

## FEATURED PROGRAMME

## Kidsafe Australia

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### What is Kidsafe Australia?

Kidsafe is the trading name of the Child Accident Prevention Foundation of Australia, that was founded in 1979 as a result of advocacy by paediatric surgeons focusing on the need to reduce the incidence and severity of unintentional injuries to children and which came to fruition in the International Year of the Child.

As for sister organisations such as the Child Accident Prevention Trust in the UK and SAFE KIDS in the USA, Kidsafe Australia is a national, not-for-profit, non-government organisation.

Australia has a population of 17 million in a system of federal states and territories, each of which has its own government with responsibilities that include health, roads, police, and consumer affairs. In addition, there is a Commonwealth Government with the lion's share of government finance. It has a great interest in but little direct service responsibility over these areas.

### Organisational structure

Kidsafe is a private company owned by its members and employing approximately 35 part and full time staff. Due to its charitable nature most Kidsafe work is exempt from federal and state taxes and all donations to Kidsafe are tax deductible.

The organisation is the legal responsibility of a board of directors, managed through board committees (executive, policy, and finance) and by an Executive Director, David Howlett. The board of directors is made up of a nominee from each Kidsafe division, four directors elected at large, and two nominees of the Federal Minister for Health.

In practice the organisation works on two levels, state and national. Kidsafe has eight divisions that control the work in each state or territory. It has an office in each capital city and, at the moment, one subdivisional office in a regional city. Divisions have a number of regular or project staff, and all have at least a part time officer who works under the authority of state members through an elected committee under the direction of the divisional chair. Finally, at the national level there is a small office in Melbourne responsible for administration, internal coordination and for national policy and projects.

### How Kidsafe works

The focus and style of work varies according to regional circumstances and history. At the moment, primary intervention is concentrated at the divisional level, although this varies

greatly between states. In many states Kidsafe work revolves around demonstration centres — 'Kidsafe Centres'. Some provide child restraint fitting services; all provide basic information to parents, teachers, students, trainee health professionals, and to the media and conduct a range of public education, research, or research and intervention programs of various kinds.

Current Kidsafe activities include: the development and implementation of innovative intervention programs, such as that involving training maternal and child health nurses to deliver safety information to new mothers; research programs, such as a recent study of child restraint effectiveness by examining all children involved in serious vehicle accidents; data collection; public education campaigns on specific issues; general provision of injury prevention information; and lobbying for specific interventions.

At the national level, apart from central administration major efforts are directed at: *advocacy* — acting as an advocate for children, speaking out, pushing for, and assisting in organisational change; *coordination* — to foster, develop, and deliver consistent, 'best-practice' advice on injury prevention; to facilitate development and transfer of interventions across states; to address national issues at a national level; and to fulfil Kidsafe's 'peak body' role; *pilot programs* — involvement, primarily in association with Kidsafe divisions, in pilot or demonstration intervention and/or education programs.

### How Kidsafe started and how things have changed

Kidsafe was established by a group of concerned professionals and business people to focus on what was then a relatively new area of work — the prevention of unintentional child injury. At the time of its establishment there were no organised programs of child injury prevention or child injury data collection in Australia apart from road safety, and the routine collection of death and hospital separations data. For these reasons the original agenda focused on several basic matters:

- Raising public awareness of injury;
- Getting injury on the public health agenda;
- Establishing pilot, and then substantive programs of data collection; and
- Fostering and starting injury reduction programs, particularly demonstration programs.

As part of this agenda the organisation funded and fostered basic research into the extent of injury, pilot programs for injury

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surveillance based on British and US systems, conferences and research work on the pattern of child injury, and into specific problems such as drowning, the development of intervention programs and, above all, raising the profile of child injury as a public health issue.

With these efforts, and the development of Australian surveillance, research, and program capability, all of these original child injury objectives have, at least to some extent, now been achieved. The environment for injury prevention has been altered for ever. There remain, however, major concerns over the degree of public awareness, the level and extent of public sector funding, and over the infrastructure for non-road injury prevention.

By the end of the 1980s changes within Kidsafe and in the injury prevention environment as a whole brought about a series of structural changes in the organisation as well as a substantial review of Kidsafe activities at the national level. Essentially Kidsafe moved from a central control and funding model to one where divisions were financially self supporting and operated semi-independently.

The growing functions and responsibility of the divisions, and their need for more independent operation, brought about a restructure of administration and finance. The most obvious sign of this restructuring was the inclusion of a representative of each division on the board of directors.

Due to such developments as the National Injury Surveillance System and of injury control sections in most Departments of Health, Kidsafe was soon able to move away from the basic establishment work of the early years. It turned more to advocacy, coordination, and the implementation of good ideas developed by the burgeoning number of Australian injury researchers.

As part of this general process the organisation took advice that, while well known and respected among professionals, its profile was not high among the general public. Accordingly, a long term marketing strategy was formulated and the organisations trading name became Kidsafe Australia. Its logo became an illustrated form of Kidsafe with the longer name written below it. These changes proved a resounding success.

In 1993 Kidsafe consulted its members, other Australian injury prevention organisations and specialists on its future strategic direction in the light of substantial changes in the Australian injury prevention environment. The result was a ringing endorsement of the continuing need for advocacy and coordination at a national level.

The review also flagged a number of areas for future exploration: risk related to non-English speaking backgrounds and socioeconomic status; adolescents and youth; Aboriginals; child protection; rural children; and tertiary prevention.

### Funding

The original corpus of funds was donated by the Federal Government and then built on by

matching grants from states and additional donations from corporations. Interest on this capital was the primary source of funds for the first decade, being supplemented by individual project funds. By the late eighties, however, it became clear that fresh efforts were needed to make Kidsafe self funding and that commercial support was required.

From that time, the growing independence of the divisions has been associated with financial self sufficiency. The balance of financial sources varies from state to state but is primarily made up of project specific funding, some government agency support (mainly from Departments of Health), donations, and lesser amounts from the sale of publications and divisional shares of member contributions. In one state an energetic and dedicated band have raised substantial amounts, thus ensuring a stable base for operations well above that available to other divisions. These funds are supplemented by *pro-bono* work provided to the organisation.

At the national level, interest and capital and corporate sponsorship, particularly that from one sponsor, Smith Kline Beecham, have been the major sources of funding. This too, however, is supplemented by project work, sale of publications, donations, and memberships. After significant effort over a considerable time corporate support has expanded. For 1995–6, substantial funding has also been provided by the Federal Department of Health.

Funding, particularly for unglamorous and long term work such as that required to develop and implement effective safety standards, remains a major challenge.

### How does Kidsafe operate?

One of the key achievements of Kidsafe has been to bring together health professionals, researchers, business people, parents, governments, and others to act to reduce child injury. The examples illustrate ways in which this occurs.

The *Early Childhood Injury Prevention Program*, was modelled on the US TIPP program of prevention information offered by paediatricians. In the Australian context, training was provided to child health nurses to enable them to provide new parents with this information. The program started as a pilot in Victoria and, with the help of commercial funders then became a mainstream program, and was eventually taken up by other Kidsafe divisions. It demonstrated its effectiveness sufficiently to be taken up by state health authorities so that Kidsafe is now moving away from direct provision while extending the initial work by provision of material for those with poor literacy skill.

To reduce pool drowning, the leading cause of death for Australian toddlers, Kidsafe, with the donated services of a leading advertising agency George Patterson Bates, developed a major media and promotion campaign. For a materials cost of \$10 000 a kit of drowning prevention material was provided to every local council building department and maternal and

child health centre in Australia. Community service ads were developed for television and radio. The 'Pool Fences Save Lives' campaign generated \$1 million of donated media time, won an international award, and, most importantly, helped create an environment in which parallel work on fencing standards and model regulation could be implemented. In Queensland, the state with the worst record for toddler pool drownings, rates dropped from 10.9/100 000/year for those under 5 years to 4.8 in 1993 after the introduction of regulation requiring pools to be fenced.

In 1994 Kidsafe research confirmed that while *child restraints* are very effective and wearing rates are high (around 90%) nearly half of the children who died would have lived if they had been wearing a child restraint. Consequently we resolved to improve restraint information available to parents, with particular concern about its general availability. With funding from the Federal Bureau of Consumer Affairs a simple language booklet called *A Parents Guide to Kidsafe Cars* was developed and printed. Further support from a major petrol company, Shell Australia, permitted 100 000 copies to be delivered free from Shell service stations. A second printing is now being organised.

*A Kidsafe Week*, in mid-year, has been used to develop public recognition of injury as the leading cause of child ill health and death and to foster acceptance that most of these deaths and injuries can be prevented by simple means. The Kidsafe divisions are particularly active in schools and through commercial pharmacies. In 1994 the program was launched by the wife of the Prime Minister and about 2000 schools and a similar number of commercial pharmacies were involved.

#### Current aims and objectives

The objectives of Kidsafe at present are predicated on the idea that injury is predictable and preventable and that environmental changes tend to be more effective in the long term than behavioural changes.

To this end current aims are to:

- Raise awareness of accidental child injury and its consequences.
- Identify causes and risk factors responsible for injury.
- Identify and promote strategies to reduce these causes and risks.
- Work collaboratively with other agencies to implement these strategies.
- Develop and implement practical programs of injury prevention.
- Provide all individuals, organisations, and institutions with information relevant to their role in injury and/or prevention.
- Ensure that all parents or caregivers are provided with simple, unambiguous advice about prevention of unintentional injury.

#### What makes things work?

What are the factors that have contributed to the level of success achieved?

#### MEMBERSHIP AND STAFF

The membership, though relatively small in number, is committed, skilled, and influential. Members have been drawn from former High Court judges, senior bureaucrats, leading paediatricians, researchers, and well known business people. Although most marked in the early years, it remains true that most of those involved in child injury prevention are members or active supporters of Kidsafe. Staff, particularly at grass roots level, are another crucial factor. They come from a range of backgrounds, particularly teaching and nursing, and it is their commitment and long hours of donated time, that has made our programs work.

#### A WORTHWHILE ISSUE

Preventing injury to children is an issue that can and does draw sympathy and support. The degree of support given to injury prevention and to Kidsafe has been extraordinary — ranging from the donated professional services of advertising and legal firms, and media time to the help of health professionals. These ensure that funds stretch and that programs have maximum impact.

#### A CONSTRUCTIVE ROLE AND ORGANISATIONAL GOODWILL

The role that Kidsafe has played has been partly created and partly given to it. In many instances government officers have looked to and supported Kidsafe in its advocacy and actions because those officers are constrained in what they can say and do. This situation has been developed over time with demonstrations of effectiveness and the building of trust. In areas without a strong governmental agency Kidsafe has virtually created the injury prevention agenda and some of the means for change. In areas where there have been other agencies involved, Kidsafe has been part of an alliance that says and does things that government agencies cannot.

#### AN EFFECTIVE PROCESS

Working hard to ensure that the particular injury issues taken up are significant, and that practical and effective means of injury prevention are available, has ensured that, despite inevitable mistakes, in the main scarce resources are well used and organisational efforts and positions respected.

#### Child injury prevention is working!

Although injury remains the leading cause of premature death and ill health in children, the combined efforts of concerned professionals, parents, government, and community organisations have ensured that injury prevention has been one of the areas of greatest success in improving child health in Australia. Unintentional injury death rates in children under 5 years have dropped from 27.4/100 000 in 1979–81 to 14.3 in 1992. An estimated 3500 child lives and 100 000 child admissions to hospital have been saved.