

S a f e S t a r t



Report on SafeStart Child Injury Prevention Project

City of Greater Dandenong

July 2002 - December 2003



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Data Validity and Reliability: Please note that child injury statistics obtained from the Victorian Injury Surveillance and Applied Research System (VISAR), at Monash University Accident Research Centre accounts for approximately 80% of hospital emergency departments in Victoria. It is estimated that GPs would see an equal number of child injury cases for which no data is available. Graphs depicting injury causes do not represent all causes of injury as many case summaries were not completed. The numbers of incomplete cases have been noted on each graph.

ACRONYMS

AIHW	Australian Institute for Health and Welfare
AMES	Adult Multicultural Education Services
CALD	Culturally and Linguistically Diverse Groups
CCCH	Centre for Community Child Health
CFA	Country Fire Authority
CGD	City of Greater Dandenong
DHS	Department of Human Services
GEAS	Generic Evaluation Assessment Survey
INPAA	Infant Nursery Products Association of Australia
MCH	Maternal and Child Health
MUARC	Monash University Accident Research Centre
RCH	Royal Children's Hospital
UNICEF	The United Nations Children's Fund
VISAR	Victorian Injury Surveillance and Applied Research System
VSCN	Victorian Safe Communities Network

EXECUTIVE SUMMARY

Unintentional child injury is a national health priority and remains the leading cause of childhood death. Child injury prevention is recognized as a child health priority in the CGD, (City of Greater Dandenong) with almost one in ten children aged between 0-5 years of age sustaining an injury requiring hospital treatment in a three year period. Census data indicates that Greater Dandenong is one of the most culturally diverse and socio economically disadvantaged areas in Australia, both of which are risk factors for injury.

The CGD 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. The CGD developed and implemented a project that targeted parents and carers of children aged 0-5 years and Arabic, Cantonese, Khmer and Vietnamese speaking communities, of which after English, are the highest number of languages spoken by families with children aged 0-5 years, in CGD.

The project supports a community development, participatory action model, with strategies focusing on the following criteria; resource development and use, building partnerships, awareness raising activities, training and education, risk reduction measures, supportive policies, rules, systems and practice changes and injury data. The project criteria formed the framework of the GEAS, (Generic Evaluation and Assessment Survey), developed by MUARC, (Monash University Accident Research Centre) to evaluate the project.

Key highlights and achievements of the project:

→ Provision of and access to child safety resources in English, Vietnamese, Chinese, Khmer and Arabic languages was maximized through extensive sourcing of available child safety information and development of a new pictorial 'Safe Smart Homes' booklet, translated in Arabic, Chinese, Khmer and Vietnamese.

→ Peer educator's journal entries and evaluation form feedback indicated that child safety education and training activities had raised community awareness and knowledge of child injury prevention.

→ Use of safety products in the community was increased through free safety product giveaways and in-kind support received from businesses.

→ Child injury prevention and child injury data was integrated into the City of Greater Dandenong, 2003-2006 Municipal Public Health Plan and City of Greater Dandenong, 2003 Health Status report to ensure a mechanism for continued monitoring of the projects impact was sustained.

→ Fruitful partnerships were formed with a number of key service providers and groups in the community.

→ The culturally and linguistically diverse peer educators will continue to be supported to provide child safety activities to their communities beyond the life of the project.

→ A greater understanding of the relationship between culture and child injury was established through piloting a peer educator model and evaluating the mix of strategies implemented to educate culturally and linguistically diverse communities about child safety.

The SafeStart findings may have remained undiscovered if the journey focused on the most direct route to get to the final destination as opposed to taking the longer, scenic and mountainous route. Taking the longer route provided greater opportunity for participatory action research. The project definitely provided the opportunity to gain greater insight into how different groups and cultures in a community perceive child injury and respond to various interventions. There is little research available on the relationship between injury prevention and culture. It is hoped that the projects findings and the twenty eight recommendations provided at the conclusion of this report open the doors to further research in this area.

INTRODUCTION

1. Background

SafeStart is a child injury prevention project which focuses on community partnerships to target a reduction of child injuries. The project was funded by the Department of Human Services, Victorian State Government in three local government sites to pilot the approach of involving local government and communities in the management and implementation of child injury prevention interventions. The programs were funded for 18 months duration in the City of Greater Dandenong, Shire of Yarra Ranges and City of Ballarat. The City of Greater Dandenong project targeted 0- 5 year old children from Arabic, Chinese, Cambodian and Vietnamese speaking communities. Prevention strategies focused on falls, poisoning, burns, scalds and electrocution injuries in the home.

1.1 Child Injury

Size of the Problem:

Injury prevention has been identified as one of the six National Health priorities. Child injury prevention is an important health priority. Injury is the leading cause of child death and one of the main causes of hospital admission and emergency department attendance in Australia. (Australian Institute for Health and Welfare, AIHW, DHS: 2001) Each year about 300 children aged 0-14 are killed and 60, 000 hospitalized by unintentional injuries. Child injuries cost Victoria an estimated \$80 million dollars each year. (KidSafe:2000, DHS: 2001). Disability or death from injury significantly impacts on families.

Risk Factors:

The majority of injuries to children occur in the home and males have higher rates of injuries compared to females. (AIHW: 2001). Patterns of injury vary depending on the child's stage of development. Young children under 5 years of age are most at risk of unintentional injury. Burns, scalds, poisoning and drowning or near drowning are the most common injuries in children under 5 years of age. (DHS:2001)

There is a significant difference in child safety knowledge related to socio economic status (Colley: 1994), with risk of injury rising steeply with poverty, single parenthood, low maternal education, young maternal birth age, poor housing, large family size and parental drug and alcohol abuse. (UNICEF:2001). Two reasons for this are cited. Firstly that there are increased risks in less prosperous areas and fewer resources to make homes safer (Carlisle: 2001) and secondly that lower socio economic status is associated with beliefs about inevitability of injuries, while higher socio economic status is associated with beliefs about preventability of injury. (Girasek: in Hazard: 2001). It is recommended that injury prevention initiatives address the challenges of changing both people and places if they are to reduce health inequalities. There is a need to identify critical periods of increased risk for lower socio economic groups and design interventions that increase the likelihood these groups will negotiate transitions without injury. (Moodie in Hazard: 2001/02)

Recommended Approaches:

Individuals and groups have a greater chance of responding to health prevention initiatives and in changing their behavior if messages are delivered using a variety of methods. A multifaceted approach incorporating a range of educational, behavioral, environmental, legislation and regulation strategies is recommended in injury prevention (National Center for Injury Prevention and Control: 1999). Education is more likely to result in a decrease in injuries if it is coupled with enhancing access to safety devices, regulation or enforcement and delivered over several occasions or extended counseling. Community wide approaches which consider timing, integration of campaigns and infrastructure demonstrate success. (DiGiuseppi and Roberts: 2000, DHS: 2001) These approaches have therefore been emphasized in the SafeStart project plan and interventions.

Research from DiGiuseppi and Roberts 2000, Clamp and Kendrick 1998, Coggan, Patterson, Brewin, Hooper and Robinson 2002 and Ozanne-Smith, Sherrard, Brumen and Vulcan 1997 recommend fewer, more targeted interventions. Clinical interventions aimed at reducing a variety of safety practices and child injuries

have less effectiveness compared to targeted interventions such as car restraint use, smoke alarms and hot water temperatures. An important consideration is that a project can be equally successful if it shows a particular invention does not reduce injuries as it can save further time and resources being utilized. (Thompson and McClintock: 2000). These aspects will also be considered in the SafeStart project. Thorough formulative evaluation is likely to show how problem areas can be improved, what will succeed and what needs improvement to avoid embarking on an initiative that is likely to be unsuccessful.

1.2 Child Injury in the City of Greater Dandenong

Demographics of the community:

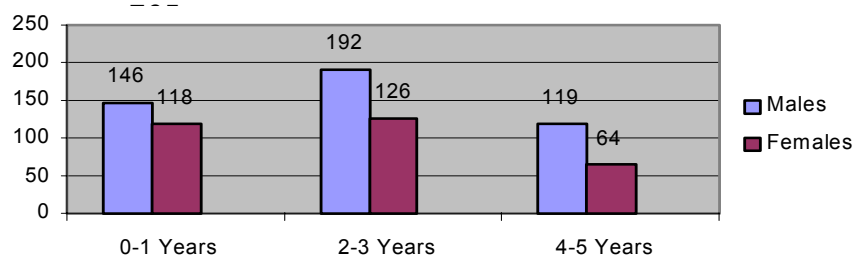
The demographic profile of the CGD represents the risk factors sited which are associated with an increased risk of injury. Greater Dandenong is one of the most culturally diverse and socio economically disadvantaged communities in Australia. It has a population of approximately 130, 000 with 54% of residents being overseas born, from 151 countries of birth. Over 55% of residents speak languages other than English at home and 30% of residents possess the lowest level of English literacy. The unemployment rate is 9.6% compared to 6.1% for metropolitan Melbourne. Greater Dandenong was ranked the 2nd most socially and financially disadvantaged area for the proportion of residents on low incomes in metropolitan Melbourne in 2001. (ABS: 2001 Census).

The target group for the SafeStart project is children aged 0-5 years. There are 9, 970 children aged 0-5 years residing in Greater Dandenong. (ABS: 2001 Census). Of these 3314 represent English speaking families. The top four culturally and linguistically diverse families with children aged 0-5 years were prioritized as the target groups for the project, these were, Vietnamese (1194), Cantonese (394), Khmer (344) and Arabic (227). Targeting culturally and linguistically diverse groups was a recommendation in the 2001 – 2003 National Injury Prevention Plan and the City of Greater Dandenong project plan supported this recommendation in prioritizing project strategies to meet the needs of the nominated four culturally and linguistically diverse groups.

Child Injury Rates:

According to hospital presentation and admission data a total of 915 children aged 0-5 years residing in CGD sustained an unintentional injury in the home between 1999-2001. (VISAR, MUARC) Of these 16% were admitted to hospital for treatment. In a three year period, of the 9,970 children aged 0-5 years residing in CGD, almost 1 in 10 children are likely to sustain an injury in the home which requires hospital treatment. The graph below shows that males are at greater risk of injury compared to females and that injuries peak when children are 2-3 years of age. This pattern of injury is similar across Victoria.

**Graph 1: Child Injury in CGD
(Hospital Presentations 1999-2001)**

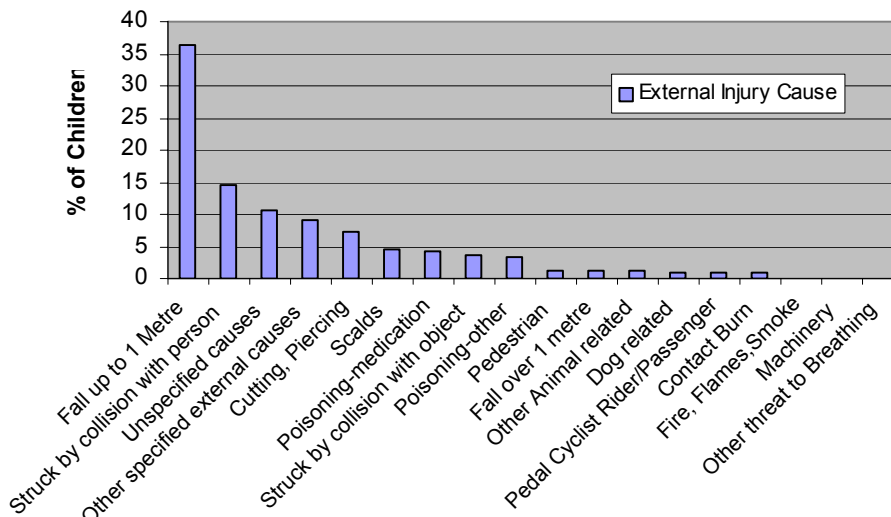


Source-Victorian Injury Surveillance and Applied Research System (VISAR)

These graphs reflect the most common injuries in the home sustained by young children. Falls, poisoning, scalds and burns rated in the first eight hospital presentation and admission injuries. Available evidence shows promising prevention strategies for reducing the incidence of these injuries. These two factors supported the need to target project strategies to these particular injuries.

Graph 2

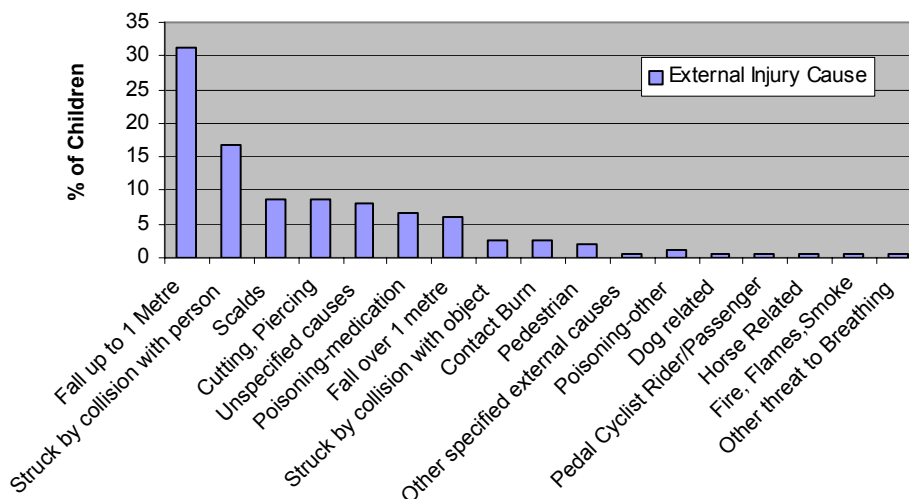
**Injury in the Home, Children 0-5 Years in Greater Dandenong
Hospital Presentations 1999-2001 n=765**



Source: Victorian Injury Surveillance and Applied Research System

Graph 3

**Injury in the Home, Children 0-5 Years of Age in Greater
Dandenong, Hospital Admissions 1999-2001 n=150**



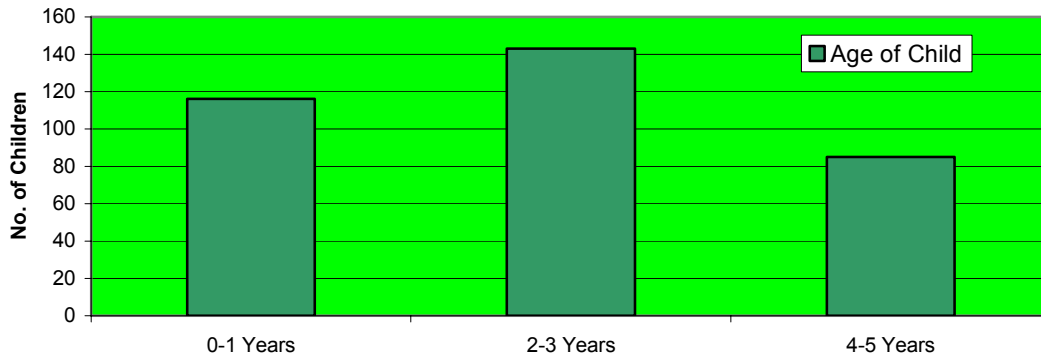
Source: Victorian Injury Surveillance and Applied Research System

Falls:

In the CGD, falls are the first major cause of injury hospitalizations for children aged 0-5 years. This is also the case nationally. A total of 344 children, aged 0-5 years, presented to or were admitted to hospital for a fall in the home from 1999-2001. Of these children, 16% were admitted to hospital. The data indicates that children are most risk at of sustaining an injury from a fall when they are between the ages of 2-3 years.

Graph 4

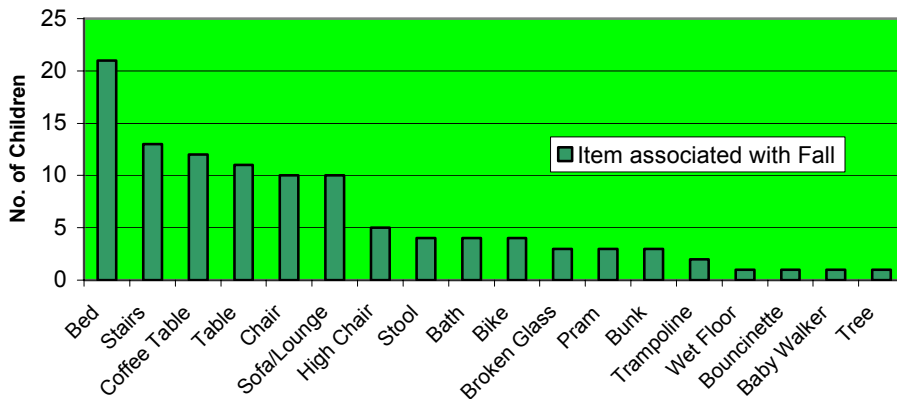
Falls in the Home according to Age n=344 Children Aged 0-5 Years City of Greater Dandenong, 1999-2001



Source: Victorian Injury Surveillance and Applied Research System (VISAR)

Graph 5

Falls up to 1 Metre in the Home n=326 Children of Greater Dandenong 0-5 Years, 1999-2001



Source: Victorian Injury Surveillance and Applied Research System (VISAR).
Please note this is not a complete representation of all causes, 109 cases summaries were incomplete.

Graph 5 provides a snapshot of common items associated with falls in young children in CGD. The graphs shows that household furniture items, particularly nursery furniture such as beds, prams/strollers, tables, benches, chairs, stools, baby walkers, lounges, change tables, stairs, high chairs and bunk beds are common items associated with falls for children less than 5 years. (Ashby & Corbo: Hazard: 2000) Design of environment is also a risk factor for injury such as open access to stairs.

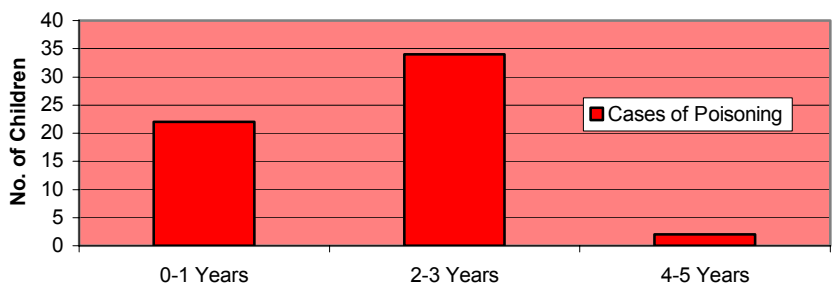
The following evidence based prevention strategies are based on the risk factors sited and were incorporated into the SafeStart falls prevention strategies:

- Promote window / safety guard installation to reduce severity & incidence of injury. (Elford in Atech:2001)
- Use the harness in prams, strollers, high chairs and change tables. (MUARC)
- Choose nursery furniture which meets Australian Standards and using it safely. Improved mandatory nursery furniture standards are expected to result in a reduction of injuries as there is clear evidence that design and size can result in falls, striking and crushing injuries. (DHS: 2001)
- Promote the wearing of bicycle helmets and protective gear and use of soft fall under play equipment. (Ashby and Corbo: Hazard: 2000)

Poisoning:

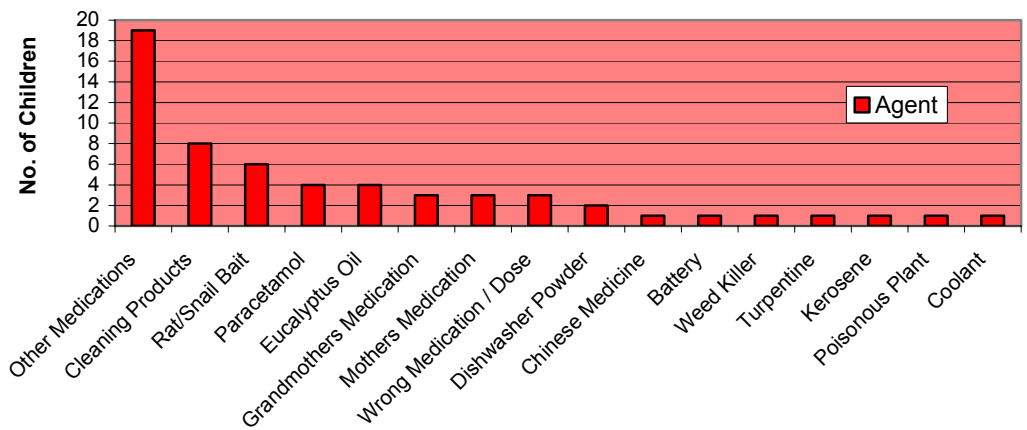
In the CGD, poisoning is the 6th major cause of injury hospitalizations for children from 0-5 years of age. A total of 69 children, aged 0-5 years presented to or were admitted to hospital for poisoning from 1999-2001. Of these children, 17% were admitted to hospital. Hospital admissions and presentation data for the CGD, indicates that children are at most risk of being poisoned when they are between the ages of 2-3 years.

Graph 6
Poisoning in the Home according to Age(n=69)
Children 0-5 year of Greater Dandenong 1999-2001



Source: Victorian Injury Surveillance and Applied Research System VISAR

Graph 7
Agents causing Poisoning in the Home
Children (0-5 years) in Greater Dandenong 1999-2001



Source: Victorian Injury Surveillance and Applied Research System (VISAR)
 Please note all case summaries were not completed

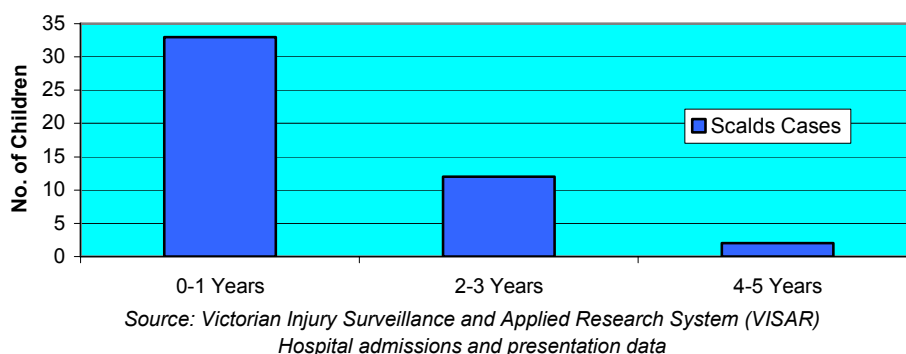
The following evidence based strategies were incorporated into SafeStart poison prevention strategies:

- Increase parental awareness of storage, labeling and use of drugs and chemicals around the home. (Elford in Atech:2001). Highlight the main poisonous agents accessed by children; medications pesticides, household cleaners, soap, detergents and the high risk age as outlined in graph 6 & 7.
- Promote child resistant packaging on medicines and poisonous products. (DHS:2001, Potnont:2001)
- Promote using the Poisons Information Centre to decrease hospital attendance rates. (DHS: 2001)
- Promote the use of child resistant cupboard locks as 25% of medication poisonings involve climbing and 75% occur when medicines or poisonous products are left out or just purchased. (Hazard No 27: 1996)
- Encourage removal of unwanted and expired medicines from home and carer environments. (National Injury Prevention Plan: 2001-2003).
- Promote reading labels carefully and checking with health professionals when unsure of dosage or use. Medication poisoning from accidental overdose is on the rise. (Hazard No 27: 1996)

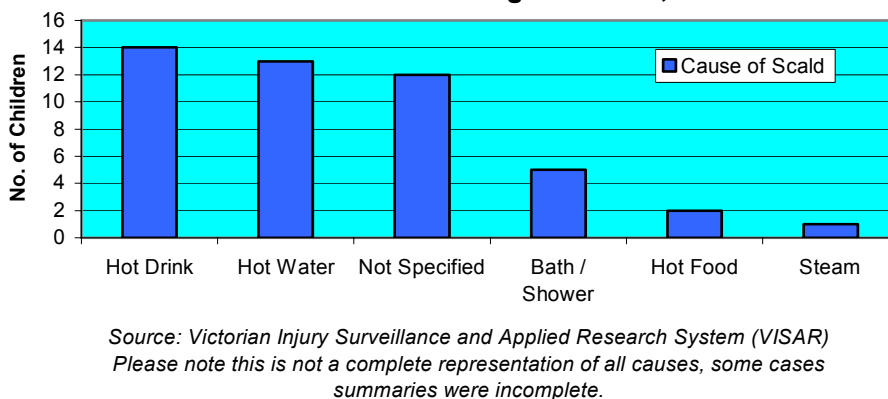
Scalds:

In the CGD, scalds are the third major cause of injury hospital admission for children from 0-5 years of age. A total of 47 children, aged 0-5 years of age presented to or were admitted to hospital with scald injuries from 1999-2001. Of these children, 28% were hospital admissions. Hospital admissions and presentation data for the CGD, indicates that children are at most risk of being scalded when they are between the ages of 0-1 years.

Graph 8
Scalds in the Home according to Age (n=47)
Children in Greater Dandenong 0-5 Years, 1999-2001



Graph 9
Causes of Scalds in the Home (n=47)
Children in Greater Dandenong 0-5 Years, 1999-2001



The following evidence based prevention strategies were incorporated into the SafeStart strategies:

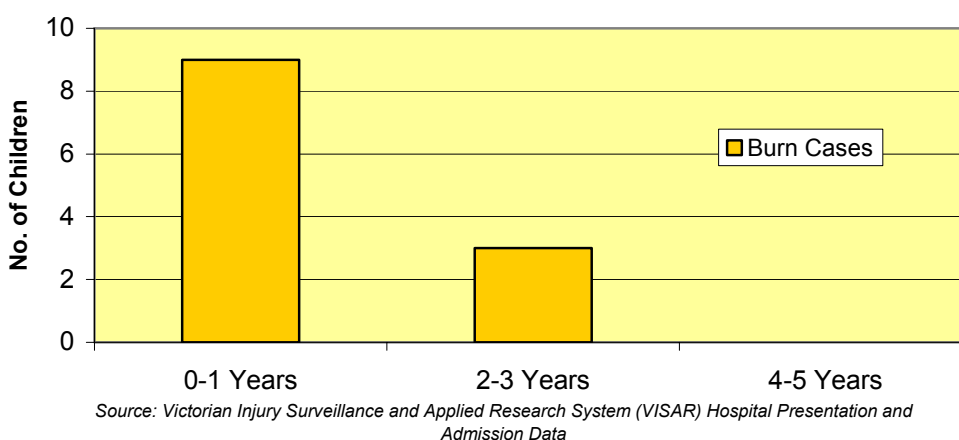
- Promote safe hot water temperatures and the use of hot water thermostat regulators (Elford in Atech: 2001, DHS: 2001)
- Provide hot water thermometer giveaways (Harbor view Injury Prevention and Research Centre: 2002)
- Promote the use of safe spill resistant mugs and stove guards. (MUARC: 2002)

Burns

In the CGD, 12 children aged 0-5 years of presented to or were admitted to hospital with burn injuries from 1999-2001. Of these children, 10 sustained contact burn injuries. Of the cases represented in the graph, 42% were hospital admissions indicating although less prevalent, the injury has a high severity index.

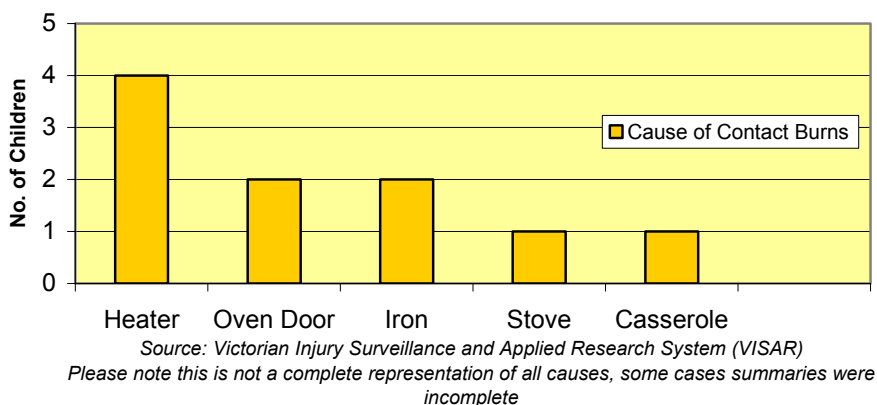
Graph 10

**Burns (Fire & Contact) in the Home according to Age (n=12)
Children in Greater Dandenong 0-5 Years, 1999-2001**



Graph 11

**Causes of Contact Burns n=10
Children in Greater Dandenong 0-5 Years, 1999-2001**



The following evidence based prevention strategies were incorporated into the SafeStart strategies:

- Promote correct use of smoke alarms (Elford in Atech :2001), coupled with product promotion and assistance with purchasing, subsidization or installation. (DHS: 2001).
- Promote the use of non flammable sleep wear (Elford in Atech:2001, DHS: 2001)
- Promote the use of stove guards and fire heater screens. (MUARC: 2002)

1.3 Management of the Project

The CGD SafeStart project was implemented and managed within the Maternal and Child Health / Family Support and Counseling Business Unit. The Project Manager reported to the Coordinator of Maternal and Child Health and Family Support Coordinator, providing progress reports on a monthly basis. A reference committee and terms of reference was established at the commencement of the project to provide support, advice and guidance throughout the duration of the project on a bimonthly basis. Membership comprised of the Coordinator of Maternal and Child Health and Family Support/Counseling, Coordinator of Children's Services, Coordinator of Greater Dandenong Family Day Care, Family and Children's Services Manager: Greater Dandenong Community Health Centre, Health Promotion Officer: Department of Human Services Southern Metropolitan Region, Arabic, Chinese, Cambodian and Vietnamese Peer Educators.

1.4 External Evaluation

A Support and Evaluation team represented by Monash University Accident Research Centre and the Royal Children's Hospital Centre for Community Child Health, was assigned to support the local governments to undertake the project and to evaluate and report on the processes and outcomes of the overall SafeStart projects. Support and evaluation components included; training and support meetings with the Project Officers, key informant interviews pre and post the project, focus groups at completion of the project and analyzing and reporting on the findings in the Generic Evaluation Assessment Survey (GEAS) reports submitted to MUARC throughout the project. The Project Manager and Peer Educators kept journals to record project findings.

2. METHODOLOGY

The Planning Process

The SafeStart project was based on the participatory action research model. Multi-faceted strategies, focusing on community development approaches were emphasized in the project. Awareness raising strategies, training and peer education principles, building partnerships and risk reduction measures were major components of the project. Evaluation focused on measuring process and impact indicators.

The two major project goals were:

- To prevent child injury in children aged 0-5 years of age in the City of Greater Dandenong
- To effectively target children from Vietnamese, Chinese, Cambodian and Arabic communities.

2.1 Target Population

Parents and carers of children aged 0-5 years residing in the City of Greater Dandenong. Arabic, Cantonese, Khmer and Vietnamese speaking parents & carers of children aged 0-5 years residing in CGD.

2.2 Objectives

1. To develop needs and culturally appropriate child injury prevention initiatives, through community consultation.
2. To ensure child injury prevention initiatives are evidenced based.
3. To maintain provision of child safety resources in English, Vietnamese, Chinese, Khmer and Arabic languages for the community.
4. To maximize access to child safety education and resources to the four culturally and linguistically diverse groups, service providers and the wider community.
5. To increase community awareness and knowledge of child injury prevention.
6. To increase the use of safety products in the community.
7. To identify and secure sponsorship opportunities.
8. To integrate child injury prevention into the CGD 2003-2006 Municipal Public Health Plan.
9. To establish a monitoring mechanism to ensure continued integration of child injury data into the CGD Health Status report and health plan. (falls, burns, scalds, poisoning and electrocution)
10. To form partnerships which build child injury prevention strategies into existing local and state government and community programs and services.

2.3 Evaluation Framework

A draft project plan and evaluation framework was developed in the first 3 months of the project and was circulated to members of the reference committee for discussion and modification, where required. Community consultations were undertaken in new parent groups and CALD Parent Friendship and Education Groups and questionnaires were circulated to Maternal and Child Health and Children's Services staff to assist with guiding project plan priorities. Literature findings and local injury data assisted in planning project priorities. The final draft of the project plan and evaluation framework was accepted in late October and provided to members of the reference committee. (Refer to Attach 1). The project framework encompassed; objectives, strategies, stakeholders, target groups, key performance indicators and timelines. Questionnaires and evaluations were circulated as part of education and training sessions to evaluate the projects impact.

2.4 Project Strategies

Project strategies were based on the Generic Evaluation Assessment Survey (GEAS) framework provided by MUARC:

- Resource Development and Use
- Building Partnerships
- Awareness Raising Activities
- Training and Education (Peer Education Model)
- Risk Reduction Measures
- Supportive Policies, Rules, Systems and Practice Changes
- Injury Data
- Additional Information

3. METHODOLOGY

Implementation of Strategies

3.1 Resource Development and Use:

Strategies implemented to achieve Objective 3:

→ *To maintain provision of child safety resources in English, Vietnamese, Chinese, Khmer and Arabic languages for the community.*

A large amount of child safety information was sourced, which assisted with implementing the following project strategies:

- Sourcing contents for inclusion in child safety resource folders.
- Providing handouts to target groups and in group activities.
- Selecting and standardizing information for circulation at Maternal and Child Health key age and stage visits.
- Identifying translated information currently available to ensure there was a need to develop a new resource.

A total of 64 written resources pertaining to different child safety topics, (58 existing, 4 new, 2 adapted) and 15 product resources were circulated or demonstrated. Of the 64 written resources in English, 23 Vietnamese versions, 20 Arabic versions, 18 Chinese versions and 7 Khmer versions were sourced and made available. Extensive sourcing of information demonstrated that there was a large amount of child safety information available for order from a range of sources and distribution points. Child safety information order forms for translated child safety information were developed and circulated to maximize sustainability of resource use. Order forms provided by child safety specialist organizations such The Royal Children's Hospital, KidSafe, Vic Roads, The Poisons Information Centre and Consumer affairs were copied and circulated to key service providers. At times information orders were not able to be fulfilled due to limits per orders or a lack of funding secured to sustain ongoing print runs. Having a central distribution point and increasing availability of translated resources on websites may assist with alleviating access barriers.

Based on local demographics, community consultation results (refer to Table 1 in 3.2 Building Partnerships section), evidence based recommendations, local injury data and mapping of child safety information and resources available a need was established to develop the following resources:

1. A child safety booklet, 'Safe Smart Homes – Give Children a SafeStart' developed and translated into Arabic, Chinese, Khmer and Vietnamese. The book uses pictures and short, simple tips for preventing the targeted home injuries (falls, poisoning, scalds, burns and electrocution), in children aged 0-5 years. A total of 6,000 copies were produced for dissemination in February/March 2004.
2. Child safety kits for use in child safety education and training sessions (Total of 3).
3. Child safety resource folders for key service providers, namely Maternal and Child Health Nurses and Children's Services staff (Total of 25).

The time required to consult and ascertain the need for a particular resource prior to development was underestimated. Before producing the resource focus testing was necessary to understand parents pre existing perceptions and knowledge of child safety and what their particular needs were. The lengthy process emphasized the importance of the reflecting on the journey rather than rushing to the destination and developing a brochure which may meet the needs of the funder and organization but not the target group it is intended for. Examples of vital information obtained through the focus testing was that a cross over a baby or person symbolizes death in Chinese culture, resulting in a Chinese parent avoiding looking at a resource which communicates unsafe pictures using this method. When parents were shown a 'safe' photo of a child touching a power point protected with a power point cover, parents said the photo was unsafe because even though the cover was over the power point, your child should be taught not to play with a power point. The parents advice was to just show a close up photo of a power point with a cover in place without a child in the photo. Although the focus testing was useful for improving the resource, the parents feedback did differ or conflict with other opinions on occasion. The guidelines for modifying photographs was therefore dependant on the message remaining evidenced based and universally clear to the majority of parents participating in the focus testing.

During the development of the 'Safe Smart Homes' booklet, the following recommendations were provided to key stakeholders to ensure important issues were not neglected as the development process evolved:

- Graphic designers to consult on the design of the resource.
- Supporting participatory approaches and learning's will more likely result in a change in behavior. Including community members in the photographs supports a process which evidence indicates builds sustainability into the life of the message and supports a capacity building process. (Elkington.J and Gaffney.D: 1993). Therefore a sample of the local photographs will be used where possible. Written consent has been obtained from all families included in the photographs.
- Evidence indicates that public health campaigns and programs are more likely to be effective when coupled with a range of prevention approaches which include: – media stories, safety product giveaways, regulation, campaigns – "Community Safety Month" events and education such as parent group child safety sessions and Maternal and Child Health centre consultations. The resource will be disseminated in conjunction with these activities.
- Dissemination strategies will be planned in advance to reach the target groups effectively. Maternal and Child Health Centres, Preschools, Child care and Family Day care centres, local hospitals and community health centres will be key dissemination points for the resources. Specific activities targeting children such as Playgroups, Antenatal and Postnatal groups will also be targeted. General Practice and Bunning's Warehouse will also be explored as possible distribution points.
- A disclaimer may be necessary: *The information provided in this resource is for general information purposes and is not a substitute for medical advice. It should not be used for treatment or diagnostic purposes. For such advice please consult your doctor or appropriate health professional to discuss*

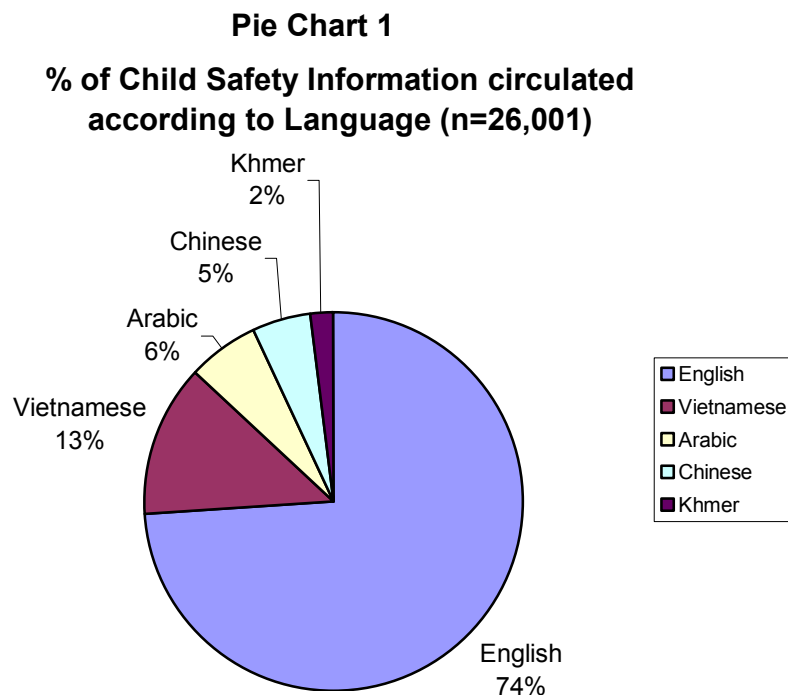
the information in this resource. The City of Greater Dandenong disclaims all liability as a result of reliance on or misinterpretation of this resource. The information contained in this resource was correct at the time of publication. (Wording has been checked with CGD Risk Management).

- There is a risk that photographs may not always provide a clear message. Captions which relate to each photograph may be required and should be translated into short, key messages beside the photographs. Ticks and crosses should be tested to differentiate between safe / unsafe photographs. Each theme or caption should be kept on a separate page to avoid confusion.
- All draft versions of the resource are to be previewed before being sent to the designers and the Project Manager is to liaise with the designers directly where necessary. Focus testing the draft version of the resource before final print is necessary as this will ensure it communicates adequately to the target population and minimizes the risk of translation errors.

Strategies implemented to achieve Objective 4:

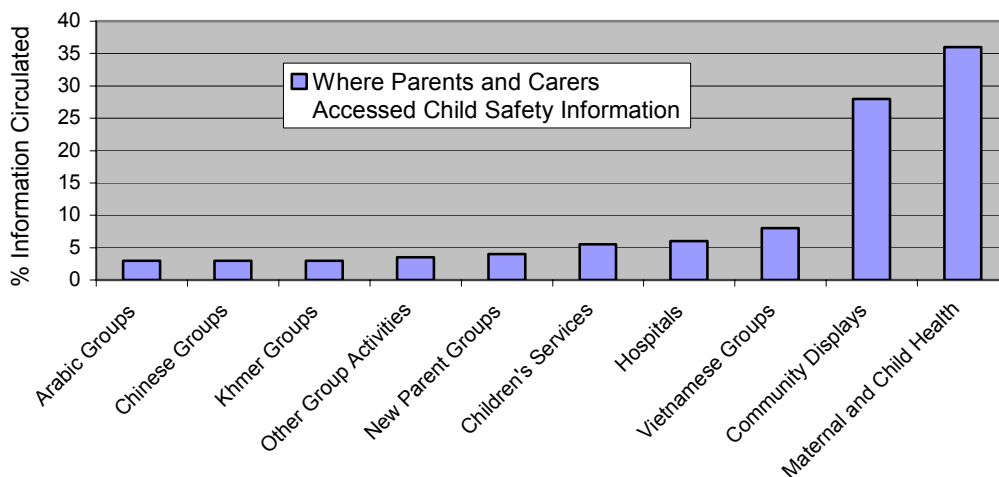
→ *To maximize access to child safety education and resources to the four culturally and linguistically diverse groups, service providers and the wider community.*

Overall 26,001 written child safety resources were circulated. (19,259 English, 3312 Vietnamese, 1154 Chinese, 1446 Arabic and 530 Khmer). As reflected in pie chart one, the majority of resources circulated were English and Vietnamese. This can be explained by the fact a larger number of resources are available in these languages compared to the other languages, English and Vietnamese are the main two languages spoken by parents residing in CGD and a higher number of child safety activities were conducted with English and Vietnamese speaking parents. The low number of Khmer resources circulated is due to the fact very few child safety resources have been translated into Khmer.



Graph 12 provides an overview of the range of settings and activities where child safety information was circulated from. Maternal and Child Health centres and community display settings were the two main providers of child safety information. This could be attributed to the fact that larger numbers of the target groups accessed these settings and that Maternal and Child Health Centre data was based on the number of resources taken by each Maternal and Child Health Nurse and not what was actually distributed, therefore the total could be overestimated. The graph provides a local snapshot of a sample of information dissemination points and does not attempt to capture all local settings providing child safety information, such as Child Care, Hospitals and General Practice. The data does not solely represent families residing in CGD as a number of families residing outside the municipality access local services.

Graph 12
Where Parents and Carers Accessed Child Safety Information
(n=26,001 information)



Snapshot only: due to limitations in capturing all activities of local service providers and groups this is not a complete or accurate representation of all groups circulating information and all information circulated by the groups listed.

Strategies aiming to maximize access to child safety information should also aim to maximize use of information. At the reference committee meeting and training sessions it was noted by many that new parents are busy and are not likely to read safety information. Readiness to receive and relate to information appears to differ amongst parents, antenatally and postnatally. This reinforces the need to standardize and target information at different stages. Maternal and Child Health and Children’s Services working groups assisted with standardizing child safety information and developing child safety resource folders.

A number of Maternal and Child Health Nurses and local Midwives reported that parents do not seem to be interested in discussing child safety just before or just after the birth of their baby due to being overtired and adjusting to a number of lifestyle changes. New mothers appeared to be more concerned with breastfeeding, sleeping and settling issues. Before the birth women appeared to be more focused on the ‘birth process’. These challenges support the recommendation that a variety of teachable and timely moments are required to encourage parents to respond to and act on child safety information at a time that is right for them. Appropriate opportunities to consider include:

1. *Prenatal/Antenatal*: while it is argued that expectant parents are focused on the birth process at this stage other expectant parents find it is a time when they are likely to read information as they prepare for their baby’s arrival. Child safety information could be too little too late, such as providing safe nursery furniture information after the birth of the baby when the majority of nursery furniture has already been purchased. This feedback was received in evaluations received from mothers attending some of the postnatal new parent groups.

2. *At the time of the accident:* while it may not be an appropriate time to provide information if parents are distressed and unable to take in information, in the case of minor injuries some parents are glad to receive information and some emergency staff report that parents seem more responsive to information at the time of an injury. Parents of an injured child often like to share their experience and information with family and friends and this can provide an opportunity for awareness raising.

3. *Key developmental phases:* risk factors for injury vary depending on the child's developmental stage and progress. (Ozanne-Smith: 1992). Parents do not appear to be as receptive to information until their child has reached the developmental stage being referred to, such as crawling and opening cupboards to access poisons. However it is recommended that the best time to educate parents about injury prevention is before the child has reached the 'high risk' developmental stage for injury such as removing poisoning before a baby is crawling and grasping objects.

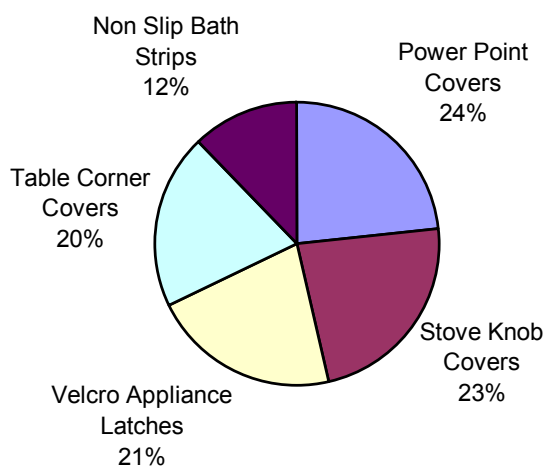
4. *Source of Information:* parents are more likely to respond to information from a credible source eg General Practitioner, Paediatrician, Maternal and Child Health Nurse, Registered Nurse, KidSafe, RCH Safety Centre.

Strategies implemented to achieve Objective 6:

→ *To increase the use of safety products in the community.*

A total of 61 businesses were invited to participate in or support the *SafeStart* project in CGD. Requests were made initially to five businesses outside the CGD, for provision of free or subsidized safety products for demonstrations, display or giveaways. Tee-Zed-Dream Baby Child Safety product manufacturers, Safe n Easy plumbing manufacturers, ATP manufacturers, The CFA, The Royal Children's Hospital and Aquamax plumbing all provided a range of safety products and displays at no cost for demonstration and display purposes. Those products required, which could not be provided at no cost or cost price were purchased from the Royal Children's Hospital Safety Centre Shop. This provided the opportunity to fit a range of child safety products in the CGD, Family and Children's Services kitchen. Following the launch of the kitchen display Tee-Zed- Dream Baby and Bunning's Warehouse, Sandown and Dandenong stores provided the project with a range of child safety products at cost price for giveaways to parent groups. Bunning's Warehouse Dandenong decided to build a home safety display area, demonstrating a range of child safety products in their store. The area was opened by the CGD Mayor during Community Safety Month, 2003. Details pertaining to both display sites and donations are outlined in GEAS Table 5A and 5C. Pie chart 2 outlines the main range of child safety products provided as give aways, the bath strips being the least popular choice.

Pie Chart 2
% of Child Safety Product Giveaways Selected
n=970



GEAS: Table 5A Environmental risk reduction activities

Please note: Supporting attachments and information referred to in the table are available in the GEAS report.

Auditor/s	Place type	No. of changes recommended	No. of changes made*	Date
Family and Children's Services Centre, Kitchen. Ref Awareness Raising Activities Section3: 3.6A and 3.7A	Kitchen of centre used by Maternal and Child Health Staff, Children's Services Staff, Family Support Staff, Parent Groups, Occasional Care and Playgroups.	<p><i>7 changes recommended</i></p> <ol style="list-style-type: none"> 1. Fire blanket situated too close to stove. 2. Fire extinguisher to be moved out from refrigerator. 3. First aid kits in centre x 3 be reviewed and restocked. 4. Rat bait in non child resistant closure too close to kitchen doorway. 5. Knives and sharps not to be kept in lower drawers. 6. Cleaning products and matches kept in unlocked cupboards or in reach of children eg under the kitchen sink. 7. Add safety products and safety message signage to the kitchen facilities, to demonstrate products to parent groups and staff using the kitchen, and use the kitchen as a model of a safe kitchen. 	<p><i>7 changes made</i></p> <ol style="list-style-type: none"> 1. Fire blanket repositioned further from proximity to the stove. 2. Refrigerator moved to allow easier access. 3. First Aid Rep restocked kits x3. Expired antiseptic and epicac removed. 4. Rat bait in non child resistant closure removed. 5. Knives and sharps moved to top drawer and drawer latch installed. 6. Cleaning products and matches moved to cupboards fitted with elbow locks. 7. Safety products installed - refrigerator locksx2, dishwasher lock x1, stove plate guardx1, stove knob guardx1, oven lockx1, poisons child resistant cabinetx1, power point coversx4, elbow locksx3 installed, cupboard latchesx6 and drawer latchx1, tot lockx1 installed, finger jam protector installed, and safety message signsx15. (n=38) 	25 Nov 2002
Circulation of Child Safety Products purchased.	Parents of children aged 0-5 years.	Refer to Resource Development and Use, Section 1, 1.93-1.106 for numbers circulated.	<p>Velcro appliance latches, Power point covers, table corner covers, non slip bath strips, stove knob covers, padlocks and fire blankets.</p> <p><i>(Of the 1,120 safety products purchased from Dream Baby & Bunning's at cost price, 970 have been given away, the remaining 150 will be circulated during 2004 child safety sessions.</i></p>	Ongoing
Donation of child safety products and displays.	Parents of children aged 0-5 years.	<i>Requests to 61 businesses for safety products or display donations or in kind support lodged.</i>	<p><i>695 donated safety products circulated or demonstrated. Donations received:</i></p> <ol style="list-style-type: none"> 1. 2 display boards, gate barrier (By Dream Baby for demonstration) 2. 3 Shut down valves (By Safe n Easy for demonstration) 3. 1 Stove guard & 1 finger jam protector - kitchen display (ATP) 4. 1 Travel knob lock, 1 Curley Cord & 1 First Aid book (RCH) 5. 650 Hot water thermometers received & 641 giveaways. (Aquamax). 102 CFA thermometers. 6. 44 Smoke alarms received and given away (CFA) 7. 2 spill resistant mugs given away (Bunnings) 	Ongoing

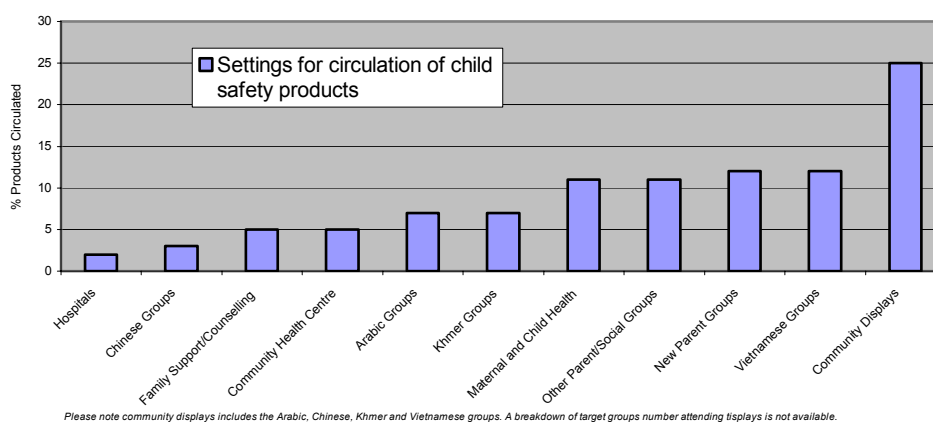
GEAS: Table 5C: Other risk reduction measures

Type	Description	Date
Bunning's Dandenong Home Safety Display Area. Holden car child restraint checks. Ref Attach: 3B.5	A home safety display area built in the DIY workshop area of the Bunning's Dandenong store. The area contains a range of different styles of cupboard and drawers, a sink, stove/oven. A range of safety products have been installed for parents and carers to see and practice using before buying to help them decide on what is required for their home before purchasing. Twenty car child restraint checks provided by Holden at the opening. Safety products installed: stove plate guardx1, stove knob guardsx3, oven lockx2, child resistant medicine cabinetx1, power point coversx1, elbow locksx1, cupboard latchesx3, drawer latchx1, mag lockx1, smoke alarmsx2, fire blanketx1, fire extinguisherx1, work safety wear kitx1, spill resistant mugx1, tap coversx1, gate barrierx1 Other-KidSafe now fact sheets, Emergency phone number list, Poisons Information Stickers & 18 safety messages. Total display products = 22	Opened 19 th October 2003 at the Super Safety Funday.
Installation of Mag locks in MCH Centres.	Mag locks provided to 8 MCH centres for installation by Bunning's Dandenong staff.	Awaiting confirmation of installment date.

To maximize access to safety product giveaways a range of settings were used to circulate the products. Parents attending child safety sessions as part of new parent groups, CALD parent friendship and education groups and other groups were provided with a product at the end of the session. Community displays, particularly at AMES schools proved to be a successful setting for accessing large numbers of Arabic, Chinese, Cambodian and Vietnamese target groups, hence providing the largest number of giveaways.

Graph 13

Settings for circulation of child safety products (n=1024 products)



Rationale for selecting of safety product giveaways:

Selection of safety products was based on the following criteria:

- The product related to one of the targeted injuries (stove knob covers - burns / scalds prevention, table corner covers and bath strips - falls and bumps prevention, velcro appliance latches and padlocks- poisons and scalds prevention and power point covers – electrocution prevention).
- The product was simple to use, without relying on tools or tradesmen for installation.

Reasons for selecting safety product giveaways as one of the main project strategies were twofold. Firstly research indicates that parents are more likely to act on safety information if it is combined with safety product giveaways (DHS: 2001) and secondly, to increase access to safety products. Lower socio economic groups are less likely to be able to purchase safety products. Even when parents are aware of the value of safety products in preventing childhood injury, many are not likely to use devices unless they are readily available and inexpensive. (Paul.C Redman.S and Evans. D: 1992)

Other advantages of providing safety product giveaways which were verbalized by project participants were that it increased parental awareness about child safety products, many parents stated that they did not know such products existed before the project. Studies have shown that lack of time and expertise are often quoted as factors that limit provision of injury prevention in primary care, strategies need to therefore be simple and easy to carry out (Clamp and Kendrick: 1998). Safety product giveaways were a simple strategy used to invite participation by other professionals such as Maternal and Child Health Nurses and Family Support Counselors and Workers.

Installation Issues:

Installation of particular safety products can be costly. Following installation of child safety products in the CGD, Family and Children's Centre, kitchen, a small number of products broke or were damaged from wear and tear in a short period of time. Based on this experience one would recommend that users:

- ask if they can return the safety product if it doesn't fit, as not all safety products are one size fits all
- reinforce that the safety product is not a replacement for adult supervision and careful practice
- differentiate between child proof and time delay products
- read the safety products instructions for installation and use and check if tools are required for installation. If seeking assistance with installation, obtain at least 3 quotes from a qualified tradesman before buying the product. Check that the tradesmen is familiar with the product and its installation
- read safety product information and general child safety information and contact the Royal Children's Hospital Safety Centre telephone advice number for further information
- check local guides of businesses selling child safety products and a copy of the Royal Children's Hospital Child Safety Centre catalogue to compare brands and individual suitability
- provide feedback to the manufacturer and business selling the child safety product, particularly if a product defect or breakage is encountered. Contact consumer affairs if an issue cannot be rectified.

Strategies implemented to achieve Objective 2:

→ *Ensure child injury prevention initiatives are evidenced based.*

A literature review of recommended child injury prevention strategies was undertaken. MUARC supplied child injury data and child safety resource folders outlining successful child injury prevention strategies. This information guided the project focus. Local child injury data and evidenced based recommendations sited in the child injury in CGD section of this report were implemented into key injury prevention strategies.

3.2 Building Partnerships

Strategies implemented to achieve Objective 1:

→ *Develop needs and culturally appropriate child injury prevention initiatives, through community consultation. (Refer to Table 1: Community Consultation Map)*

Strategies implemented to achieve Objective 7:

→ *Identify and secure sponsorship opportunities.*

Whilst the response from businesses regarding the donation or subsidization of safety products was successful, strategies to engage businesses at a local level were required to encourage local participation and partnerships. In May 2003, a letter was sent out to 55 local businesses, namely hardware stores, pharmacies, nursery furniture and major retail stores. The letter informed business about the *SafeStart* project, child injury statistics in the local area, the role of safety products and provided suggestions as to how local business might like to get involved in the project, for example demonstrating, donating or discounting child safety products. Two hardware stores, two pharmacies and one nursery furniture store responded to the letter. Apart from provision of free or subsidized child safety products from Tee Zed- Dream Baby and Bunning’s Warehouse, unexpected outcomes which occurred as a result of business partnerships included:

- Provision of a free local guide outlining which businesses in the CGD sell Tee-Zed-Dream Baby child safety products.
- Building and officially opening a ‘Home Safety Display’ area at a ‘Super Safety Funday’ in Bunning’s Warehouse, Dandenong. (Refer to table 5C for details).
- Snowballing effects. Participation from one local business encouraged other local businesses and organizations to get involved. For example at the Bunning’s Warehouse, Dandenong ‘Super Safety Funday’, nursery furniture was provided by Baby Co for display, Holden conducted free car restraint checks, Frank Facey Real Estate funded a roadside billboard promoting the event, the CFA provided a smoke tent and the Police provided free bike safety checks.
- Local pharmacies hosting a ‘Poisons Prevention and Secure Seniors’ information window display.
- Photographs taken and provided for the Safe Smart Homes booklet at a 50% discount by Positive Exposure photography.

Strategies implemented to achieve Objective 10:

→ *Form partnerships which build child injury prevention strategies into existing local and state government and community programs and services.*

GEAS: Table 2: Partnerships and Partnership Benefits (T = Temporary, O=Ongoing, S = Sustainable)

Please note: Supporting attachments and information referred to in the table are available in the GEAS report.

The status of the partnership as temporary, ongoing or sustainable was dependant on the nature of the relationship, whether child safety was part of the core business of the partner before *SafeStart*, competing demands and timelines and the number of strategies undertaken with the partner. Of the 30 partnerships developed: 18 strategies were temporary, 21 strategies were ongoing and 19 strategies were sustainable.

Partner organizations	Benefit conferred by partners	Length of partnership and details (O, T or S)
Maternal and Child Health Services (Early Steps), CGD. Ref Attach: 2.1 ‘Early Steps Team’ meeting minutes and standardization list. Ref Attach 2.2 ‘SafeStart’ Reference Committee meeting minutes.	SafeStart Project Manager: 1. Provides progress updates to Maternal & Child (Early Steps) team. 2. Consulted with the Maternal and Child Health Nurses / Early Steps team Resulting in the incorporation of <i>SafeStart</i> strategies into the service. Eg Standardizing child safety information and redeveloping the New Parent and CALD group safety session outline	O: Attendance at monthly ‘Early Steps’ team meetings. Aug 2002-Dec 2003 S: Child safety on the agenda of ‘Early Steps’ team meetings O: Coordinator of Maternal and Child Health Service on the <i>SafeStart</i> reference committee. Aug 2002 – Dec 2003

<p>Maternal and Child Health Services (Early Steps), CGD.</p> <p>Ref Attach: 1.101 – Child Safety Resource Folder index and sample of contents.</p>	<p>1. Working group meetings to review and standardize child safety information provided to families at maternal and child health visits.</p> <p>2. Working Group responsible for overseeing the development of a Early Steps child safety resource folder to ensure information is relevant to the service.</p> <p>3. Provided child safety training to the Maternal and Child Health team.</p>	<p>S: Maternal and Child Health Child Safety Information Working Group established.</p> <p>S: Child safety training updates to continue on an ongoing basis as required.</p>
<p>Children’s Services, CGD.</p> <p>Ref Attach 2.2 ‘SafeStart’ Reference Committee meeting minutes.</p>	<p>SafeStart Project Manager:</p> <p>1. Consulted the Preschool teachers, assessed needs and incorporated SafeStart strategies into the service.</p> <p>2. Provided progress updates to the Children’s Services Coordinator.</p>	<p>T: Attendance at Preschool Teachers Meetings on an as needs basis.</p> <p>O: Coordinator of Children’s Services on SafeStart reference committee.</p>
<p>Children’s Services, CGD.</p> <p>Ref Attach: 2.3 Children’s Services Working Group meeting minutes.</p> <p>Ref Attach: 1.101 – Child Safety Resource Folder index and sample of contents.</p>	<p>1. Children’s Services Working group assessed the needs and to implement appropriate child safety awareness raising strategies into Preschool, Family Day Care and Child Care Services.</p> <p>2. Working group to oversee development of a Children’s Services child safety resource folder to ensure information is relevant to the service.</p> <p>3. Provide child safety training updates to children’s services as required.</p>	<p>T: Children’s Services Child Safety working group established. (Represented by Child Care and Preschool staff)</p> <p>S: Child safety training updates available to children’s services staff on an ongoing basis as required.</p>
<p>Victorian Safe Communities Network (VSCN)</p>	<p>1. Opportunities for networking with child safety and injury prevention specialist service providers.</p> <p>2. Child safety activities registered on Victorian Community Safety Month Website to ensure promotion and state wide recognition of local activities & achievements.</p> <p>3. Presented at VSCN 1st Annual Conference, 31st October 2003 – ‘A SafeStart for Young Children’</p>	<p>O: SafeStart Project Manager: Victorian Safe Communities member. Quarterly meetings attended.</p> <p>S: Registration of local child safety activities in City of Greater Dandenong during Community Safety Month to continue.</p> <p>O: Opportunities for future SafeStart conference presentations to continue.</p>
<p>Human Services: Volunteer Services and Secure Seniors Project, CGD.</p> <p>Ref Attach: 2.4 Peer Educators role statement and volunteer working agreement.</p>	<p>1. Peer Educators linked with other council department activities to expand the Peer Educator’s support network within Council, to encourage sustainability.</p>	<p>S: SafeStart Peer Educators registered as CGD volunteers in Human Services.</p> <p>O: Provides opportunities to conduct child safety awareness raising strategies in partnership with other council departments. Eg Secure Seniors program.</p>

<p>Media and Communications CGD.</p> <p>Ref Attach 3As in Awareness Raising Activities, Section 3: GEAS.</p>	<p>1. Provide assistance with council newsletter articles, media releases, on hold messages, sponsorship proposals and development of the child safety 'Safe Smart Homes' pictorial booklet.</p>	<p>S: Ongoing support with promotion of child safety awareness raising strategies.</p>
<p>Community and Social Planning, CGD.</p> <p>Ref Attach 6 & 7:</p> <p>2003 The Status of Health In Greater Dandenong report.</p> <p>2003-06 Municipal Public Health Plan.</p> <p>Ref Attach 2.5 MPHP Planning Meeting Agenda / Minutes</p> <p>Ref Attach 2.5: Women's Community Leadership Grant Submission.</p>	<p>1. Introduce child injury data into the CGD 2003 Health Status Report.</p> <p>2. Include SafeStart in the community safety section of the Municipal Public Health Plan and contribute to the development of the plan.</p> <p>3. Identify opportunities for links between SafeStart 'Peer Educators' and Community grant application processes.</p>	<p>O: Liaising with council Health Promotion Planner on an as needs basis and incorporating child injury data and information into the CGD MPHP and Health Status report as required. Support with seeking grants to continue.</p>
<p>Economic Development Unit (EDU), CGD</p> <p>Ref Attach 3.2A in Awareness Raising Activities, Section 3 of GEAS</p>	<p>1. Article submitted in EDU retail newsletter.</p>	<p>T: Meeting attended in September 2002, to discuss opportunities for sponsorship or support from local businesses.</p>
<p>South Eastern Migrant Resource Centre</p> <p>No further progress occurred.</p>	<p>1. Partnerships with the MRC explored. CALD background of Peer Educators did not represent CALD background of new arrivals and therefore partnership did not eventuate.</p>	<p>T: Meeting in August 2002 to provide a project overview and opportunities for partnerships. Phone contact also made.</p>
<p>Country Fire Authority (CFA)</p> <p>Ref Attach 4A.2 and 4A.5 In Training and Education Section 4 of GEAS.</p> <p>Ref Attach: 2.6 Letter, CFA Speech at SafeStart launch and Submission and Certificate for nomination of SafeStart for the 2003 Fire Awareness Community Service Award – Multicultural Category.</p>	<p>1. Provide an 'Early Fire Safe' session as part of 'Early Steps' New Parents and CALD parent group education program. Agreed to donate smoke alarms to CALD families undertaking the 'Early Fire Safe' program.</p> <p>2. Provided Fire Safety training to four SafeStart, CALD Peer Educators. Agreed to support the Peer Educators with the safety sessions as required.</p> <p>3. CFA Westernport nominated SafeStart, CGD for the 2003 Fire Awareness Community Service Award – Multicultural Category. (not the finalist)</p>	<p>S: CFA Early Fire Safe session incorporated into the Early Steps parent group education program.</p> <p>T/O: CFA co facilitated child safety sessions with Peer Educators and donate smoke alarms.</p> <p>O: Peer Educators Training sessions held in February and March 2003.</p> <p>T: Award nomination.</p>

<p>Dandenong Division of General Practice</p> <p>Ref Attach: 3.4A in Awareness Raising Activities, Section 3 of GEAS</p> <p>No further progress occurred.</p>	<p>1. SafeStart Project promoted to GPs through the Division website and newsletter.</p>	<p>T: Meeting with the Divisions Health Promotion Officer in Oct 2002 to discuss project partnerships.</p>
<p>Urban and Environmental Planning, CGD.</p> <p>Ref Attach: 2.61 Meeting Agenda.</p>	<p>1. Local playground injury data and Chalmers 1996 playground article provided to Urban Planning, CGD.</p>	<p>T: Meeting with Urban Planning (Parks and Leisure) in Oct 2002.</p>
<p>Family Day Care Services, CGD.</p> <p>Ref Attach: 2.7 Home Safety Checklists-Previous and updated versions.</p> <p>Ref Attach: 2.8 Letter from Family Day Care staff.</p> <p>Ref Attach: 4A.8 in Training and Education, Section 4 of GEAS.</p>	<p>SafeStart Project Manager:</p> <ol style="list-style-type: none"> 1. Provided SafeStart project progress updates. 2. Supported Field Officers with the review and redevelopment of the Family Day Care, Home Safety checklist. 3. Jointly, with the Field Officers, provided child safety training and resources provided to 70 care providers. Child safety kit provided to Family Day Care. 	<p>O: Coordinator of service represented on SafeStart reference committee.</p> <p>S: Revised Home Safety Checklist for Carers developed with the Family Day Care team, March 2003 and incorporated into service. Safety kit to be used on an ongoing basis.</p> <p>T: Training sessions held March 2003.</p>
<p>Southern Health (Greater Dandenong Community Health Service, Dandenong Hospital and Monash Medical Centre)</p> <p>Ref Attach: 4A.3, 5, 6, 7 &10 in Training and Education, Section 4 of GEAS.</p> <p>Ref Attach: 2.9 letters and Maternal and Child Health team training agenda.</p>	<p>1. SafeStart Project Manager:</p> <ul style="list-style-type: none"> • Provided SafeStart project progress updates. • Provided child safety in-services provided to hospital antenatal and postnatal departments. <ol style="list-style-type: none"> 2. Family services staff attended KidSafe Training day and components of the Peer Educators training sessions. 3. Staff provided with child safety information / resources. 4. Child safety training provided to Maternal and Child Health team by Director of Emergency Services and Paediatric Registrar Southern Health. 	<p>O: Coordinator of Family and Children's Services, Greater Dandenong Community Health Service on SafeStart reference committee.</p> <p>T: Staff invited to attend child safety training sessions, Feb and Mar 2003.</p> <p>S: Staff circulating child safety resources to families.</p> <p>T: Training by and meeting with Director of Emergency Services and Health Promotion Officer Dandenong Hospital, Nov 2003.</p>
<p>Sustainable Energy Authority Victoria (SEAV) & Urban and Environmental Planning CGD.</p> <p>Ref Attach: 4B.2 in Training and Education, Section 4 of GEAS. Ref Attach: 2.10</p>	<p>1. Scalds prevention training session provided to 20 local Plumbers in partnership with a SEAV training session on 'Solar Hot Water'.</p>	<p>T: Training session with local plumbers conducted Nov 2002.</p> <p>S: Use of scalds prevention presentation at future sessions.</p> <p>O: Child Safety resource supplied by Victorian Plumbing Industry.</p>

<p>Drugs and Community Safety, CGD.</p> <p>Ref Attach: 2.11 Meeting minutes</p> <p>Ref Attach: 3.9A in Awareness Raising Activities, Section 3 of GEAS</p> <p>Ref Attach: 2.11 Meeting minutes.</p>	<p>1. Council community safety month planning and debriefing meetings provided opportunities to work in partnership with council departments & improve coordination of activities.</p> <p>2. SafeStart project information developed and included on the CGD 'Safety Matters' website.</p> <p>3. SafeStart progress reported at CGD Community Safety Committee meetings by Human Services Representative.</p>	<p>O/S: Meetings on a needs basis to discuss partnership opportunities for safety activities particularly during community safety month and departmental opportunities for implementing SafeStart strategies as part of the unit's core business.</p> <p>O: Reports of child safety activities provided to the Human Services Representative attending Community Safety Committee meetings.</p>
<p>Royal Children's Hospital Safety Centre</p> <p>Ref Attach: 2.12 Letter</p>	<p>1. A range of written information and safety product resources provided by the RCH Safety Centre. (As per outlined in section 1)</p> <p>2. Provided training day to Peer Educators, Feb 03.</p>	<p>S: Provision of child safety resources and training.</p>
<p>Infant Nursery Furniture Products Assoc (INPAA)</p> <p>Ref Attach: 2.13 Letter</p>	<p>1. Provided nursery furniture training sessions.</p> <p>2. Provision of nursery furniture for community displays and information for circulation.</p>	<p>O: Provided training sessions to Peer Educators, Southern Health Staff and Early Steps Staff.</p> <p>S: Provision of child safety resources</p>
<p>Vic Roads</p> <p>Ref Attach: 2.14 Letter</p>	<p>1. Provided child car restraint training sessions.</p> <p>2. Provision of child car restraint information resources.</p>	<p>O: Provided training session Mar 2003 to Peer Educators, Southern Health Staff and Early Steps Staff.</p> <p>S: Provision of child safety resources</p>
<p>Consumer Affairs</p>	<p>1. Provided renting rights and duties training session.</p> <p>2. Provision of renting and housing information resources.</p>	<p>O: Provided training session Feb 2003 to Peer Educators.</p> <p>S: Provision of child safety resources</p>
<p>Pharmacies within CGD</p> <p>Ref Attach: 3B.2 in Awareness Raising Activities, Section 3 of GEAS</p>	<p>1. Child Safety and Secure Seniors pharmacy information dissemination and safety display opportunities utilized.</p> <p>2. Partnerships with local pharmacies developed. (Participated in photographs for Safe Smart Homes booklet)</p>	<p>O: Visit and circulate Poisons Information and Secure Seniors written resources from Feb 2003 to pharmacies for distribution.</p> <p>O: Child safety and Secure Seniors pharmacy window displays.</p>
<p>Victorian Cooperative on Children's Services for Ethnic Groups. (Vicseg)</p> <p>Ref Attach: 2.15 Letter</p>	<p>1. Professional development opportunity. Encourages staff to incorporate child safety into their core work.</p>	<p>T: Included 2 staff members (Afghani and Sudanese Workers) in the Peer Educators child safety training day at the RCH, February 2003.</p>
<p>Vic Foundation for Survivors of Torture</p> <p>Ref Attach: 2.16 Letter</p> <p>No further progress occurred.</p>	<p>1. Provided staff member with child safety resources to include in CALD groups health information package.</p>	<p>T: Meeting with staff member and discussion about child safety contents in the health information package.</p>

<p>Bunning's Warehouse Dandenong</p> <p>Ref Attach: 2.16 and 3B.6 Letters, Fliers and Photographs.</p>	<p>1. Built a 'Safe House Display' and promoted child safety product range and availability.</p> <p>2. Hosted a Super Safety Funday, invited child safety displays at other store events & schools and other community groups to participate in store activities and to view the 'Safe House Display'.</p> <p>4. Provision of child safety products at cost price for giveaways to local families.</p>	<p>O: Store Manager to monitor sales of safety products from November 2003 onwards. Safety House Display to be maintained by staff.</p> <p>O: Child Safety displays at store events. Schools and community groups to continue participating in Bunning's activities.</p> <p>O: Requests to provide child safety products at cost price for giveaways in child safety sessions as part of new parent groups.</p>
<p>Dream Baby-Tee Zed Child Safety Product Manufacturers.</p> <p>Ref Attach: 2.17 letter</p>	<p>1. Donation of child safety:</p> <ul style="list-style-type: none"> • product display boards & kit contents • product prizes • provision of child safety products at cost price, to giveaway to local families. 	<p>T: Child safety product giveaways.</p> <p>O: Requests to donate child safety product displays and giveaways.</p> <p>S: Use of child safety product displays and kits.</p>
<p>Aquamax Hot Water Systems Manufacturers</p> <p>Ref Attach: 2.18 letter</p>	<p>1. Donation of hot water temperature thermometers for giveaway to local families.</p>	<p>S: Donation of thermometers to Family and Children's Services to giveaway in new parent groups.</p>
<p>AMES English Schools</p> <p>Ref Attach: 2.20 letter</p>	<p>1. Child safety displays and information sessions provided by Peer Educators to multicultural students.</p>	<p>S: Provision of child safety display during community safety month. Peer Educators to provide child safety sessions on request.</p>
<p>Migrant Settlement Committee (Eastern Region)</p> <p>Ref Attach: 2.21 Meeting minutes</p>	<p>1. Promote SafeStart to and network with representatives from multicultural agencies in the eastern region.</p>	<p>T: Invited by AMES, Noble Park Manager as guest speaker to Migrant Settlement Committee meeting.</p>
<p>Australian Multicultural Foundation and RMIT University.</p> <p>Ref Attach: 2.22</p>	<p>1. SafeStart hosted 2 multicultural students undertaking the 'Step into Volunteer Work', Certificate II Community Services course with the Vietnamese SafeStart Peer Educator completing the course.</p>	<p>S: Family and Children's Services, CGD listed on RMIT Volunteer Course student database for future student placements.</p>
<p>Victorian Immigrant and Refugee Women's Coalition. (VIRWC)</p> <p>Ref Attach: 2.23</p>	<p>1. Arabic SafeStart Peer Educator selected as VIRWC Community Resource and Training Support Officer – Eastern Region, providing further opportunities to promote SafeStart activities to external multicultural agencies.</p>	<p>O: Arabic Peer Educators position with the VIRWC.</p> <p>T: SafeStart Project Officer's attendance to the VIRWC, AGM.</p>
<p>Primary and Community Health Care Network.</p> <p>Ref Attach: 2.24</p>	<p>1. SafeStart, CGD nominated for a 2003 Primary Health Care Innovation and Excellence award in the Health Promotion category. (Supported by Manager: Human Services CGD and Manager Family and Children's Services, Greater Dandenong Community Health).</p>	<p>T: Award nomination (Not a finalist)</p>

3.3 Awareness Raising Activities

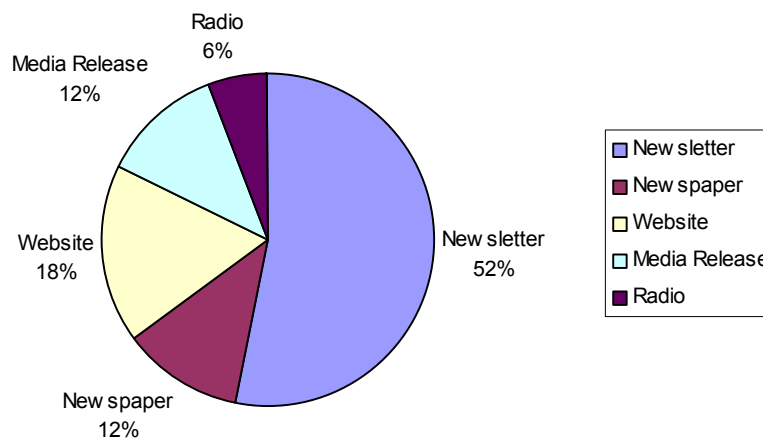
Strategies implemented to achieve Objective 5:

→ Increase community awareness and knowledge of child injury prevention.

A total of eighteen publicity activities were undertaken. Of these, nine newsletter articles, two newspaper articles, two media releases, one on hold phone message, three websites and one radio interview were undertaken.

Pie Chart 3

% of Child Safety Publicity Mediums (n=18)



The on hold voice message at CGD informed the community about the SafeStart project and provided contact details for further information; however no further enquiries were received as a result of the on hold phone message. In future it would be recommended a prompt be used such as contact the Project Manager on 9767 0812 if you would like a free bath thermometer. The CGD newsletter was the most successful medium for project promotion. Although three media releases were sent to local newspapers throughout the project, only one media release resulted in a newspaper article about the launch of SafeStart and the Family and Children's Services 'Safety Kitchen' display. No stories resulted from media releases relating to the Culturally and Linguistically Diverse Peer Educators completing their child safety training or the Bunning's Warehouse Dandenong 'Home Safety' display area and Super Safety Funday, reinforcing the need to fund newspaper advertisements to promote events rather than relying on editorials.

A total of twenty two special events were undertaken, which are outlined in the GEAS report. Of these, thirteen were manned displays, six static displays, one conference presentation, one award nomination ceremony attendance, one children's story time at the CGD library and one child safety family day event. Manned display settings included AMES, English Schools, Bunning's Warehouse and a Seniors Expo. Displays manned by the CALD Peer Educators were a successful way of promoting child safety to large groups of people and engaging multicultural groups. On one occasion when the Project Manager was manning the display alone, the Vietnamese people were reluctant to look at the display. When the Vietnamese Peer Educator arrived the Vietnamese people immediately came over to look at the display, asking questions and taking information. Safety product giveaways was an effective strategy for engaging people in displays, however it was important to ensure safety products were kept behind the display table as Peer Educators found some attendees would attend the display to quickly take a safety product because it was free, showing no interest in the information.

3.4 Training and Education

Strategies implemented to achieve Objective 5:

→ *Increase community awareness and knowledge of child injury prevention.*

Training:

A total of thirteen training sessions were undertaken, of these five were for the CALD Peer Educators and Leaders, Two for Family Day Care Providers, one for the Maternal and Child Health Team, four Dandenong Hospital and Monash Medical Centre Postnatal Unit in-services to Midwives and Registered Nurses and one KidSafe training day, attended by seven health professionals and children's services staff from CGD. Evaluation result summaries pertaining to individual training sessions can be referred to in the GEAS report.

Peer Educator Recruitment and Training:

The cultural diversity of the CGD supported the need to educate the community about child safety using a Peer Education Model. A Peer Educator is someone who shares common characteristics with the intended audience and is therefore able to provide information from a similar perspective. Arabic, Chinese, Cambodian and Vietnamese community members were therefore recruited as Volunteer Child Safety Peer Educators. Peer Educators were recruited through consulting with key stakeholder groups and CALD Community Leaders. The Greater Dandenong Community Health Service, local Playgroups and the Maternal and Child Health Service Multicultural Parent Friendship and Education Group Program were instrumental in assisting with the selection of suitable Peer Educators. Four Peer Educators were recruited each representing one of the four CALD target groups. Each of the Peer Educators had a wealth of unique skills and experiences to bring to the project. In addition to the SafeStart project the Arabic, (Lebanese) Peer Educator facilitates an Arabic Women's Group at Greater Dandenong Community Health Service, The Chinese Peer Educator facilitates a Chinese Playgroup and Chinese Parents Friendship and Education Group, The Cambodian Peer Educator assisted with and interpreted at the Cambodian Postnatal Classes and the Vietnamese Peer Educator is a member of the Vietnamese Playgroup and Student Advisor at AMES English school. The Peer Educators were required to meet the Human Services, CGD volunteer registration criteria and complete applications to successfully register as a volunteer prior to commencing training. A Peer Educators role statement and working agreement was provided, with the Peer Educators signing the working agreement upon successful registration.

The Peer Educators were provided with a manual which they added information to during the five days of training. The training focused on child safety in the home and car, common injuries in the home for children under 5 years of age, child safety products, injury prevention and child injury statistics, small group facilitation and presentation skills, networking, keeping a journal and planning for 2003. One of the days training was conducted by the Royal Children's Hospital Safety Centre. Other key speakers included representatives from the CFA (Country Fire Authority), Drug's and Community Safety Business Unit, CGD, Consumer Affairs, Vic Roads and INPAA (Infant Nursery Furniture Products Association of Australia). The CGD Manager of Human Service presented the Peer Educators with certificates upon completion of the training.

Evaluation feedback indicated that the Peer Educators found sharing experiences with other peer educators, burns, scalds, fire safety, safety product information to be the most valuable aspects of the training. Peer Educators were asked to rate their knowledge pre and post training sessions. All participants knowledge level of the child safety topics increased after the training, with the majority rating their knowledge of each child safety topic discussed as good before the training and very good post the training. At the conclusion of the five days of training, three of the Peer Educators rated their overall knowledge of child safety as good before the training and excellent after the training, one Peer Educator rated their overall knowledge of child safety as fair before the training and very good following the training. When the Peer Educators were asked if the five days of training had meet their needs all four answered yes. Suggestions provided for improving the training were to provide more information about electrocution and more time to ask questions. In future, more time would be scheduled into training agendas to allow for question time and free discussion.

Peer Educators responses when asked, what they had gained from the training were:

“ I gained a lot of new information to help me in my personal life as well as helping people in my community. As an action I have been taking at the moment, I start speaking to the people in my social life about the project and how much we are in need of a project like this in other issues.”

“Beware of hot water when with children and put medicine away in a high place”.

“More knowledge of home fire safety and child restraints.”

“Improving my English through this training and understanding more about safety standards in Australia”.

Family Day Care

A total of sixty four Family Day Care providers attended one of two child safety training sessions provided by the Family Day Care Field Officers and Project Manager. The carer's home safety checklist had been reviewed and updated and it was timely to provide a training update with circulation of the updated checklist. Most carers rated their knowledge as good or very good pre training and very good or excellent, post training. Many said child safety was an important part of their work and that being kept up to date about child safety was important. Further child safety training updates or more targeted and stream lined agendas may be required in the future with 34-41% of the carers indicating there was too much information. It may not be feasible to limit the coverage of topics as no carers indicated that the training had not met their needs.

Maternal and Child Health

The Early Steps, Maternal and Child Health team were provided with a half day child safety training update. Prior to the update the team were consulted about what aspects of child safety they would like included on the agenda. Based this feedback, the agenda focused on; strategies for promoting child safety awareness with CALD groups (Samar Mougharbel: Arabic Peer Educator), Common child injuries-Local Emergency Department Presentations and Admissions and their clinical management (Karen Mildren: Project Manager and Dr Natalie Hood: Paediatric Registrar: Monash Medical), Childhood Injuries associated with nursery furniture and choosing and using nursery furniture safely (Tim Wain: Executive Director: INPAA). Copies of the child safety resource folder were circulated at the completion of the training. The majority of participants rated their overall knowledge of child safety as good prior to the training and very good at completion of the training. Although many participants felt that the training had covered their needs many requested future training on other aspects of child safety such as first aid and car restraints, again highlighting the breadth of topics to be covered in child safety. To prevent information overload it is important to target a small number of child safety topics at each training session. Realistically it would be difficult to schedule more than 1-3 child safety training updates on an annual basis due to time constraints and competing training priorities. One strategy undertaken to overcome this was to invite the Vic Roads representative as a guest speaker to one of the monthly team meetings, to provide an update on child car restraints.

Education:

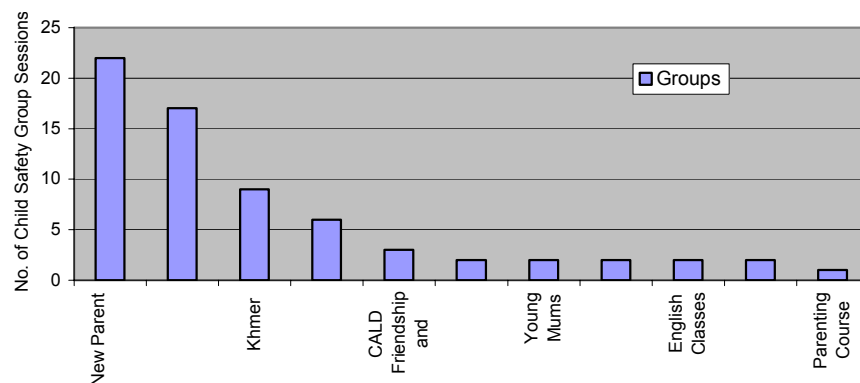
A total of sixty nine child safety education activities were undertaken with the range of groups, outlined in graph 15. Although a higher number of people were captured at community displays and events (estimation of 4213), compared to a total of 588 attending small groups, the small group sessions provided information in greater detail, allowing for greater sharing of experiences and question time. The majority of education sessions were conducted in pre existing groups or as part of new parent group and CALD parent friendship and education group timetables. Building education sessions and child safety session plans into existing groups and topic timetables encouraged sustainability for continuation of sessions beyond the life of the project. New parent, Vietnamese and Cambodian postnatal groups are scheduled on a regular basis throughout the year while Chinese and Arabic groups are scheduled less frequently. This accounts for why Vietnamese and Cambodian groups received the largest number of child safety sessions. The innovative and unique 'Multicultural Parenting Group' service model used within the CGD Early Steps, Maternal and Child

Health and Family Support and Counseling Business Unit definitely supported and contributed to the projects ability to access CALD groups and sustain the Peer Education Model. The traditional new parent group model of service had been redeveloped as the universal Maternal and Child Health Service model had not been effective at engaging many families from CALD backgrounds to attend new parent groups. Vietnamese, Cambodian, Chinese, African and Afghan Peer Leaders were employed to facilitate culturally specific parent groups with the support of a Community Development Officer based in the Maternal and Child Health and Family Support and Counseling Business Unit. The new service model has resulted in an increase in group attendance of parents from CALD backgrounds. The SafeStart Peer Educators received support and encouragement from the Multicultural Peer Leaders to provide child safety sessions on an ongoing basis within their groups. To date this continues.

Other factors which influenced the number of child safety sessions provided to CALD groups were; Peer Educators time availability to conduct sessions and the number of CALD parenting, social and support groups established in the wider community. There appeared to be a higher number of established Vietnamese groups in the community.

Graph 14

Education: Child Safety Sessions n=69



Accessing organised groups such as playgroups as opposed to arranging one off child safety sessions required less preparation and promotion time, which was an important consideration in managing a short term project. The Peer Educator’s journal entries demonstrate the complexities and time required to plan, promote and prepare for education sessions:

“After the training, I participated in some child safety sessions and watched the video, safety products and activities. I read over the child safety information, safety products and contacted the Vietnamese Community Development Worker and Project Manager to arrange a time and venue where mothers meet. When I conducted the session I did a pair exercise to get mothers to identify child injury dangers in the home, I showed the video and safety products and did evaluation feedback to find out how helpful the mothers found the session”.

“I contacted the temple and president for permission for us to display and facilitate the project. He was very kind and happy for us to do a display and he found a good spot for us to display our kits and safety items”.

“I prepared a speech and 10 questions in Chinese and the parents whom got the correct answer will win a prize. At our normal story time at the playgroup I used a set of photos and real safety products to show the parents and children safe things to do around your home”.

The Peer Educators journal entries and feedback obtained from session attendee’s evaluation forms reflected that overall, education sessions had been an effective strategy for not only increasing community awareness but understanding community perceptions of child safety:

“A parent told me she used to think baby walker was helping baby to learn to walk and never thought it was not safe to use. At one of my playgroup sessions, many parents showed their surprise at using cold only tap water will have the best result for scar. When talking about child restraints the questions parents asked most frequently are:” What age doesn’t my child need a child restraint anymore?”, “How old my child can sit in the front seat of a car?”, “Will the police fine me if the restraint is not right?”

“Young mothers were very concerned about their child’s safety, baby walkers, heaters, ovens and hot water. Mothers were surprised about how to handle when kids get burn. In Cambodia they used toothpaste to treat the burn but in Australia we use cold water. Grandma has an experience from using toothpaste for burn, not cold water”.

“On the same day I went to visit some friends, I asked everybody about what they use on skin burn, some of them said toothpaste to cool the skin and others said water especially since they came to Australia. I don’t think toothpaste over a scald or burn is because of culture, it is just common practice between people all over the world and has nothing to do with culture”.

“I manage to complete the presentation on time, but I wasn’t really comfortable especially that the ladies were talking to each other and to their children more than talking to me. Looking at their evaluation forms their feedback was very positive and they did learn, what a relief”.

“ I listen and feel impressed I understand, I am very happy”. (Cambodian Postnatal Group participant)

“We didn’t know any of this information until we came.....It was good to find out where to buy corner protectors, travel knobs, fire blankets, smoke alarms and fire extinguishers”
(Vietnamese Seniors Group participant)

“We need to be aware of the hazards in our home that face our family every day” “As my child has just started crawling it was great to see how to make the place safe”.
(New parent group participant)

“The fire blanket and covers on the stove is the most important message I received”
Chinese Parent Friendship and Education Group participant.

“I will teach my children about what we learnt in today’s session about fire safety and do the fire escape plan to save my live and my families”
Arabic Women’s Group participant.

“ It’s a good meeting because when your friends say to you and advise you - maybe you will do it or not but if you are in a meeting and there is a group of women, everyone will say what happened to him and it will be a good example for safety. It was very good, I thank everyone who helped to do this – especially Samar”.
Arabic Women’s Child Safety Session participant. (One off session)

“Medications and hot water are the most important things” x 2
Vietnamese Postnatal Group participant.

3.5 Risk Reduction Measures

Strategies implemented to achieve Objectives 6 & 7:

- *Increase the use of safety products in the community.*
- *Identify and secure sponsorship opportunities.*

Refer to GEAS Tables 5A and 5C on pages 18 and 19.

3.6 Supportive Policies, Rules, Systems and Practice Changes

Strategies implemented to achieve Objectives 8, 9 & 10:

- *Integrate child injury prevention into the CGD 2003-2006 Municipal Public Health Plan.*
- *Establish a monitoring mechanism to ensure continued integration of child injury data into the City of Greater Dandenong Health Status report and health plan. (falls, burns, scalds, poisoning and electrocution).*
- *Form partnerships which build child injury prevention strategies into existing local and state government and community programs and services.*

To ensure accountability and sustainability of SafeStart the project initiatives have been built into the Maternal and Child Health Business Unit Business Plan 2003-2004:

Measure:

SafeStart Child Injury Prevention' project evaluated for sustainability and future directions reported.

Action Steps:

1. Child safety training provided to peer leaders (professional and volunteer) and staff working with families with young children.
2. Meetings held with Social planning, Community Safety and other relevant Council departments, to build child safety strategies into their core business.
3. Engage and work with Southern Health, and other relevant service providers to review, improve and implement child safety strategies.
4. Determine satisfaction of group participants through survey and key informant interview results.
5. Implement recommendations of final SafeStart report.
6. SafeStart recommendations integrated into protocols and service practice

GEAS: Table 6: Beneficial changes to regulations, policies, protocols and practices
(Further information and attachments referred to in this table are available in the GEAS report)

Type	Description
<p>Child Safety Resource Kits</p> <p>Ref Attach: 6 – Kit’s contents list.</p>	<p>Reviewing and updating the existing kits in Maternal and Child Health and Family Day Care and developing Child Safety Resource Kits for Greater Dandenong Community Health Service and Children’s Services.</p> <p>Contents of the kit to be reviewed and updated every 2 years.</p>
<p>Child Safety Session Outline used for New Parent and CALD Friendship and Education Groups redeveloped.</p> <p>Ref Attach: 6.1 – Session Program.</p>	<p>Reviewing and updating the existing child safety session plan with the Maternal & Child Health/Early Steps Community Development Worker.</p>
<p>Child Safety Information used by Maternal and Child Health/Early Steps team.</p> <p>Ref Attach: 6 and 1.101 – Standardized child safety information recommendations for Maternal Child Health key age visits.</p>	<p>Child Safety Information distributed by Maternal and Child Health Nurses, at children’s key age and stage visits, has been audited and standardized.</p>
<p>Child Safety Information – Children’s Services Working Group.</p> <p>Ref Attach: 1.101 – contents of child safety resource folder.</p>	<p>Working group established to review child safety information and consult on development of a child safety resource folder and resource kit.</p>
<p>Family Day Care – Home Safety Checklist Updated</p> <p>Ref: Building Partnership, Section 2: Attach 2.7</p>	<p>The Care Providers Home Safety Checklist has been revised and updated in accordance with FDC National Standards, other Council Family Day Care schemes, local child injury data trends and literature. As of April 2003 Carers homes are assessed with a new home safety checklist.</p>
<p>Maternal and Child Health: CGD Business Plan 2003-04</p> <p>Ref Attach 6: Maternal and Child Health/Early Steps, Business Plan. (Sections relevant to SafeStart only)</p>	<p>Inclusion of SafeStart in relevant sections of the business plan to ensure accountability and sustainability for project actions both during and beyond the projects duration.</p>
<p>Older Persons Business Unit: CGD Business Plan 2003-04</p> <p>Ref Attach 6: Older Persons Business Plan: Volunteer Section</p>	<p>SafeStart Volunteer Peer Educators registered with the Human Services Volunteer Service and identified in the business plan with other council services supported by Volunteers. SafeStart may provide an opportunity to expand the role of Volunteers in Family & Children’s Services.</p>
<p>Child Safety Products Council Disclaimer</p> <p>Ref Attach 6: CGD Child Safety Products Disclaimer</p>	<p>In consultation with CGD risk management a disclaimer has been developed, which is provided to parents receiving safety products giveaways from CGD.</p>
<p>CGD Municipal Public Health Plan (MPHP) 2003-06 and The Status of Health in Greater Dandenong Report 2003.</p> <p>Ref Attach 6: MPHP and The Status of Health in Greater Dandenong report.</p>	<p>Child safety and child injury statistics was not incorporated into the previous CGD MPHP and The Status of Health in Greater Dandenong Report. Inclusion of this information in both the documents will encourage monitoring of child injury rates, implementation and evaluation of child injury prevention strategies and seeking of child injury prevention funding opportunities beyond the projects timeline.</p>

4. REFLECTIONS

4.1 Key Outcomes

A number of successful outcomes and benefits were gained by the CGD as a result of SafeStart strategies:

- Overwhelming generosity of businesses to donate, discount or subsidize child safety products, which resulted in a larger number of product giveaways than anticipated.
- Sourcing and improving access to the extensive range of child safety information available.
- Forming strong partnerships which supported the projects work. Examples reflecting such support include; the CGD 'Secure Seniors' Project Coordinator and Ballarat and Yarra Ranges SafeStart Project Officers working collaboratively in implementing strategies such as community displays and sharing of resources. The CFA nominated SafeStart for a fire awareness community service award and the AMES English School expressed an interest to continue child safety activities, e.g. displays.
- The SafeStart Project Manager has successfully secured the Community Development Officer position within the CGD Maternal and Child Health and Family Support Business Unit. This position coordinates the first time parent groups and multicultural parent friendship and education groups. As a result of the Safe Start project the Community Development Officer position has a greater focus on child injury prevention. Activities which promote child safety are now included in all new parent and multicultural parent groups.
- The Community Development Officer will have a quality assurance role ensuring child safety resources available to staff and the community are current and evidenced based. Child safety resources including the Safe Smart Homes booklet will be promoted and distributed to local child and family service providers.
- The Community Development Officer will continue to work in partnership with other internal and external stakeholders to maintain and increase child safety awareness raising activities. An example of one such activity is the Bunning's annual 'DIY for Women' workshop held in the Dandenong store.
- Gaining four dedicated, committed and responsive Peer Educators. The Peer Educators will continue to be registered as CGD Volunteers and will be supported to continue their work beyond the life of the project by the SafeStart Project Manager.
- Sustaining Peer Educators activities. The Peer Educators have indicated they would like to continue providing child safety activities. Activities conducted by the Peer Educators through out the project included; conducting child safety sessions as part of established groups, attending displays at local events/festivals, completing other courses, assisting with setting up displays and project administration, attending bimonthly reference committee meetings, preparing and evaluating sessions, (activities prepared included: questionnaires/session plan with timelines), assisting with and participating in photographs for the child safety booklet, designing and preparing fliers and letters to promote sessions and activities, attending interviews on SBS radio in 3 segments, completing journals for inclusion in final report and participating in a focus group discussion for project evaluation.
- Increasing understanding of the relationship between culture and child injury and the effectiveness of using a Peer Education model to educate CALD communities about child safety. Peer Educators feedback indicates that word of mouth is a very powerful strategy for educating communities.
- Empowering Peer Educators through the process to undertake further education and advocacy opportunities within their own communities, beyond the project. SafeStart has been an excellent platform for supporting individual capacity building of peer educators.

Key outcomes reported by reference committee members at the final meeting:

- The Greater Dandenong Family Day Care Home Safety Checklist was improved and is now used to assess care providers homes. Improvements include; carers no longer using front yards for children to play in if the fence does not meet safety height standards and all high chairs are fitted with 5 point harnesses. The Family Day Care Playgroup venue installed safety products in the kitchen to demonstrate use to carers.
- The DHS, South Eastern Region would like to see child safety information continue to feature in the media and in publications and for training updates with key service providers to continue.
- The MCH team benefited from the child safety training update, child safety resource folders, updated child safety resource kits and session plan and standardization of child safety information.
- Greater Dandenong Community Health Service found improvements in antenatal class child safety information and resource provision, eg safe use of nursery furniture, child care restraints. Families were keen to learn about child safety in new parent groups and liked receiving free safety products.

Key outcomes reported by Peer Educators at the final reference committee meeting:

- Sharing the information learnt with friends.
- SafeStart has provided a springboard to enroll in further studies and participate in community development opportunities. Eg Multicultural playgroup leadership training, 'Step into Volunteer Work' Certificate II in Community Services.
- Being able to use the child safety information in a variety of roles as a family day carer, peer educator and leader of parent groups and playgroups.
- Giving my community up to date information about how to make their home safe, child safety and safety products.

Key outcomes reported by Peer Educators in their journal entries:

Key Outcome 1: Partnerships and Networking mobilized the project and its strategies.

"The SafeStart Project Manager left a note in my pigeon hole at the GDCHS Springvale. The first time I read her note I couldn't understand a word, but I just felt that I should call her because I had been referred to her by X and I trust X"

"I feel fantastic about working as a volunteer for the City of Greater Dandenong; I know more about local services and organizations for my community eg meals on wheels, neighbourhood watch, poisons information centre, family support and counseling, CFA".

"After hearing my advice, one of my friends had changed their children's bed bunk to two single beds. They told me their family felt safer and happier about the bed now"

"I feel more confident to talk to friends and relatives about child safety such as burns, ovens and hot water. I was surprised about the burns treatment. I recommend to my friends to use a thermometer to check the bath water".

"I felt very strange to be in a formal meeting and eating, (for me it is a bit rude to eat and talk), especially at work meeting, so I had some drink but I wasn't happy.....after a few meeting when I started to be familiar with this team, I realized that most of them are working together in the same centre and having this type of meeting is usual, and they are really nice people".

"The impact of the project on me was of great benefit, even with my experience as a mum I found a lots of wrong things I been doing and I wasn't aware of it so I did learn a new skill, my daughter was so happy knowing SafeStart project she even asked her teacher to host me and make a presentation to her class....she even told her friend about some of the rules, like they shouldn't seat in the front seat in the car before they are 8 year old. She always use the hot water thermometer"

Key Outcome 2: The Peer Education Model raised Awareness.

"They asked so many questions: why we should use water on burns for at least 10 minutes, how danger is the elec blanket...they learn lots of new things especially about fire in the kitchen and the fire escape plan"

"I have become aware of how child safety information is very helpful for all families and communities".

"I attended the AMES, Springvale child safety display with all Peer Educators and put up the fliers. This was a wonderful time for me to work with the group. We talked and answered a lot of child safety questions. We gave free safety products for all the students here and provided different language information. Most of the people there seemed very happy about this session. My group were happy too."

"I passed a lot of information for elder people who looked after grandchildren at home. Some of them were very lack of experience about safety and the other thing ...they couldn't read English so when we got there they were very pleased".

"We displayed photo's that was two styles of pictures, one dangerous and one safe. The demonstration was very easy to understand....they seemed very happy about this"

"At the end of the session we gave away some chosen gift for them and I had given them an important message. Supervision is a number 1 of safety".

"A lady told me she knew the main use of a smoke alarm and the meaning of the sound. Before she thought it was only used in the kitchen for smoke created by the cooking oil"

"After seeing the child safety poster which I put on the wall, all my family day care children start to talk about the picture, and ask me some questions as well. My 4 year old girl uses the word "safety" quiet often"

"The display went well, more kids were involved and asked questions as most parents were busy doing their prayer and prepared food for the monks. The kids get some quiz/questions and get their safety gift if they got it right. Most of the kids got the question right".

"We displayed child safety for Springvale AMES students who were new arrivals, some were singles and some mothers. They were very interested and happy to have the information as much as the gifts, the display went very good. Younger students said they would tell their sisters and brothers with children about the information and products".

"One day my friend was showing to me some papers that her son brought from school, she couldn't understand what are these papers for. When I read it I discover that this paper is a project to teach the child about a fire escape plan. I explain everything to them; I helped them to make this plan, my friend was so happy to ask me because she didn't know what to do. I was very happy that I could express the information I been learning through my training in a very simple way"

Key Outcome 3: The Peer Educators training and experiences resulted in capacity building.

"I'm a member of the SafeStart reference committee meeting. We have discussion a lot of thing, eg the safety product and disclaimer. We talk about cultures and treating injury, eg treating burns with toothpaste, the Arabic community treat burns with wax. We have learnt from each other by being a member of the committee. Ive enjoyed it. I'm becoming more confident now to speak at meetings & English communicate"

" My manager helped me build the framework for my journal on the last day. This is the first time I wrote a long journal like that. It was hard for me but I had the framework. It was helped me a lot".

" Know more about the local council and gained confident to seek job opportunity in this area"

"Even I knew lots of information about safety through my experience as a mum for two children, but sharing this training sessions was a much more experience. I learned about fire safety, what to do in case of a poisoning case, the most common causes of falls and so on. I couldn't wait to start my presentation".

"I'm much confident now in presenting this information"

"I did meet lots of people, which open a new passage to me to find employment"

Key Outcome 4: Participating in the project was an enjoyable experience.

"Have made some new friends from other cultural background"

"I think SafeStart Project is a great project that helped a lot of parents about child prevention injury.....before I participate this project I was very shy person, I couldn't speak in front of people, I wasn't good English communicate, not confident . During 16 months Ive involved SafeStart project, I have opportunity to meet different people on the reference committee and getting more confident about speaking at meetings and giving my opinion. Eg How Vietnamese community would feel about the disclaimer on the safety product".

"I really enjoyed community work. Different clients, different environment and also different activities"

"I would be involved in the project again and would like to work as a casually employed Peer Educator".

"I really like the ideas and the environment of working with other migrants from different backgrounds"

AMES Child Safety Display: Springvale:

"On that day I felt much relax because I wasn't the only person that people are focusing on me, it was a much easier session especially that the four of us where sharing the same table while we were representing the information. We had lots of fun and jokes".

"But after all I agree that the project made so good impression on many people and still hear it until the moment, I wish we could have enough funding to work longer and see the result"

4.2 Challenges

Throughout various stages of the project a number of challenges were encountered: Barriers to achieving sustainability and project outcomes included:

- *Child injury prevention not being a priority issue in high risk groups:* families experiencing a range of issues such as domestic violence, drug addiction and unemployment may find it difficult to engage about child safety due to their current hierarchy of needs most probably placing child safety at the lower end of the hierarchy. This presents a challenge with research indicating lower socio economic groups are most at risk of injury yet such groups may be the most difficult to engage.
- *Short term projects:* it is recommended that projects are implemented over a period of at least 3 - 5 years to ensure institutionalization of strategies. (Shediac-Rizkallah and Bone: 1998, Coggan, Patterson, Brewin, Hooper and Robinson:2000). A project of shorter duration, such as SafeStart has less time to plan, form partnerships, implement and build strategies into existing structures & policies.
- *Restricted timelines:* being over ambitious in what could be achieved in the project plans timeline and expectations to engage a large number of groups resulted in not being able to deliver and sustain all intended project strategies, for example conducting child safety activities in child care centres and preschools and providing child safety training updates to these groups within the project timelines. Commitment has however been made to provide child safety training beyond the life of the project.
- *Motivating others to become involved in the project:* expectations that the Project Manager is an expert in child safety and is responsible for initiating and implementing strategies and competing demands or lack of interest in child safety experienced by key service provider groups, jeopardized progress on some occasions. Although it is not recommended for the Project Manager to conduct child safety sessions in terms of sustainability there were benefits achieved from conducting child safety sessions. Firstly it provided an opportunity to consult with the community and understand their knowledge and perceptions of child safety and their child safety concerns, rapport was developed and it served as a staff training opportunity. For example one health professional said, "I learnt more from you by watching you deliver the session than when I attended the formal training day".
- *Overburdening key CALD community leaders and workers with too many projects* eg dental, child safety, women's health, antenatal. Offering Multicultural Parent Group Peer and Community Leaders mentorship roles to the SafeStart Peer Educators as opposed to responsibility for delivering project activities was one strategy for overcoming this.
- *Lack of resources and funding provided to injury prevention:* child safety specialist organizations should be provided with additional funding to support the activities of future child injury prevention projects. This may also assist with sustaining project interventions.
- *Overwhelming people with too much information and diluting messages:* the breadth and complexities of child injury prevention make it difficult to cover all components in a single child safety training or education session. Targeting topics is recommended.

Challenges reported by Peer Educators:

"Having time to attend the training and prepare the sessions and activities. To prepare and run the session smoothly and try to give as much as possible information to the parents in a 2 hour session with children around them and answer all the questions"

"To feel comfortable to speak out in meetings when there are a lot of people"

"To overcome the nervous and upset emotion caused by the unsuccessful session" (when clarified this statement anticipated fear that the session might not be a success and that nobody would turn up)

"Roudy session with babies present was too noisy. Mothers wanted to talk to their friends in the session. It was social chit chat and nothing to do with the topic. Even with childcare the child won't leave their mum and the mum won't come without her child. The solution is to keep the groups small and less than 10 mums, keep session informal and not too much information. Its good to get Grandma to come lots of Grandma's and fathers look after the baby while mum works".

"The session went very good; the only problem was the accent. I speak Arabic Lebanese accent, the African speak Arabic African, so it was very hard to understand all the words and the terms I'm using or what they are using so I had to compromise by using the English language and easy Arabic"

"We prepare a brochure in Arabic and English and send it in September to families. At the first session nobody show up. Only one lady who we didn't send her a letter, but she came because she lives next door. I tried to make some phone calls to ask why they haven't came, especially to the people who called me when they receive the letter and they put their name down as an attendant. One lady said she's sick, another one her baby is sick and I couldn't find the other. I was so disappointed because I really believe that this information is in great benefit to them and it's a good chance to learn about what's happening around them, because most of them are newly arrived to Aus and they said they want to learn about Aus life".
For the next week we decided that we should call everybody on the list (myself and Karen), we talked to some, they were very happy to come. One lady said she was coming but she didn't have a car, so Karen arrange to pick her up on the day... we had around 6 ladies (I think we made about 30 telephone calls).

5. RECOMMENDATIONS

1. *Integrating strategies*: successful components of SafeStart should continue to be built into CGD core business and practice across a wide range of staff and services. Eg, timetabling child safety training updates into MCH and Family Support and Counseling, Children's Services and Volunteer Services Business Units.

2. *Continue to encourage community participation*: if local families are the main dynamics and participants SafeStart strategies are more likely to be sustainable.

3. *Safety product installation and quality issues are addressed* and that the Royal Children's Hospital Safety Centre or KidSafe provide a list of qualified child safety product tradesmen or affordable installation assistance to socio economically disadvantaged families.

4. *Longitudinal qualitative injury prevention studies are funded* to provide a richer understanding of how and why injuries happen and the influence of knowledge, attitude, behaviour, culture and socio economic status on injury and linkages between risk factors eg child/drug abuse and unintentional injury.

5. *Government subsidized car restraints, car restraint fitting and nursery furniture items, particularly cots*. Raising awareness of child safety is not likely to result in a significant decrease in injuries in lower socio economic groups if environmental modification strategies, safety products and nursery furniture which meets Australian Standards are not affordable.

6. *Improved data injury collection based on ethnicity measures* would increase understanding of child injury patterns in culturally and linguistically diverse groups.

7. *Reflection and modification of project outcomes continues for at least 10 years to evaluate the long term impact*. Activities will most likely require modification in the future to suit changing community demographics.

8. *Successful processes and models are applied to other public health areas where appropriate*. For example peer education models being used for childhood nutrition projects.

9. *A central distribution point is established to improve accessibility to child safety information*. This may also ensure orders are funded to meet population needs.

10. *The state government considers refunding print runs for resources developed by the SafeStart project*. This would extend availability beyond the municipality that developed the resource, to ensure other organizations and communities benefit from the information.

11. *Future child injury prevention projects are funded for a period of at least three years*. If funding availability is restricted, an alternative could be to employ a project officer for 3 days a week for 3 years as opposed to full time for 18 months. Provision of funds to employ a part time administration officer to support the Project Manager would enhance the number of activities able to be achieved within short term project timelines.

12. *Safety specialist organizations are supported to provide free child safety training sessions and updates to community groups*.

13. *Injury data is provided to future projects in an analyzed format* as opposed to the project officer analyzing raw data within project timelines.

14. *Funding is provided to explore child safety opportunities within AMES English schools*. AMES proved to be an excellent setting to capture and engage CALD communities.

15. *Child safety information should be offered both opportunistically and within standardized guidelines at antenatal, postnatal, toddler, preschool and school age to capture readiness to relate to information*.

16. Continue to conduct child safety activities in partnership with existing groups and organizations with shared agendas. For example The CFA's 'Early Fire Safe Program'.

17. That the RCH include the SafeStart Peer Educators in child safety training updates conducted, particularly those conducted for the RCH Multicultural Peer Educators.

18. Using the peer educator model in preference to interpreters and guest speakers to deliver child safety sessions to CALD groups. Interpreting between speakers is more time consuming, therefore less information can be covered in an education sessions. Guest speakers may not be aware of the culturally sensitive issues of the group that the peer educator would be more likely to recognize.

Peer Educators Recommendations:

19. "I would like to make a yearly ongoing plan for the multicultural playgroup I run: Divide all the information into 4 parts and discuss 1 or 2 issues each week. At the end of each term, we can go back to the topics which we discuss before, so the children and parents can review their knowledge. At the same time new families can have the chance to learn".

20. "Make some simple information posters or calendars in Chinese with Chinese family photo's so parents can put up on the wall. (Toilet walls will be recommended) It could be in a 5 year different age group, so the parents can focus on some relevant topics. The information must be simple, but clear enough to understand. A poster or calendar on a toilet wall is recommended because parents hardly have time to read information on the bookshelf or hidden in the drawers. A toilet wall will be more effective than putting it on other walls which may see it all the time, but you hardly stop to."

21. "Recommending the government give parents some tax benefits if they spend money on child safety products. Things like child restraints are expensive, if the government wants to encourage parents by giving them some tax benefit parents will most likely be updating their child's restraints to meet the safety standard".

22. "If the government gave me more money for the project I would buy more safety products for the families and buy more food to get more mums to come along. Maybe provide a bus and child care worker".

23. "As an interpreter I find its much more work thinking and preparing if doing the talk myself as a Peer Educator. After you study the topic you feel more confident to answer the question and speak and less confident when interpreting and not knowing the topic".

24. "I think for a future presentation I would put the children in a separate room, I had to stop many time because the children were unhappy or fighting over a toy".

25. "More research on how much people know before conducting or planning any session will make it much easier to communicate within the audience because I will only concentrate on what they need to know instead of going general".

26. "Make an easier access to safety equipment so people can find much easier and maybe cheaper prices so they don't have to think twice about buying the equipment".

27. "I think this project should be kept a bit longer to help parent who having first child. If they have all new safety information and participate safety session It might be very good for them to bring their child more safety. Because I heard from many parents have had children not 0-5 group children that participate safety session. They said, "This is the first time we had it". And also this project in interested for all people".

28. "I wish grant will be provided more generous so we could promote more the injury prevention in terms of media coverage. I would contact more people about the activity before mailing out the flier, transport will be provided to help people who needed, food and free present is a good reason for people to come along".

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Arabic, Chinese, Cambodian and Vietnamese Peer Educators Journals
(Written consent was obtained to include the information in this report)

The Generic Evaluation Assessment Survey (GEAS) report provided to Monash University Accident Research Centre can be referred to as an attachment to this report for further details.