FEATURED PROGRAMME

Safekids

Reena Kokotailo

Safekids — because the best treatment for injury is prevention

Safekids is a major New Zealand child safety initiative dedicated to reducing unintentional injury among children aged 0–14. Its philosophy — the best treatment for injury is prevention. Its primary tools of the trade — information, advocacy, and collaboration.

Service context — child injury in New Zealand

New Zealand is a country approximately the size of Great Britain situated in the South Pacific. It has a population of around 3.5 million, of which around one quarter are under the age of 15. New Zealand's population is multicultural — a mix of (predominantly) white, Maori (New Zealand's indigenous people), and particularly in its major urban centres, Pacific Islands and Asian people.

For New Zealand children over 6 months, injury is the leading cause of death, accounting for 40% of mortality. Unintentional injury accounts for nine out of 10 of these injury deaths. Beyond infancy, injury accounts for one fifth of child hospital admissions in the country, and for more child days spent in hospital than any other ICD9 chapter grouping. Ninety seven per cent of child injury hospitalisations are for unintentional injuries. Children in New Zealand most commonly die of injury as passengers in motor vehicles, as pedestrians, or through drownings. They are most commonly hospitalised for:

- Injuries due to falls
- Transport related injuries (bicycle, motor vehicle, and pedestrian related)
- Poisonings
- 'Striking/struck by' injuries
- Burns and scalds
- Injuries due to sharp objects
- Medical treatment related injuries.

Safekids service overview

Safekids is a service of Starship Children's Hospital, New Zealand's only purpose built children's hospital. The service was instigated four years ago by doctors who were concerned at the number of children coming through the Starship's doors with serious injuries.

Safekids began as a regional service working in the greater Auckland area. This predominantly urban region is home to nearly 30% of New Zealand's children. Over the last two years, as the need for national advocacy work has become more apparent, Safekids has expanded its work into the national arena.

Safekids currently has a team of seven staff. It receives core funding from North Health (one of the country's four regional health authorities), and supplements this through sponsorships and partnership arrangements for much of its national work.

Information, advocacy, and collaboration: the heart of Safekids approach

During its setup, Safekids researched a variety of prevention approaches. It read about and talked with a wide variety of organisations active in child injury prevention in New Zealand, Australia, Canada, the USA, Sweden, and England. Some key characteristics kept coming forward when looking at those organisations who seemed to be having an impact.

One was the importance they placed on good information on which to base prevention activity. Information of many types — from broad based injury epidemiology to more detailed circumstances of injury, to information about injury prevention. Another was the importance they placed on collaboration — not only with other prevention organisations, but across sectors, and in partnership with their communities. Jerry Moller summed this up well in an interview for the Australian *Injury Issues Monitor* (Nov 1994): 'One of the main lessons I've learned is that one should never be surprised at how many different professions, sectors and disciplines can contribute to a solution'. A third characteristic was the incorporation into their activity of strong advocacy, targeting decision makers who could make a difference to the safety of children. Finally, and perhaps most importantly, Safekids learned about the importance of ensuring activities from across the spectrum of activity possible are incorporated into prevention interventions.

Using hot household water safety to illustrate, this might mean ensuring that counsell-

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ing on hot water temperature safety with individual caregivers is backed up by community wide education on the issue through the media; coupling these activities with advocacy work with landlords about their role in providing safe hot water in their rental properties; while also timing this activity to coincide with an advocacy push calling for legislation for tempering valves to be fitted to hot water systems in new homes.

From the beginning, Safekids has tried to base its prevention approach on these four characteristics. More recently, a further element has grown in importance in Safekids thinking — the need for prevention that recognises the realities of everyday life for children and their families. Using the hot water example above to illustrate, this might involve providing practical support to families to overcome the barriers they face when turning down their hot water.

Or, to borrow another example from Jerry Moller, we can disagree with baby stroller manufacturers who say a stroller was never meant to carry shopping on its handles (with the implication that it is the parent who's at fault for using it unsafely), recognise that parents will always use a stroller to carry their shopping and such like — *that that's the reality*, and work with manufacturers to design a safer stroller.

Key Safekids activities

SAFEKIDS INFORMATION AND RESOURCE CENTRE

The Safekids Information and Resource Centre is one of Australasia's most comprehensive child safety resource centres. It acts as a regional and national clearing house for information on unintentional childhood injuries and their prevention, and was set up primarily to service those involved in prevention as opposed to families.

The centre includes a library of child safety related books, videos, and other resources such as journals, programme/research articles, and samples of campaign literature and promotion materials from around the world. It is also developing a network or 'who's doing what' data base and is committed to providing up to date unintentional child injury statistics.

In addition to resources and information, the centre aims to provide practical support to groups and individuals undertaking prevention — from training and advice on the development of prevention programmes, to speakers for crucial events. Safekids has also developed a number of prevention resources, including *Keeping Kids Safe*, a multicultural child safety video available with voice overs in eight languages.

Research and evaluation

As well as gathering research and information from other sources, Safekids has undertaken its own research into priority aspects of child injury. Emphasis has been on the in-depth analysis of available data sources to provide

clearer directions for prevention, and for use in advocacy work. It has published regional injury pictures and reports on unintentional poisonings and falls. Following on from research undertaken by the Auckland Injury Prevention Research Centre, it has also further explored and written on pedestrian injuries. Evaluation is undertaken with all major activities, with a focus on formative and process evaluation as opposed to outcome evaluation.

ADVOCACY AND AWARENESS WORK

Through its ongoing advocacy and awareness raising work, Safekids endeavours to strengthen public and decision maker commitment to reducing unintentional childhood injury. Its awareness raising activity includes an active media liaison programme to draw specific child safety issues to public attention. Similarly advocacy work aims to ensure that childhood injury prevention is on the priority agendas of people whose decisions affect the safety of children in our communities — be they politicians or planners, architects or manufacturers, caregivers, or engineers.

Safekids advocacy work currently centres around the following public policy issues:

- Child resistant packaging for a greater number of prescription medications and household chemicals
- Resolving issues surrounding the recommendation of 50° as a safe household hot water delivery temperature
- New Zealand standards development for disposable lighters requiring them to be child resistant
- Development of planning and traffic management guidelines that encourage local authorities to insure their road environments better meet the needs of vulnerable road users, particularly children
- The need for realistic resourcing for unintentional child injury prevention — especially within the health sector.

Safekids advocacy and awareness raising work is currently undertaken with the support of two sponsors, the Starship Foundation and a corporate sponsor, Panadol.

FACILITATION AND COORDINATION OF AUCKLAND REGIONAL PLAN

Within the Auckland region, Safekids has been involved in facilitating the development and implementation of an intersectoral unintentional child injury prevention plan for the Auckland region. Called *Keeping Kids Safe — at Home, On the Roads and at Play*, the plan's development involved over 100 organisations and individuals with a commitment to aspects of child safety. *Keeping Kids Safe* outlines the region's injury picture, identifies priority areas for action, key issues which need to be addressed for progress to be made, and suggests strategies to address these. Emphasis is on the need to create safer environments for children as well as overcoming the practical barriers many families face to keeping their children

safe. Implementation of the plan's recommendations requires the ongoing 'buy in' of those organisations involved in its development.

SAFE ROUTES TO SCHOOL PILOT

As part of a special commitment to child pedestrian injury prevention, Safekids is currently undertaking a major pilot of the Australian (Vic Roads) *Safe Routes to School* programme. The programme involves developing an intersectoral approach to reducing school journey injuries among children in high risk communities. It emphasises the importance of creating safer roading environments alongside the education of children, caregivers and communities, enforcement, and the creation of safer school policies.

KIDSAFE WEEK 96

During 1996, Safekids is facilitating and coordinating the development of *Kidsafe Week 96*, New Zealand's first child safety week, which will be held in September. The week is a collaborative venture involving a number of national organisations involved in road safety, injury prevention, fire safety, and child health. The week's founding sponsor is Panadol.

Kidsafe Week 96 will raise awareness of unintentional child injury and, again, the need for safer road, home, and play environments. It will also provide a focal point for prevention around selected mechanisms of injury under each of these environments — children playing with lighters/matches and hot household water scalds (for the home environment), injuries to pedestrians (the road environment) and trampoline related injuries (for the play environment).

The week will include three tiers of activity — national awareness raising through the media, community based action through local coalitions being developed for the week, and

advocacy with key decision makers around selected key issues.

Conclusion — moving funders beyond 'one issue' thinking

At Safekids one of our ongoing advocacy and awareness challenges lies with those who can provide the funding necessary for our work. In particular, those funders who may underestimate the complexity — not only of working in prevention — but also of the field of unintentional childhood injury itself.

A New Zealand colleague compares working in child injury control to working to control infectious diseases. We can 'immunise' children against serious injury in a car crash through the use of a proper child restraint. But that particular form of 'immunisation' is no more effective in preventing bicycle head injuries or hot water scalds than a vaccine for measles would be against whooping cough or AIDS.

Child safety is not about 'one size fits all' solutions, nor are organisations that work to prevent childhood injury, 'one issue' organisations. Childhood injury prevention is a complex and challenging field requiring a skilled, flexible workforce able to quickly come to terms with multiple injury areas — each with their own set of causal factors; their own set of communities, organisations, and decision makers who need to be involved in developing solutions; their own processes; and their own attitudinal, practical, design, and political challenges.

Effectively getting this message across to hoped for funders is probably the biggest ongoing challenge Safekids — and we suspect all of us working in child injury prevention — face.

For more information on Safekids write to Reena Kokotailo, Director, or Mary Parkinson, Information and Resource Centre Manager at the address shown on p 162. (telephone: +64 9 307 8965; fax: +64 9 307 8965; Internet: safekids@iconz.co.nz).

Think First revisited

Despite the pessimistic appraisal of this programme published in a previous issue of *Injury Prevention*, the newsletter of Think First Canada attributes the decline of catastrophic brain and spinal cord injuries in Nova Scotia, between 1991 and 1994, from 32 to nine, to this programme. (*Editor's note:* in view of the concerns expressed by the Seattle group, this widely publicized programme is urged to further assess its effectiveness. I was astounded to see in the newsletter an unequivocal endorsement by the Director of the Montreal Neurological Institute. I can only assume that he had not read the paper in question.)

More on tertiary prevention: three is better than two

A report from the Agency for Health Care Policy and Research by Kellerman shows 'that three firefighters can perform CPR more effectively than two, when they use a bag-valve-mask (BVM) device. The three rescuer technique overcomes the problem of providing unassisted ventilation with BVM.