 approx	16 March 2004
Immunisation chats	Best Start/ SafeStart Project Officers	Parents and carers	4 @ 1 ½ hr	70	20 May – 19 Aug 2003
Joint First Aid & childhood injury prevention courses	LHK Paramedics & SafeStart Officer	Parents & carers of under fours	5 @ (4 hrs x 2 each)	83	26 Aug – 19 Nov 2003

(Sourced from GEAS Table 4B)

3.8 Resources

Existing, adapted and new resources were required for SafeStart. An assessment of the resources identified or used (see Table 3: New, existing and adapted resources).

3.8.1 Interactive Resources

Hands-on interactive resources for adults are almost non-existent and opportunities were lost because of this factor. Participation and interaction are key adult learning principles and need to be taken into account when targeting education programs to adults, i.e., safety locks display (City of Ballarat) and adult puppet shows on child safety issues.

3.8.2 Information Brochures and Leaflets

The sheer volume of brochures tends to overwhelm the community, service providers and working group participants. Effective management of these resources is important in reducing their duplication, the space required for display and eliminates access to outdated information.

This type of resource should not be used in isolation and run in conjunction with other strategies.

3.8.3 Child Safety Products

Though encouraging the use of safety products was one of the strategies used, it generated more complaints than positives. Complaints consistently focussed on breakage (poor quality products), difficulty and impractical to use (finger protectors in drawers), costly for high risk groups (low socio-economic), not easily obtained (rural areas), and sometimes unsafe, i.e., hurting fingers in drawer locks and tripping over barriers (gates).

There was a recognised inability to rationalise risk, i.e., adult tripping on a barrier placed in the doorway to the kitchen verses a child gaining access to that kitchen.

Anecdotal evidence from this project strongly suggests that these products did not work well due to attitudes, poor quality products, intolerance of carers, children working them out and generally people seemingly reticent to accept responsibility for child safety. This contradicts the experience of the other two SafeStart Demonstration Projects. Although the Project Officers from these projects received similar complaints, parents thought the products were good overall.

The Shire of Yarra Ranges response may be linked in part to low socio-economic factors, particularly in the rural sector where SafeStart was implemented and poor transport access, unemployment and cost unaffordability raise concerns.

3.8.4 Child Safety Kitchen Site

The Child Safety Kitchen Site was developed in partnership with Maternal and Child Health (MCH), Chirnside Park Community Centre and SafeStart Chirnside (Working Group). It is placed in the shared MCH and community centre area which allows visiting carers to interact. Maintenance is covered by Maternal and Child

Health. MCH appointments are held evening and weekends, as well as daytime, to allow involvement of fathers who will then see the display.

Similar issues to the safety products arose with the centre management. Although keen to help promote childhood injury prevention it seems that they are experiencing the same frustration with the products as the community. The frustration relates to trapping fingers in drawers with a safety product installed and tripping over a safety gate bar. Learning to use a kitchen in a different way appears to challenge. The key is to provide a convincing argument on its merit which overrides the frustration.

3.8.5 Child Safety Resource Manual

These A4 folders were developed by the SafeStart Project Officer for Working Groups and Maternal and Child Health nurses. Formatting of the headings was different for each group as Working Groups are trained in cause and prevention, and MCH nurses are more familiar with the effect.

Working Groups (Cause)	MCH (Effect)
Ages & Stages	SIDS
Animal safety	Poisons
Farm safety	Burns/scalds
Home safety	Drowning
Fire safety	Traffic
Nursery safety	Fingers
Road safety	Dog Bites
Threats	Choking/suffocation
Toy safety	Falls
Water safety	Farm/home
Resources	Resources

Managing resources was identified as a need by Maternal and Child Health nurses so the resource had great support. It also simplified resources for working groups.

Later in the project it was realised that the other two SafeStart project workers were producing the same resource out of their community identified needs. City of Hume also had such a manual already developed. This showed that managing this type of information is a common issue.

3.8.6 Kits

A number of kits, similar to 3.8.5, were developed by the project worker for specific group or purpose use. The kits are a simple cost effective way of getting information out to the community although it is difficult to track and measure their effectiveness. These are an alternative when direct contact cannot be made.

They have been used:

- At childcare centres because parents do not attend information sessions;
- At immunisation sessions- because direct contact is short (no more than 15 mins);
- At events with or without stands;
- As incentives/ rewards in general for participating in consultation/ research; and
- As an attempt to encourage the reading of this information.

Contents and management of information for the kits was given substantial consideration. To be effective, these kits should:

- Target information, i.e., group or area (rural, suburbia);
- Limit information (too much information confuses the community);
- Include information that increases awareness of the causes of childhood injury and the links between stages of development;
- Give receivers an opportunity to participate in their own learning, i.e., home/ farm safety checklists;
- Have one or two giveaways, i.e., safety with kids (child's booklet), and safety product that does not require installation; and
- Provide consistent information Shire wide, i.e., aim to increase home safety through the use of home safety audits.

3.8.7 Home and Farm Safety Checklists

Farm Safety is often associated with Occupational Health & Safety (OH & S). However, the farm is the '*home*' for a child living on one. Farm Safety and Home Safety 'checklists', available from Farm Safety Victoria and Royal Children's Hospital respectively, are provided through SafeStart and the Shire Service Centres on a permanent basis. Residents self-audit their homes and farms and are able to assess their safety and how they can improve it for young children and themselves. Every opportunity was taken to distribute and encourage the uptake of the checklists.

3.8.8 Libraries

Few participants in the SafeStart program indicated knowledge of how childhood injury related to a child's age or stage of development. This led SafeStart to research books and videos in the field. An audit (Appendix 7) was undertaken in all (eight) Shire libraries to investigate what is available to parents and carers in childhood injury prevention. Available books and videos were limited (approximately 17). Limitations to these resources was that they did not typically link child development and safety, were outdated and were found in two areas of the library, which are "Child Development" and "First Aid". Library staff said that they were not being accessed in these areas.

To combat this issue Lilydale Library management moved child safety resources to the children's section to encourage parents to read them while waiting for children.

The library will monitor this over the next year. The only book to suitably address the issue is no longer in print. Two videos are valuable though a little outdated.

It was hoped that some resources could be put in the libraries but more time would be required to research appropriate items before selection and purchase. This approach relies on the commitment of the library staff and management to value and include these resources.

3.8.9 Shire Childhood Injury Prevention Web Page

As a result of SafeStart, a web page was developed on childhood injury prevention on the Shire of Yarra Ranges web site. It also has links to other childhood injury sites, e.g., Royal Children's Hospital.

3.8.10 Healesville & Yarra Glen Community Directory 2004

The Healesville & Yarra Glen Community Directory is an annual publication developed by the Rotary Club of Healesville. The club donated the whole back cover of the directory in partnership with SafeStart. The cover published a child safety quiz, taken from the Kidsafe quiz used in the information sessions, and delivered key messages. The SafeStart Project facilitated this process.

3.8.11 Early Years Services Wallet Card

The purpose of the Early Years Services Wallet Card, developed by SafeStart, (Appendix 8) was to address concerns that were expressed by the community through the Best Start consultation and general SafeStart information sessions. Concerns were raised about accessing emergency numbers and the need to update the MCH centre numbers. Parents have the numbers they need in their Child Health Record book but it is not practical to carry with them. The wallet-sized card suits both purposes and is more flexible.

The development of the card was time-consuming, but has produced sustainable and durable results, with plans to be renewed bi-annually through Maternal and Child Health. Community feedback has been overwhelming particularly to its useful information and serviceability. The card is currently being evaluated through community consultation.

3.8.12 Maternal and Child Health Literature Redevelopment

Three other products were developed which complimented the Early Years Services Wallet Card. They included an:

Information brochure (appendix 9) on general service provision;

Business card (appendix 10): A generic look that nurses can take wherever they are working. Formerly individual business cards were made for nurses. As nurses often move sites or requirements change they become superfluous. They are designed like a postcard but without a postage mark; and

Key Visit Postcard (appendix 11): This is designed to tick *key visits* for a child and is posted. If parents do not attend key visits they miss vital child safety information.

The Early Years Services Wallet Card, and previous products, have the same branding which links the literature to an identifiable resource, Maternal and Child

Health. The new look is modern. The nurses were particularly happy with the end result.

3.8.13 Child Safety Product Display Folder

Maternal and Child Health nurses had four product boxes, each identical, full of safety products that they could demonstrate to groups. These proved difficult to carry and presented an OH & S issue. They were also in need of repair and/or replacement.

When implementing the Information sessions SafeStart was fortunate enough to receive a product display board with 22 products on it for use at the sessions. Nurses decided that they wanted to replace the boxes with boards as they were lighter and could easily be viewed.

Just before the boards were to be put together as a resource, a display folder, that pictured individual child safety products and their use, was found in one of the MCH centres. The nurse concerned said that it was a former resource of the Royal Children's Hospital that a friend came across and gave her.

After contacting the hospital Safety Centre, the SafeStart Project Officer was given permission to redevelop the resource for Shire use. The nurses decided that they wanted this resource instead of the boards as they were far more versatile, cost-effective and easier to maintain and replace.

Table 3: New (N), Existing (E) and Adapted (A) Resources

Resource	Type	Target	No. of copies distributed/method	Time period of distribution
Pamphlet (SafeStart- A Safe Start for Young Children)	Local focus of SafeStart (N)	Service providers & those expressing interest in Working Groups	350 distributed as interest occurs, in mail outs & presentations	Continual March 03 – Nov 04
Child Safety Resource Manual	A tool to assist prevention promotion & education (N & A)	Working groups, MCH, Family Day Care	16	March 2004
Kidsafe Child Safety Manual	A tool to assist child safety education delivery (E)	Working groups, MCH, Family Day Care groups	16	March 2004
Directory of organisations & contacts (RCH)	Provide resources & support in safety promotion (N & A)	Working groups, MCH, Family Day Care	20 given at time of child safety resource manual	March 2004
Pamphlets (see list)	Describes multi & single focus safety issues (E)	Handouts at Information Sessions	None. Used as a visual tool only	March 2003 - 04
Safety Box	Child safety products (L)	Working groups & Information sessions	Five (existing) One used as a visual tool only	March 2003 - 04
Safety Board (42 products)	Child safety products (Dream – Baby) (E)	Working groups & Information sessions	One used as a visual tool only	May 2003 -04
List	Organisations issuing Child Safety Brochures used by MCH displays (N)	SafeStart officers/ working groups	16 given at time of child safety resource manual	March 2004
Consultation form & results	Best Start/SafeStart (one on one) consultation (N)	Parents of children 0-5	38 72	12 – 29 May 23 Jul-20 Aug

Resource	Type	Target	No. of copies distributed/method	Time period of distribution
Information Kit	Describes SafeStart, its strategies and townships working in. (N)	SOYR staff & officers	12	23 Jul-20 Aug
Risk Assessment	Chirnside Community Centre Kitchen (E)	Shire managers	5	21 Aug
Kits a) Best Start bags b) Paper string bags (not Best Start)	(N & A)	Parents & carers of young children	318 200	12 May – 17 Sept 12 – 23 Oct
Websites & local child safety contacts	(N)	MCH, Family Day Care, Working Groups	20	
MCH training evaluation	(N)	MCH	15	12 Nov
First Aid Training evaluation (SafeStart)	(E)	Participants first aid course	12 Nov	26 Aug – 19 Nov
LHK evaluation	(N)	Participants first aid course	83	26 Au- 19 Nov
Early Years Services Card	(N)	Parents & carers of young children	10,000 - Maternal Child Health centres (19)/ Shire service centres (5) and by July request	23 Oct
Business cards Chirnside Park	(N)	Parents & carers of young children	Not known	July 2003

Resource	Type	Target	No. of copies distributed/method	Time period of distribution
SafeStart Committee				
Home First aid kit	(N) SafeStart	Participants first aid courses/ competitions/ gifts	200	2 Sept 03 – March 2004
Royal Children's Hospital evaluation	(E) (SafeStart Ballarat)	Participants information sessions	55	31 March – 18 June 03
Safety Lock Display	(E)	MCH & work colleagues	Interactive tool only	Interactive tool only
Community Safety Month survey		Activity participants	19	Oct 03
Child safe Kitchen	(N) Safe kitchen display	March 04		March 04
Posters	(E) Dogs'n'kids, Poisons, Child development (RCH)	Working groups, MCH, Family Day Care, Childcare sites	150 12	March 04 April 2004
MCH generic business cards	(N) parent appointments/ or calling card (postcard landscape)	Parents	10,000 use as required	Nov 03
MCH Key visits card	(N) child key visit indicator (postcard portrait)	Parents	10,000 use as required	Nov 03
MCH brochure	(N) Service provided by MCH	Parents	10,000 use as required	Nov 03
Information	(N) Safety product web	MCH< parents, Working groups,	20 given at a time of child safety	March 2004

Resource	Type	Target	No. of copies distributed/method	Time period of distribution
sheet	sites & local child safety contacts	Family day care	resource manual	
Child Health & Safety Accredited Course	(N) Accredited course developed	Low socio-economic groups, parents returning to work, childcare workers, those seeking employment in the industry	Copies to RTO's after completion (MCH responsibility)	April 2004
MCH Child Safety Survey	(N) Establish training needs	MCH nurses	19	Nov 2002
Child Safety products	(N) Pictorial display folder	MCH, parents, family day care, childcare centres	150	April 2004
Child safety brochures	(N) Waiting room display racks	(N) Waiting room display racks	12	April 2004

(Sourced from GEAS Table 1)

3.9 Develop simple marketing messages

Two key messages were used consistently throughout the project:

- Injuries to young children are more likely to occur in the home; and
- Injuries can be prevented.

These simple but very important messages were easy to incorporate in promotional information such as fliers for events easier. They were promoted to the stated target groups and the general community through churches, pre-schools, child care facilities, playgroups and community and service groups.

Table 4: Publicity – Awareness Raising - demonstrates the various communication tools that were used. For evaluation purposes, awareness-raising activities were defined as follows:

- *'Awareness raising' describes marketing activities designed to deliver the SafeStart project key messages and information to the target group/s using publicity (newspapers, magazines, radio, television, internet, newsletters, handouts, council rate notice inserts, call-waiting messages, grocery bag suffers, etc.) and special events (displays, demonstrations).*

NOTES: % of target reached refers to the proportion (%) of primary target group potentially exposed to the particular publicity

CONTENT SCORE: *** Score all items of publicity, giving one point for each of the following criterion that is met:

- Mentions that childhood injury is a serious injury problem
- Mentions that childhood injuries are preventable
- Mention of at least one specific childhood injury risk factor
- Mention of at least one action to reduce childhood injury risk or protect against childhood injury
- Provision of contact information for childhood injury prevention advice/service

Table 4: Publicity (Newspapers, Magazines, Radio, TV, etc)

Title and Type of material	Target group	Content Score ***	% target reached	Time Period/ Distribution	Distribution
Radio Wyreena	General Community	5	100%	February 13	unknown
Radio VYV	General Community	5	100%	29 February 24 April 7 Aug	250,000
Shirewide (Council newsletter)	General Community	2 4	100%	July 2002 Nov 2003	60, 000
Media Releases	General Community	4 4 5 4 N/A 4 1 3	nda	25 March 03 28 April 03 May 03 17 July 03 6 Aug Sept 03 21 Oct 03 8 Dec 03	Six local newspapers
Lilydale & Yarra Valley Leader Newspaper articles	General Community	2 3 2 1 3 5	100%	12 March 31 March 31 March 19 May 13 Oct 20 Oct	35, 036
Free Press Leader Newspaper	General Community	2 5	100%	12 March 20 Oct	16, 597
Yarra Ranges Journal Newspaper	General Community	2 2 1	100%	12 March 30 Sept 28 Oct	68, 103

Title and Type of material	Target group	Content Score ***	% target reached	Time Period/ Distribution	Distribution
Mountain Views Newspaper	General Community	2 5	100%	12 March 14 Oct	15,000
Upper Yarra Mail Newspaper	General Community	2 4 1 5 1	100%	12 March 22 July 12 Aug 14 Oct 28 Oct	15,000
Ranges Trader Mail Newspaper	General Community	2 4	100%	18 March 03 1 April 03	16,000
Eastern Volunteer Resource Centre Newsletter	Carers of children 0-8	4	100%	25 March	250 x agencies 450 x individuals
Shire Web Site	Carers of children 0-8	5		Continuos	
Human Services News (DHS) internal/external	Hospitals, DHS, health providers, general community	3	100%	Nov	9,000 copies & 9,000 website hits
DHS Website	General community	5	100%	Continuos	
Message On Hold	Carers of children 0-8	5	32 hits	Continuos	
Incoming calls	SafeStart	N/a	2153	1 Jan 03 – 31 Mar 04	
School Focused Youth Service News (e-mail newsletter)	Primary/ High School Principals	2	100%	May 2003	96 x primary/ High School Principals
Information session pack includes: A5 & A4 B & W Flyer, flier, A3 & A4 colour poster, covering letter	Community organisations	4	100%	6 March 17 April 7 May	170 groups 55 groups 60 groups

Title and Type of material	Target group	Content Score ***	% target reached	Time Period/ Distribution	Distribution
Councillor Bulletin	Shire Councillors	N/A	100%	4 April 30 May 24 July 3 October 28 November 5 Dec 03 12 Dec 03	9 councillors
First Aid poster & flier A4	Parents & carers (0-4)	N/A	100%	15 July 23 Sept 25 Sept As requested	36 groups 10 groups 14 groups 10 groups
Back cover advertisement Healesville & Yarra Glen Community Directory	Households/ 3777 & 3775 businesses	4	90%	Nov 03	6,500
Shire Childhood Injury Prevention Website	General community	2	nda	March 04	nda

(Sourced from GEAS Table 3A)

First Aid Kit Competition – Media Campaign

A media campaign was held for Injury Prevention Week (19-25 October). The campaign involved taking some paid advertising space supported by free editorial. A full page was taken in the Upper Yarra Mail and Mountain Views and half pages in the Lilydale Yarra Valley Leader and Free Press. One or more of these newspapers (appendix 13) reached all suburbs.

To ascertain readership a competition for ten first aid kits was included in the advertising. Information gained from this was:

- If the article was being read (26 entries);
- Where participants came from (Healesville, Kilsyth, Mt Evelyn, Launching Place, Emerald, Upwey, Kalorama, Tecoma, Lilydale, Coldstream, Gladysdale, Montrose, Seville East, Chum Creek, Millgrove, Kinglake, Warrandyte and Carnegie);
- Which newspapers were being read;
- Number of children under 5 they cared for (45);
- Number of carers (26).

Winners were drawn at the shire service centre in Lilydale by a resident.

This approach was quite successful. Informal feedback suggested the campaign was positive with many people saying that they saw and/or read the article. The photograph in the article is the same branding used on the Early Years Card and MCH brochures. A consistent approach to the use of the branding created familiarity with linked services.

The article was also used to promote the availability of Home and Farm Safety audits.

3.10 Events

Opportunities were taken where possible to promote childhood injury prevention (see Table 5: Special Events). Some of these were Wandin Silvan Field Day, Upper Yarra Community Safety Fair, Community Safety Month, Injury Prevention Week and the Early Years Services Card launch. Kits were distributed extensively at these events.

Two opportunities, which gave free space in shopping centres, for interactive displays targeting parents and carers were declined. This was due to:

The displays needing to be staffed for the length of the opening hours which was not viable;

There are few interactive displays for adults. This is an identified gap in resource provision;

Other agencies and services, invited to participate, could not provide staff; and

Time commitment required by the SafeStart Officer not practical for the length of the project.

Table 5: Special Events (Displays, Demonstrations, etc): Awareness Raising Activities.

Activity/event	Primary target group	Content Score ***	Reach to target	Time period of activity	Associated benefits
VSCN Swap Meet	Industry Service Providers	5		31 Oct	Sharing information & networking
Injury Prevention Week launch	Industry Service Providers	5		20 Oct	Sharing information & networking
Early Years Card Launch	Chirnside Park Community	1		23 Oct	Media campaign run simultaneously
Wandin Silvan Field Day	General community	3		Oct	Childhood injury prevention promotion
Yarra Junction Safety Fair	General community	3		Oct	Childhood injury prevention promotion
Community Safety Month	General Community	5		Oct	Linked existing programs in Oct to special event
Baby Expo	Parents & carers	3		Oct	Possibility of local baby Expo/ assessing need

(Sourced from GEAS Table 3B)

3.11 Engagement of Tradespeople

Various approaches were used to engage trades as outlined below.

3.11.1 Rotary Clubs and Trades

Childhood injury prevention talks were given to Rotary groups by the SafeStart Officer with a hope of:

- Engaging tradespeople in the prevention of child injury;
- Seeking sponsorship and assistance in engaging trades people; and
- Seeking sponsorship for child safety products.

After the talks, it was discovered that very few members were tradespeople and that the SafeStart project implementation was not well matched with clubs because they were winding down committees with elections occurring from May to July annually. This strategy was selected as the Upper Yarra and Healesville Rotary Clubs have a strong history of helping with community and/or Shire based programs. Initial interest was shown towards:

- Engaging tradespeople in child injury prevention promotion;
- Sponsorship of first aid kits; and
- Advertising childhood injury prevention in the Healesville & Yarra Glen Community Directory (appendix 14) (12 months).

Despite this interest, it was only the latter that came to fruition as explained in the next point. In retrospect, targeting Apex clubs may have been better. Rotary members tend to be business people while Apex is represented mainly by tradesmen.

3.11.2 Trades

Tradespeople did not attend information sessions and, predictably, it is women who are the primary carers and who attend sessions such as playgroups. A number of attempts were made to engage tradespeople, peak trade and commercial bodies. They were not interested, although they recognised that child injury was an issue in the home! Common methods used to engage trades, such as demonstrations in commercial premises, were poorly attended and failed. Peak groups say this is partly due to the increased paper workload (tax) and high demand for trades in the current real estate and building market.

The SafeStart Project Officer's lack of experience, knowledge, and trade skills was a disadvantage. It was difficult for tradesmen and the Officer to relate to each other, which prevented success. The Project Officer's gender (being a woman) did not help either.

Some success was gained though, through a meeting with the Trade Marketing Coordinator of Reece Plumbing head office. Talks consisted of:

- Reece championing the cause of childhood injury prevention with trades;
- Leadership/ endorsement/ promotion home safety audits to raise awareness of child injury issues to trade clients in the home and providing supporting brochures i.e.; hot water burns like fire;
- Training of tradespeople in home/ child safety issues;

- Training of Reece staff at all outlets in home/ child safety issues;
- Providing home safety audits & supporting brochures in all Reece outlets for trades and the community;
- Value-adding to trades businesses;
- Trade forum to discuss issues around how we can work together & how to target trades people (where they are at);
- Partnership between Reece, Royal Children's Hospital, Child injury prevention; and
- Adding basic child safety information to current newsletters/ breakfast functions for trades.

Unfortunately this interest did not continue due to Reece not committing to the program.

It is recommended that, to engage trades in the future, focus groups are organised to glean information such as:

- The best way to engage trades;
- Identify safety information to be handed out (if any);
- Identify ways to increase their awareness of the causes of childhood injury and how to prevent them;
- Identify how it will add value to their business; and
- Identify when trades are more likely to be available (not early mornings).

A "Champion" for childhood injury prevention in trade industries should be sought. It is important to recognise how this could benefit their business, i.e. Identify and address their needs.

3.12 Development of Maternal & Child Health Home Safety Package

As the package was not considered a priority, until after the development of working groups, this allowed plenty of time to develop relationships with the nurses. In turn this helped to identify their needs. Research (Appendix 15) was undertaken by the SafeStart Officer to identify the needs.

- Training, which was attended by 15 nurses and two Family Day Care personnel, objectives were then identified which:
- Addressed needs and issues arising from the research and observations;
- Identified and provide resources; and
- Increase nurses knowledge.

The same resources that were provided for working groups was requested and provided to the nurses along with training, as follows:

- 'Kidsafe' manual – contains child safety workshop guide, background information on child injuries, safety organisations, session handouts and fact sheets. (Kidsafe – Child Accident Foundation of Australia);
- Child Safety Resource Manual – contains brochures and quick facts about burns, choking, drowning, and home and farm safety and other common child injury issues (developed by SafeStart);

- Child Safety Made Easy – video (Royal Children’s Hospital);
- Directory of Organisations and Contacts – State focus developed by Royal Children’s Hospital and available on their website. A local focus was added; and
- Child Safety Product Display Folders – contains approximately twenty displayed safety products and their use which was developed by SafeStart.

The following additional items were provided:

- New child development posters from Royal Children’s Hospital; and
- Child safety display racks for MCH waiting rooms provided by SafeStart.

Evaluation indicated that the large majority found the training helpful, stimulating and enjoyable. When asked what was the most valuable to them they said:

‘Presentation by Tim Wain’ (Executive Director Infant & Nursery Products Association of Australia INPAA)

‘Being informed of what the Project Officer has achieved’

‘Finding out about resources and being able to tell the Project Officer our needs’

However, nurses were concerned about who would update and maintain resources after the projects end.

Two risk reduction activities were requested, by the Maternal and Child Health Coordinator, and carried out (see Table 6: Environmental Risk Reduction Activities). These were safety audits for two newly built Maternal and Child Health Centres. Recommendations were then made for one (Chirnside Park) becoming a safe kitchen site.

The definition of these risk reduction activities, for the purpose of the Project evaluation, is:

‘Risk reduction activities refer to action taken/initiated by the project to reduce the risk of injury to children. Actions may result in changes to the physical environment in the home (extrinsic) or to personal (intrinsic) risk factors for injury.’

Table 6: Environmental Risk Reduction Activities

Auditor/s	Place Type	No. of Changes Recommended	No. of Changes Made*	Date
SafeStart Officer	Chirnside Park Community Centre - kitchen	Approx 10 - ongoing	Approx 10 - ongoing	20 Nov 03
SafeStart Officer	Healesville MCH	9	Ongoing	23 Feb 04

(Sourced from GEAS Table 5A)

3.13 Sponsorship of Safety Products

Sponsorship of safety devices did not occur as it was hoped that working groups would take up this strategy. A child safety product audit was tentatively planned but ambitiously relied on time availability. It was not achievable in the project timeframe.

3.14 Child Health and Safety Accreditation

After engaging with the community, issues of concern were identified by the SafeStart Project Officer. The issues related to the participants' need for recognition of skills, development of skills and relevant training. Requests were made for:

- Formal recognition of attendance at a childhood injury prevention session;
- Formal recognition of training for working group members;
- Formal recognition of training for Family Day Care workers;
- Provision of first aid training for child care workers; and
- Developing return to work skills, to ensure a standard of childhood safety was adhered to.

Those engaged were parents and formal and informal carers who were interested in their own learning and children's welfare. Often their experience was with informal training without recognition for it and unless they wanted to do tertiary studies would not get that recognition.

The SafeStart Officer recognised a gap in accredited education training provision at a lower level of entry.

Approaches were made to Registered Training Organisations (RTOs) for the provision of a recognised course in childhood injury prevention that would give a credit into "Certificate III Childcare" or the "Diploma of Community Services Childcare". The training would be made available at accredited neighbourhood houses. This was a lengthy process requiring time to develop a relationship with the RTO.

It is difficult to obtain funds for training as they are provided to RTOs based on demographics of an area. It is then up to each provider to prioritise local needs and courses. The prioritisation is completed a year in advance so funding is currently unavailable for childhood injury or in the timeframe of the SafeStart project. However, the subject can be self-funded, by participants, or subsidised by SafeStart as a once off. Morrison House (Neighbourhood House and an RTO), who will include the course in their newsletter, may continue the subject as a short course through their funding in subsequent term programs.

The course was developed for the Shire's SafeStart Project and requires approval by the Shire to sell or permit other RTO's to deliver the program. The course was developed and will be delivered by an Early Childhood educator. It includes Workplace II First Aid accreditation. This was an important outcome of this project.

The new government program "Parents Returning to Work" gives up to \$1,000 per successful applicant which can be used for childcare. The government's aim is to provide more "qualified" childcare workers through the program. Individuals can claim the rebate or a course can be developed to attract funds.

Neighbourhood Houses, rather than TAFE's (Tertiary & Further Education), target and attract low socio-economic groups who will be reached through this service. The course could be offered as a 'short course' (appendix 16)

3.15 Family Day Care

Staff in Family Day Care received the same training and resources as Maternal and Child Health nurses. Family Day Care has also demonstrated interest in subsidising the course for carers. Family Day Care workers do not receive any credits for current training. This has been a unmotivating factor for staff and one reason why retention is difficult.

4. SUSTAINABILITY OF STRATEGIES

The following strategies were sustainable outcomes resulting from the SOYR SafeStart project.

4.1 First Aid Provider

Training First Aid providers has long term sustainable outcomes. They are already aware of some of the issues and can incorporate first aid and child safety practice.

4.2 The Chirnside Park SafeStart Working Group

The Chirnside Park SafeStart Working Group has a three-year action plan and is seeking funding to assist with implementation. The Group uses the Community Centre as the venue for conducting its business and administration and has developed a business card to assist with communication. There is a permanent safety site with the demonstration of safety products in the MCH kitchen along with a safety display.

4.3 MCH Centre Child Safety Displays

Child safety displays were installed in MCH centre waiting rooms. They will be maintained centrally by an administration officer in MCH. This has led to a standardisation of childhood injury prevention resources. The previous practice required each nurse to be responsible for maintaining current information and resources and was, therefore, subject to variation in delivery of information to parents. Displays consist of (4 x A4) + (16 x tri folds) + (4 x A5) in differing configurations, depending on wall space available. Displays were erected at twelve main centres.

4.4 Child Health and Safety Accreditation

The course will be promoted to the other RTO's and councils cost-free except for a handling fee for written materials and the burning of CD's. It also attracts current funding from Parents Return to Work programs. It is anticipated that current and future Family Day Care and childcare employees will be attracted to the course.

4.5 Early Years Services Wallet Card

The durable card is covered in the MCH budget biannually for the general community.

4.6 Best Start Action Plan

Childhood injury prevention is a strategy that is included in the Best Start Action Plan under Key Activity Area 3 – Community – Strategy 5 which says:

“Raise the community’s awareness of the causes of unintentional childhood injuries and how to prevent them.”

4.7 Building Partnerships

The building of partnerships is important for sustainability. The partnerships and their related benefits for the SOYR SafeStart Project are detailed in Table 7.

Partnerships, for the purpose of project evaluation are defined as follows, and used in Table 7 below.

A partnership exists if the relationship between the project and another organisation, agency or individual produces a tangible benefit to the project. The contribution by the partner can be in the form of a service, sponsorship, advice or other benefit. A partnership can be **temporary (T)**, **ongoing (O)**, and **sustained/continued (S)** after the conclusion of the project.

Table 7: Partnerships and Partnership Benefits

Partner organisations	Benefit conferred by partners	Length of partnership and details (O, T or S)
Best Start – Millgrove, Little Yarra, Warburton	SafeStart/ Best Start collaboration in delivery of programs in the Upper Yarra Develop an action plan for the delivery of the causes of childhood injury & its prevention to the community	O: Ongoing consultation with the group till project end S: Continued support through Best Start Officer at project end
Morrison House (Registered Training Operator)	Develop and delivery of an ‘accredited’ course addressing childhood and aged issues in the home environment. Available to trades, playgroups, preschools, schools, Maternal & Child Health, Childcare groups, individuals (skill development), emergency services	O: Ongoing collaboration till developed S: Course to continue beyond the project
Chirnside Park Community Centre	Support for Working group by way of: venue, mail & contact and encouragement	S: Continued support beyond life of the project. Used as a ‘pilot’ for other Working Groups in a Community Centre setting
Maternal Child Health Nurses (see training)	Training update for nurses	O: Continued delivery of the causes of childhood injury and its prevention S: Delivery continued after the project end
Lilydale Working Group	Develop an action plan for the delivery of the causes of childhood injury & its prevention to the community	O: Ongoing consultation with the group till project end S: Continued support by Chirnside Park Community Centre after project end
Rotary Healesville (see publicity)	Promotion of childhood injury in community directory	T: Nov 03 – Nov 04 Sponsorship S: Directory will be in use long after new issues Nov 04
2.8 LHK	Targeted approach of first aid courses (including child injury	O: Will continue to raise the awareness

Partner organisations	Benefit conferred by partners	Length of partnership and details (O, T or S)
Paramedic Services	prevention component) to parents & carers of 0-4 yrs	of the causes of child injury & how to prevent it in courses designed for parents & carers S: Long standing reputable business. Benefits for the business in providing safety information
2.9 Woori Yallock Care for Kids	Venue for first aid delivery parents & carers 0-4 yrs	T: Duration of course only T: Sponsorship. Injury Prevention Week only (Oct)
2.10 Mail & Leader Newspapers (see publicity)	Promotion causes of child injury & how to prevent it	T: Community Safety month 2004 support only

(Sourced from GEAS Table 2)

4.8 Impact of SafeStart Project on Shire of Yarra Ranges Policies

The SOYR SafeStart Project has led to a number of positive impacts on Council policies and strategies. These are outlined in Table 8.

Table 8: Beneficial Changes to Regulations, Policies, Protocols and Practices

Type	Description
Community Well-Being Plan 2002 - 2005	Public launch April 2003 includes reference to childhood injury prevention
Community Safety Policy	<p>Draft policy scoping document (currently out for comment).</p> <p>Former Community Safety Plan was developed by the community focused on crime prevention only. Now has a broader focus including minimisation of childhood injury.</p> <p>The new policy is an outcome of the Community Well-Being Plan.</p>
Early Years Plan	SafeStart recommendations included in the plan along with actions from Best Start plan, Best Value Review of Children's Services and the Maternal and Child Health Strategic framework

(Sourced from GEAS Table 6)

5. EVALUATION FRAMEWORK

5.1 Baseline

A baseline (appendix 17) was set for the project at the entry interviews undertaken by the Project Officer and Project Manager. The following areas were explored:

- Local child injury initiatives/ practises that were in place before SafeStart;
- Local child injury prevention policies/regulations that were in place;
- Expectations for the major achievements; and
- Expectations of the partners/ council/ DHS region and central and evaluation and support team.

5.2 Generic Evaluation Assessment System (GEAS)

Monash University Accident Research Centre (MUARC) developed the Generic Evaluation Assessment System (GEAS) (appendix 18) for the Foothold on Safety Project (falls prevention). This tool was provided to assist in the collection of quantitative data and supporting information. The GEAS proved to be very helpful with data management and tracking the project. Achievements were easily identified, which was encouraging. The GEAS was a cumulative document that was completed at three intervals throughout the project and was used in preparing this report.

5.2.1 Project Process Sheet

Daily personal process notes were kept with separate project process sheets, developed by the Royal Children's Hospital (RCH), identifying key issues for summary, i.e., observations, approaches used.

5.2.2 Running Sheet

A running sheet of activities, resources and phone contacts was kept to assist in data collection for the GEAS. This was particularly valuable during the intensive implementation phase.

5.3 Interviews and Focus Groups

For process evaluation the following was required:

- Entry and exit interviews with Project Officers and Project Managers;
- Key informant interviews with 4-6 partners (six were completed); and
- 2-3 focus groups per SafeStart project site (two were completed)

5.4 Program Evaluations

5.4.1 First Aid Courses

The following three types of questionnaires were completed throughout the program:

First Aid provider feed back sheet (all courses);

Community Safety Month (Chirnside Park only); and

SafeStart questionnaire (appendix 19) (except Chirnside Park).

Overall, the results demonstrated that the majority of participants (83 completed) found the cooperative approach between the first aid provider and SafeStart commendable. The majority knew before training that "prevention is better than cure", two-thirds know that most childhood injuries happen in the home and a quarter knew that stages of development influence injuries. At the end of each course an informal chat showed that participants increased their knowledge about these issues.

5.4. 2 Information Sessions

The objective of the sessions was to increase the community's awareness and prevention of the causes of childhood injury.

A SafeStart questionnaire (appendix 19) was completed by participants. The vast majority said that:

- Their knowledge of child injury and prevention had increased;
- The information was relevant and interesting; and
- The speaker communicated well.

When asked about the most important message received most identified prevention, supervision and vigilance.

Most indicated that they would use or consider the information they received. Some indicated that they would:

- Check the functioning of smoke detectors;
- Store medicines and chemicals out of reach;
- Check their hot water temperature; and
- Encourage their friends and family to read prevention information, and do a first aid course.

One parent said that she would make a folder for her own parents to look at.

Thirty (30) information sessions were held of 30 minutes to 1-½ hour's duration. SafeStart Evaluations were completed at eight (8) sessions, received from 45 out of 52 participants.

Individual informal *chats* were used for those attending immunisation sessions. Further information sessions were held as part of the five (5) first aid courses.

Flexibility in delivery was imperative for a successful session and included informal chats, Kidsafe quiz, overheads and sharing of experiences.

5.4.3 Support for Best Start Consultations (4 May – 20 August)

As explained earlier, assistance was given to Best Start, for consultations, with 72 out of 98 completed by the SafeStart Officer.

Only 16 participants mentioned any form of safety issue in the consultation. They were:

- Lack of medical facilities;
- Keeping kids safe;
- First aid needs;
- Concern about SIDS (2) one with personal experience;
- Having to constantly supervise children; and
- Safety around the house.

While chatting with participants, it was evident that safety was either not a priority or seen as an isolated issue from general child health.

5.4. 4 Training Chirnside Park Working Group

After training the group stated that they will work more cooperatively because they received the information together. They felt that there was a lot of information to absorb but conceded that it was necessary and relevant to them. They did not want to extend the training over more sessions. They enjoyed exploring the possible future of the group and were keen to develop the action plan. (See appendix 20) for training content.

5.4. 5 Early Years Services Wallet Card

An evaluation is currently underway through Community Pulse, which is a survey document given to 800 Shire residents quarterly. Four questions have been asked which will not be analysed until July 2004, after the projects end.

The following questions were asked:

1. Do you have an Early Years Services Wallet Card?
2. Where did you get it from?
3. What have you used it for?
4. Is it useful?

The survey findings will be managed by the MCH Coordinator who has included the bi-yearly card in the MCH budget.

6. KEY OUTCOMES AND MAJOR CHALLENGES

6.1 Key Outcomes

6.1.1 Child Health and Safety Accreditation

The program will be delivered in Neighbourhood Houses that are also RTO's. It will benefit many individuals in low socio-economic circumstances or those returning to work. Formal recognition for skills acquired, particularly through parenthood, is given. As the program was developed and owned by the Shire it can be distributed to other RTO's. The program attracts current funding for "Parents Returning to Work", gives a credit into the "Diploma" and "Certificate III of Community Services (Children's Services)". Interested parties are working group members, Family Day

Carers, child care workers, those returning to work and parents seeking recognition for skills.

The program was an answer to an expressed community need.

6.1.2 Early Years Services Wallet Card and Maternal & Child Health Literature

Four products were developed and branded to enhance MCH services. Branding will last around five years with possible small updates required with each print update. The Early Years Services Card will be printed bi-annually.

The card is also an answer to an expressed community need.

6.1.3 Working Groups

The Chirnside Park Working Group was developed by SafeStart actively promoting childhood injury prevention through a three year action plan. Preliminary networking and promotion to establish working groups in the Upper Yarra was undertaken by SafeStart. Given that Best Start had the same target group work effort was combined to establish three Best Start Action groups in Millgrove, Warburton and Little Yarra. The Best Start Action Plan, over the next two years, has incorporated unintentional childhood injury prevention as a key deliverable.

6.1.4 Chirnside Park Community Centre - Safety Kitchen

The site is a new integrated child intervention and MCH facility, which is the model for future MCH centres. It is strongly supported by the Maternal and Child Health Coordinator, the Chirnside Park Working Group and the centre management.

6.1.5 Child Safety Resource Manual & MCH Centre Safety Display

The manual and displays assisted nurses to manage literature. The literature is centrally ordered through the MCH Administration Officer which lessens time spent in doing so by nurses, reduces overall cost and minimises duplication.

6.1.6 Child Safety Products Display Folders

This flexible product can be used by nurses, new parent groups, Family Day Care training, Working Groups and others for the purpose of awareness raising and training.

6.1.7 Incidental Outcomes

SIDS Information

Discussion was initiated with the SIDS Foundation regarding the type of information provided to parents. Brochures are based on the assumption that children are put in a cot to sleep only. This was challenged by SafeStart as, for example, children are often put in cots while parents perform household chores. Children may have toys in the cot at these times which could lead to injury and death, e.g. choking, asphyxiation and strangulation.

National Injury Prevention Plan Priorities

An opportunity was taken to give feedback on the “National Injury Prevention Plan Priorities for 2004 and beyond” discussion paper (Australian Institute of Health and Welfare, Canberra, July 2003). Feedback was given by Shire of Yarra Ranges in three key areas of the plan which were older people, alcohol and injury and young children. Specific feedback was given about young children in relation to the recommendations of this report (appendix 21)

Baby Expo

Baby Expo “free” tickets became available early October. Tickets (250) were distributed by MCH nurses, playgroups, staff, friends and family. This was an opportunity to expose parents and carers to safety products and nursery equipment. An informal telephone survey of known attendees found that:

The best part of the trip was the train ride (none of the children had been in a train before);

The worst part of the day was the crowding and lack of space for prams in walkways;

Older children (3 & 4 years) were accidentally hit by those trying to get past;

Parents enjoyed the social aspect and day away from home and chores;

There were short stays of 1 ½ hours due to difficulties listed;

There were not enough places to sit and breast feed babies;

Places were not marked clearly for feeding; and

Buying food was easy (a number of stalls) but there was no-where to sit.

Overall the parents thought the concept was great but would prefer a Baby Expo closer to home, without the crowding. This would be an opportunity to promote safe practise to parents and grandparents who often buy bigger nursery items locally. This could also act as a collection point to sort used nursery furniture, and eliminate recycled goods that do not meet standards.

6.2 Major Challenges

a) There is not an organised group within the Shire that focuses on safety and, therefore, the subject is not often discussed with those who have experience or could play peer support roles.

b) Home childhood injuries do NOT occur in isolation of other child health issues. Parents recognise this factor and say safety is not a treated priority because there is a perception that children are safer at home.

‘It won’t happen to us, but just tell us what to do if it does’ or

“When should I call an ambulance, doctor, hospital?”

c) Initially Shire of Yarra Ranges anticipated that Best Start and SafeStart would be jointly promoted and implemented in Healesville to demonstrate an integrated solution for the local community. The Steering Group identified that a significant work effort was required to allow the Upper Yarra Best Start project to be implemented and that Healesville would be a secondary stage of implementation. SafeStart initiated a number of activities in Healesville, e.g. 64 Best Start consultations. Best Start was the actively promoted term, given that it offered more

opportunity for sustainability, as it is a three-year project. All unintentional childhood injury prevention activities in Healesville were promoted using Best Start to minimise community confusion as in the Upper Yarra area. Membership was sought for Best Start only.

d) Anticipating difficulties associated with personal agendas and attitudes would identify possible risks and barriers, internally and externally, which could be prevented. Personal and group objectives may be inconsistent. Identified community leaders are not always the best informants.

e) The length of the program is too short to successfully engage higher risk groups, (those not accessing services for multiple reasons and lower socio-economic groups), in education and planning.

f) There are many groups such as Maternal and Child Health, Neighbourhood Houses and Health providers of existing programs requiring child safety training for staff. Despite much interest, it was not possible to provide this within the project time frame. Time was consumed by primary demands. This training would contribute to sustainability and ensure consistency in the approach to child safety education.

g) The Shire does not have a single community event that is recognised by the whole community. Though not a huge barrier, it could be a result of the demographics and an indicator of a fragmented community still affected by Shire amalgamations, geographical dispersion, i.e. residents of the Upper Yarra and Healesville area refer to this often. The length of the project limits the Project Officer's involvement in such an event and Working Groups are less likely to become involved due to the time required for planning and implementation and the criteria they set for activities.

h) Promoting the use of safety products is difficult due to complaints from users, cost, breakages and impractical usage. Parents install and use products with a perception that they replace supervision and vigilance. They are a delaying technique only and children will learn how they work as a child develops.

i) There are limitations in using brochures and leaflets; as identified below:

- They are not disseminated effectively;
- They are often not read;
- They tend to be single focused;
- They are often out of date; and
- They are duplicated by different organisations and companies.

This is costly and confuses the community, especially when the information is inconsistent or dated. There should be active encouragement for the dating, and possibly expiry dating, of brochures to inform the consumer of the brochure's current relevance. Orders can be slow in arriving and often unavailable for long periods or being reviewed.

j) Developing resources tends to strip time from a short project.

k) The CFA renegotiated on a verbal agreement to provide Early Fire Safe Training to Working Groups. They indicated interest in their involvement in the development of the Working Groups action plans and want a formal reporting process between CFA and the Working Groups. SafeStart Chirnside refused as

burns and scalds are just two of the health risks that the Working Groups are working with. This was disappointing as this would have increased sustainability.

I) Lack of occasional care places was identified as one of the factors affecting poor attendance at information sessions and participation in working groups. Accessible and affordable occasional childcare is non-existent.

6.3 Communications

Regular meetings for informal chats, between Project Officers (peer support), encouraged networking, sharing and participation, and proved to be of great support and benefit.

6.4 Barriers to Success in Community Development Practice:

6.4.1 Project Length Limitations

The program was limited due to the timeframe. A longer program is recommended for the following reasons:

When engaging the community in Community Development practises to allow time to gain “ownership” and “empowerment”. Working Groups knew that the Project Officer would not be available long-term. This was discouraging for the both Working Groups and the Project Officer, making sustainability more difficult. Working Group members were reluctant to take on full responsibility for the program without ongoing support to gain confidence.

If time permitted, Working Group participants would have been involved in the redevelopment of the Maternal and Child Health package. It was anticipated that their involvement would influence change in the functional implementation of MCH, however, a Working Group is already influencing change in MCH, through its own action plan, i.e., peer education “first time parents”.

The importance of targeting lower socio-economic groups, for community education or involvement in Working Groups. Participatory Action Research (PAR) is a preferred strategy, which is a longer process but is more likely to gain ownership and result in empowerment, which will lead to greater sustainability in the longer term. Finding a way to engage these groups is imperative. For example, manicure, make-up or home maintenance classes.

The importance of engaging the arts and cultural community. These groups plan well in advance, funded at least a year ahead. Working Groups could achieve the same but requires a great deal of participation. This results in a more sustainable outcome, given that funding rounds and applications occur one year in advance.

Developing relationships, trust and credibility, takes time particularly in a field where a Project Officer is unskilled, i.e. engaging trades and working with RTO's.

The importance of dispelling myths, e.g. children are safer in their own homes and accidents are bound to happen.

The project would benefit from involvement of a broader range of service providers with interest in child safety, e.g. pre-schools.

'Stronger communities are those where local relationships are based on trust, and trust can only be built on the basis of actions and communications, which take place over time'. Uncertainty, Risk and Children's Futures (Relatewell- Family Relationships Institute Inc June 2003 Vol 7 No. 2).

6.4.2 Childcare

Community Development was chosen by the Shire of Yarra Ranges to deliver the SafeStart program. Community Development practice, through using Participatory Action Research (PAR) methods, engages a community in an issue affecting them.

It is difficult to engage lower-socio economic groups in PAR, or any other method of delivery, when their basic need for occasional childcare is not met. This group also lack informal social supports which presents a challenge to participation in working groups.

The lack of occasional childcare, continues to effect families in the Shire of Yarra Ranges, and is inflexible and unaffordable.

6.4.3 Changing Systemic Attitudes

Internal and external groups are still operating as silos. A short-term project such as SafeStart can only begin to influence change. Sustainable outcomes are built over time, as integrated and cooperative relationships are fostered between agencies and communities.

7. RECOMMENDATIONS

State and National:

1. Community safety agencies and representatives be actively encouraged in dating and updating all safety information to decrease community and service provider confusion and encourage best practice.
2. Community safety agencies and representatives to explore and develop simple interactive and participative resources for adult education, e.g. puppet shows and child safety product display folder.
3. Advocate and support long-term program delivery of childhood injury prevention that permit permanent relationships to be built with the community to reach lower socio-economic groups.
4. Develop literature through child safety industry providers that increases the community's awareness of the links between the ages and stages of child development and injury type.
5. Support local councils and community safety agencies and representatives to advocate change in libraries to provide child health and safety information in the children's section for parents and carers rather than unused in the adult section.
6. Promote strongly the links between the ages and stages of child development and injury types through Maternal and Child Health nurses, child care centres and child safety representatives.

7. Target trades, through individuals and peak bodies, to explore and raise awareness and enlist support for childhood injury prevention in the home.
8. Identify a “Champion” for the cause amongst trade body groups to promote child safety in the home.
9. Target trade apprentice trainers and Registered Training Operators to include childhood injury prevention, in the home, within their course and apprenticeships.
10. Target first aid providers to include childhood injury prevention in the home within their paediatrics course structure.
11. Community safety agencies and representatives identify and address community needs, through Participatory Action Research (PAR) that will assist the sustainability of interventions.
12. Improve child safety awareness of lower socio-economic groups, childcare and Family Day Care workers and volunteers by promoting the lower level Accredited ‘Child Health and Safety’ course, through RTO’s like community houses. This will also provide recognition for skill and employment opportunities.
13. Include the delivery of childhood injury prevention within broader child health programs, eg, Best Start.

Shire of Yarra Ranges:

14. SafeStart recommendations to be incorporated into the Shire of Yarra Ranges Early Years Plan along with the learning’s from Best Start, Best Value Review, Children’s Services and the Maternal and Child health framework.
15. Develop and train further child injury prevention community working groups and peer educators with an emphasis on what is duplicable and achievable with considerations to personal demands on time and energy.
16. Consider subsidised childcare when funding programs to support the participation of lower socio-economic groups and parents and carers.
17. Explore the reasons and/ or barriers why parents in remote and urban areas do not access services.
18. Update child injury prevention training and resources bi-annually for Children’s Services including Maternal & Child Health.
19. Update and provide the Early Years Services Wallet card bi-annually.
20. Duplicate the Maternal & Child Health literature corporate look in Children’s Services to promote services, eg:, Family Day Care
21. Promote the lower level Accredited ‘Child Health and Safety’ course, through local community houses (who are RTO’s), childcare centres, playgroups and family day care. This will provide recognition for skill and employment opportunities.
22. Include the delivery of childhood injury prevention within broader child health programs, i.e., Best Start.

23. Advocate to libraries to provide child health and safety information in the children's section to parents and carer's rather than unused in the adult section.
24. Promote strongly the links between the ages and stages of child development and injury types through Maternal and Child Health nurses, child care centres and child safety representatives.
25. Target trades, through individuals and peak bodies, to explore viable and practical options which raise awareness and enlist support for childhood injury prevention in the home.

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