



Successful Healthway Projects

# Child Injury Prevention Program

The Child Injury Prevention Program aimed to raise awareness about preventable child injuries and poisonings in the Broome Aboriginal community.

Case Study

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# Child Injury Prevention Program

<b>Organisation:</b>	Kimberley Population Health Unit
<b>Healthway funding:</b>	\$4,850 (Funded: production of resource materials, educational activities and venue hire)
<b>Program Period:</b>	6 months
<b>Target Group:</b>	Aboriginal Health Workers, community nurses, midwives, local child care workers and Aboriginal parents in the Broome community
<b>Year:</b>	2003
<b>Number of Participants:</b>	13 health and child care workers were trained to use the package – they then trained parents in the community

## What was the project about?

A high rate of injury and poisoning was identified among children under five years in the North West Kimberley region. This project aimed to raise awareness of the largely preventable child injuries and poisonings in the Broome Aboriginal community.

The project adapted a Child Injury Prevention (CIP) resource, originally developed by Kidsafe WA, to better suit Aboriginal communities. Local health and community professionals were trained to use the resource package to educate parents within their own communities. A working party was established to oversee the adaptation of the resource and training program for Aboriginal families. The resource and training workshops included issues such as poisoning, burns and scalds, driveway injuries, eye injuries, sudden infant death syndrome, drowning, dog bites, car restraints and falls.

## What strategies were used?

The CIP resource package was modified and piloted to ensure its cultural appropriateness and its effectiveness in preventing injuries in Aboriginal community settings. The resource included:

- A manual and cd-rom with information on the causes, types, prevention and treatment of childhood injuries.
- Emergency and support numbers, and useful websites.
- Evaluation forms and order forms for Kidsafe safety products.
- Activities and information for parents (e.g. home safety checklists and quizzes) and children (e.g. worksheets and information on responding to emergencies such as fire).

Workshops were conducted to train health and community professionals in the use of the CIP package. The workshops included:

- Two sessions structured around PowerPoint presentations, videos, KidSafe displays, display boards of posters and brochures and interactive activities for participants.
- Guest speakers from Roadwise and St John Ambulance.

The promotional strategies involved interactive displays at community events, including the Broome Community Health Nurses Week and at the main community shopping centre. A competition tested knowledge on how to respond to fires in the home, with winning entries receiving smoke detectors.

## What did the project achieve?

- Sixteen copies of the resource were produced and distributed.
- Thirteen people including child health nurses, Aboriginal Health Workers, child counsellors and crèche workers were trained in using the package through a 2 day workshop. These newly skilled trainers delivered Child Injury Prevention education sessions to Aboriginal communities in the Kimberley.
- The project demonstrated improvements in injury prevention knowledge in the community.

## What Healthway had to say about the "Child Injury Prevention Program":

This project used the successful train-the-trainer approach to address an important health priority in Kimberley Aboriginal communities. Involving the target group throughout the project has helped to build community support and culturally appropriate resources which have ultimately increased the sustainability of the project.

# What Were the Effective Health Promotion Elements?

## 1 PLANNING

Aboriginal parents and organisations identified the need for a culturally appropriate child injury education and prevention program.

A working party guided the project and commented on the resources.

Local background information was obtained on the health issue.

Nurses, Aboriginal Health Workers, hospital staff and public health unit staff were consulted during development of the project.

The project coordinator was an Aboriginal person who had lived in the Kimberley for 19 years and had a background in health. She understood community issues and was well known to community members.

## 2 IMPLEMENTATION

The Child Injury Prevention (CIP) resource package used simple and clear language and images.

Train-the-trainer style workshops were used to train professionals to use the CIP manual.

The Kimberley PHU Bulletin published regular information on the project.

Copies of the resource were supplied to key WA-wide agencies such as the Office of Aboriginal Health.

Workshops were simple and entertaining.

Aboriginal community members were receptive to the CIP messages presented by professionals from their own communities.

While the main strategy involved educating trainers and community members, the program also aimed to provide safe environments for children and policies to ensure regular safety inspections.

## 3 EVALUATION

A pre and post-program feedback questionnaire was completed by working party members, and the results were used to modify the program.

A pre and post-workshop questionnaire was completed by participants, to assess knowledge of home and workplace safety, views on the project resources and satisfaction with the workshop presentations.

Community members also completed a home safety checklist to audit their home environment at the beginning and end of the project.

The evaluation also recorded: the number of CIP training packages produced and distributed; the number of organisations delivering CIP workshops; and, the number of individuals attending CIP workshops.

## 4 SUSTAINABILITY

The trained professionals agreed to continue delivering the program to meet community demand.

At the end of the Healthway project, funding was sought from other sources to expand the project to communities throughout the Kimberley region.

Several activities were planned to expand the project, including:

- Holding an education day in a community 132kms from Broome.
- Two half day workshops for Community Health staff.
- Collaborating with staff of a mobile childcare van to deliver messages to remote communities.
- Delivering a workshop to parents/caregivers in another remote community.

The project continued to be promoted through Roadwise meetings and child restraint checking stations at day care and shopping centres.

### What lessons were learned?

- Engaging local people as trainers was critical in delivering the project and ensuring that communities were receptive to the messages.
- "Flip-charts" or "story boards" were identified as a useful potential addition to the CIP resource to support Aboriginal Health Workers to use the program. Local Aboriginal people would need to contribute to the development of this to ensure its cultural appropriateness.

- Extending this project to other centres in the Kimberley region was considered a priority as there were no existing child safety programs in place.



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