SAFEKIDS CAMPAIGN 2009/10

Motor Vehicle Child Passenger Safety and the Prevention of Unintentional Cutting/ Piercing Injuries

Final Evaluation Report

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Executive Summary

Safekids conducted an outcome evaluation of the Safekids Campaign 2009/10: Child Motor Vehicle Passenger Safety and the Prevention of Cutting and Piercing Injuries. This report details the methodology, findings, conclusion and recommendations of the evaluation process.

This report has been prepared for Key Agency partners, sponsors and Safekids Coalitions. Safekids extends thanks and acknowledgment to all Campaign partners for their support of the Safekids Campaign 2009/10. Safekids also acknowledges all evaluation participants for their time and valuable feedback.

Child vehicle passenger and cutting and piercing injuries pose a significant injury burden and cost to New Zealand society. Vehicle passenger injuries are a priority area of the New Zealand Injury Prevention Strategy (NZIPS), 2008-11 and the government's road safety strategy Safer Journeys 2010-20 identifies a need to improve the safety of child passengers. There is no policy framework to support the prevention of unintentional cutting and piercing injuries to children.

The purpose of the evaluation was to determine how Campaign services had encouraged and enabled local Campaign action within communities and how communities had benefited. Findings will inform future planning activities.

A logic model and an evaluation framework were developed as part of the process. Methodology included the use of a mixed method approach and triangulated data sources to collect qualitative and quantitative data pertinent to the value of the Safekids Campaign.

Primary data was obtained through a survey conducted with 68 injury prevention practitioners and through structured interviews with 21 parents whose primary school children had been targeted by locally led Campaign activity. An analysis of 220 order requests for Campaign resources; media clippings and traffic to the Safekids website: www.safekids.org.nz was also undertaken.

The over-representation of Maori (22%) and Pacific peoples (19%) within survey results (n=68) demonstrates the Campaign's reach into these priority population groups, and enabled the evaluation process to accurately record and reflect the Campaign's responsiveness to Maori and Pacific peoples' practitioners and communities.

Findings indicated that Campaign material had penetrated a wide cross section of the workforce with Territorial Authorities (TAs), Plunket staff and Health practitioners most frequently submitting requests for Campaign resources. Other participating sectors included Education, Government Agencies, Maori Providers, Community Services and Others.

Geographically, Campaign materials were utilised in all 20 DHB areas and included TAs and TA clusters identified as at high risk on New Zealand Transport Agencies' (NZTA's) *Communities at Risk Register.*

Demand for Campaign resources was highest immediately following the delivery of Campaign Information and Planning Day Workshops between June and July 2009 indicating that the workshops drew attention to Campaign themes.

Campaign themes were well supported; 84% of practitioners surveyed indicated that the Campaign Workshops had encouraged them to undertake child injury prevention activities within the communities they serve.

Child motor vehicle passenger material was extensively distributed by local practitioners; demonstrating the value of Campaign information and practitioner support for key messages. The *Booster Rooster* height chart and flyer and Plunket's booster seat rack card were the most popular Campaign resources. Information and resources were utilised by the road safety sector to update, enhance or support workflows. In addition, practitioners working outside of the road safety sector such as midwifery services, hospital services and educators delivered restraints information to families. Of 288 media clippings pertinent to child injury issues, 23% related to child passenger safety, an indication of the Campaign's ability to attract media attention to child injury issues.

The cutting and piercing theme was well supported; the Glass Association of New Zealand (GANZ) flyer was the fourth most popular Campaign resource and 13% of print media (n=288) related to the prevention of cutting and piercing injuries. This activity should be viewed as a positive outcome given that under usual circumstances cutting and piercing injuries are a rarely acknowledged or actioned injury issue.

Coalitions targeted Campaign material at families/ whanau, wahine, parents, grandparents, Maori communities, Pacific peoples, Asian and new migrant communities, educational settings, rural and urban communities, tamariki/ children and at colleagues, professionals and decision-makers.

Coalitions delivered information at public events, through school-based projects, child restraint checking clinics and rental/ purchasing schemes, through Police programmes, health services, parent education sessions and workforce capacity building exercises.

Survey respondents reported a range of positive outcomes associated with the 2009/10 Campaign:

- Increased capacity and capability for child injury prevention action in terms of new information and data, access to injury prevention tools (such as the beach clean up project plan and Campaign resources) and strengthened child injury prevention networks;
- Strengthened links to community resulting from the implementation of locally led projects;
- Increased public awareness and interest in Campaign themes;
- Adoption of safer practice such as the removal of expired seats from cars, re-installation of previously removed booster seats and the development of organisational safer travel policies.

Locally lead child passenger safety action benefited families/ whanau. Parents responded well to Campaign information and there was good retention of key information and messaging. Feedback also suggested that Campaign activities supported an attitudinal shift in favour of booster seats; nearly one third of parents interviewed indicated that they would extend the use of booster seats as a result of information presented through Coalition led activities.

Based on evaluation findings this report makes the following recommendations:

- On-going focus on road safety to build Coalition strength and capacity;
- A more flexible second theme such as home safety, to permit local practitioners to utilise campaign material whilst meeting local priorities;
- Continued delivery of the Campaign Information and Planning Workshop series;
- Continued support for Maori and Pacific peoples communities;
- Focus on the production of versatile Campaign material appropriate for use within a multi-cultural society.

Contents

Executive Summary **3**
Contents **6**
1 Introduction **7**
1.1 Context 7
1.1.1 Child Motor Vehicle Passenger Injuries 8
1.1.2 Cutting and Piercing Injuries 8
1.2 Relevant Policy Framework 9
1.3 Evaluation Purpose 10
2 Evaluation Methodology **11**
2.1 Overview of Evaluation Methodology 11
2.1.1 Programme Logic Model 11
2.1.2 Evaluation Framework 12
2.1.3 Survey with Workshop participants 13
2.1.4 Archival information 14
2.1.5 Structured telephone interviews with parents 14
2.2 Data analysis 15
3 Evaluation Findings **16**
3.1 Reach of the Campaign 16
3.1.1 Workforce engagement 16
3.1.2 Geography of Campaign reach 16
3.2 Utility of Campaign Resources 17
3.3 Campaign Action 19
3.3.1 Local Activities 19
3.3.2 Challenges faced by Coalitions 25
3.4 Benefits of Campaign services 26
3.4.1 Practitioner Feedback 26
3.4.2 Parent Feedback 28
4 Conclusion **30**
5 Recommendations **31**
6 Financial Statement **32**

1 Introduction

This report has been prepared by Safekids New Zealand, as the coordinating agency of the Safekids Campaign for Key Agency partners, sponsors and Safekids Coalitions. Safekids extends thanks and acknowledgements to all Campaign partners for their support of the 2009/10 Campaign.

The Safekids Campaign 2009/10 launched in July 2009 to focus on **Child Motor Vehicle Passenger Safety and the Prevention of Cutting and Piercing Injuries**. This evaluation report details the methodology, results, conclusions and recommendations of an evaluation of short to medium term outcomes of Campaign services.

Evaluation activities were undertaken as detailed in the *Safekids Campaign 2009/10 Evaluation Plan*. The development of the *Plan* was undertaken in consultation with primary evaluation users, evaluation stakeholders, Maori and Pacific Peoples, community coordinators and Safekids team members. A broad range of viewpoints were incorporated into the *Plan* to ensure evaluation activities were relevant, appropriate and acceptable to a wide audience.

It is intended that evaluative findings will be used to inform planning of future Campaigns to ensure the Campaign remains relevant to injury prevention practitioners and the communities they serve.

1.1 Context

Safekids New Zealand is the injury prevention service of Starship Children's Health and a member of Safe Kids Worldwide. Safekids' mission is to reduce the incidence and severity of unintentional injuries to New Zealand's children aged 0 - 14 years.

Child fatality data shows that unintentional injury is the leading cause of death for children aged 1 to 14 years of age. Hospital admission data shows that it is also the leading cause of unintentional injury hospitalisation for children aged 5 to 14 years.[1]

The Safekids Campaign, an annual child safety programme, is nationally coordinated by Safekids NZ in collaboration with government and non-government partners. The Campaign launches each July to focus on two unintentional childhood injury issues. From July 2009 to June 2010 the Campaign focused on: Child Motor Vehicle Passenger Safety and the Prevention of Cutting and Piercing Injuries.

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[1] Alatini, Moses. *Analysis of Unintentional Child Injury Data in New Zealand: Mortality (2001-2005) and Morbidity (2003-2007).* Auckland: Safekids New Zealand, 2009.

1.1.1 Child Motor Vehicle Passenger Injuries

Motor vehicle crashes are a leading cause of unintentional death and injury to children in New Zealand.[2] Approximately 16 children die each year in a motor vehicle crash.[3] Starship Children's Health admission data for the period January to June 2008 shows that on average one child is admitted to Starship Children's Hospital each week as a result of a motor vehicle passenger related injury.[4]

Correctly used and installed child safety seats and booster seats have been shown to significantly reduce the risk of serious injury and death.[5,6] However, research shows that many children are seated in incorrectly installed and used restraints.[7,8] Research also shows that despite the proven benefits of booster seats, many school aged children are travelling restrained by seat belts designed to fit adult sizes and proportions,[9] increasing the risk of injury in the event of a crash.

Analysis of crash mortality data (2000 and 2004) revealed that preschool children and tamariki Maori were most frequently killed as motor vehicle passengers. Morbidity data (2002 to 2006) showed that older children aged 10 to 14 years, children aged 5 to 9 years and children of Maori and European decent were most frequently hospitalised as motor vehicle passengers.[10,11]

The Safekids Campaign focused on the following passenger safety issues:

1. Correct installation and use of child car restraints: Use of age, size and height appropriate restraints is the most effective strategy for preventing injury and death to children involved in motor vehicle crashes.

2. Promotion of increased use of booster seats: Widespread promotion of the use of booster seats to reduce the risk of hospitalisation and death to children.

1.1.2 Cutting and Piercing Injuries

Whilst cutting and piercing injuries are rarely fatal, they can result in life threatening injuries and complications.

In the five year period 2000 to 2004, 2,781 children were injured severely enough from a cut or puncture wound to be admitted to hospital overnight or longer. This equates to approximately 556 child hospital admissions per year.[12]

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[2] Safekids Factsheet: Children's Motor Vehicle Passenger Injuries 2009
[3] NZHIS data supplied to Safekids NZ by the Injury Prevention Research Unit (IPRU), University of Otago, 2008
[4] "Trauma Team Update", *Safekids News*, Issue 41, p. 4: Issue 42, p. 5, 2008
[5] *Child safety seat laws*, http://www.thecommunityguide.org/mvoi/#seats, accessed November 2008.
[6] *Three steps to optimizing child passenger safety laws.* Partners for Child Passenger Safety (PCPS): http://stokes.chop.edu/programs/injury/educational_advocacy/fact_sheets.php, accessed November 2008
[7] *Brown J, Bilson L. "High back booster seats: in the field and in the laboratory." Annual Proceedings of the Association of the Advancement of Automotive Medicine. 2006, 50, pp 345-59*
[8] *Will, KE, Geller, ES, "Increasing the safety of children's vehicle travel: From effective risk communication to behaviour change." Journal of Safety Research. (35), 2004, pp. 263-274.*
[9] Cameron L, Segedin E et al. 2006.
[10] Craig E, Jackson C, Han DY, NZCYES Steering Committee. *Monitoring the Health of New Zealand Children and Young People: Indicator Handbook.* Auckland: Paediatric Society of New Zealand, New Zealand Child Youth Epidemiology Service, 2007, pp. 229-245.
[11] NZHIS data supplied to Safekids NZ by the Injury Prevention Research Unit (IPRU), University of Otago, 2008.
[12] NZHIS data supplied to Safekids NZ by the Injury Prevention Research Unit (IPRU), University of Otago, 2007

The cost of treating cutting and piercing injuries is high, with ACC payments to families (excluding admission to hospital) estimated at over $4.5 million a year.[13]

Twice as many boys are hospitalised for cutting and piercing injuries than girls.[14] Whilst hospital admission data for cutting and piercing includes children of all age groups, children aged 10 to 14 years have the highest number of admissions followed by children aged 5 to 9 years, then children aged 0 to 4 years.[15]

Although cutting and piercing injuries are received from a range of causes, Starship Children's Hospital admission data (2006-2008) revealed that 54% of injuries involved a wound to the foot after standing on a sharp object. Broken pane glass and falling onto sharp objects were other common mechanisms of injury.[16]

The Safekids Campaign focused on the following cutting and piercing injury issues:

1. Safety in and around home: Awareness of the safe use, storage and disposal of items around the home that could cause a cutting/piercing injury (eg kitchen knives, scissors, tools, use of safety glass, plants with long thorns)

2. Safety in public areas: Safety tips on keeping public areas free of litter and sharp items that could cause harm. Focus on beach and park clean-up activities.

1.2 Relevant Policy Framework

Policies around motor vehicle occupant injuries are underpinned by the following policy documents:

- **New Zealand Injury Prevention Strategy, 2008-2011**: Identifies motor vehicle traffic crashes as a priority area.

- **Safer Journeys, New Zealand's Road Safety Strategy 2010-2020**: Identifies increasing the level of child restraint use as a priority area. The strategy:
    - Acknowledges New Zealand's high child vehicle passenger injury rates and a need to align to international best practice;
    - Recognises that there has been little improvement in the safety of child passengers aged 5 to 9 years;
    - Aims to normalise the use of booster seats.

Currently there is no policy framework in New Zealand to support the reduction of unintentional childhood cutting and piercing injuries. In recognition of the high burden of injury and cost to society

[13] Accident Compensation Corporation (ACC) data provided to Safekids NZ, 2008.
[14] NZHIS data supplied to Safekids NZ by the Injury Prevention Research Unit (IPRU), University of Otago, 2007
[15] NZHIS data supplied to Safekids NZ by the Injury Prevention Research Unit (IPRU), University of Otago, 2007
[16] Starship Trauma Unit Data, supplied to Safekids NZ, 2008.

imposed by this injury issue, the Safekids Campaign has led child injury action to reduce the incidence and severity of cutting and piercing injuries to children.

1.3 Evaluation Purpose

The focus of the 2009/10 Campaign evaluation was to determine the extent to which the delivery of Safekids Campaign services (workshops, data, information and public awareness resources) encouraged and enabled the implementation of child injury prevention activities within communities. Evaluative activities also explored reported benefits of this activity to children/ tamariki, families/ whanau and communities.

Evaluative findings will inform planning of future Campaigns to ensure the Campaign remains relevant to injury prevention practitioners and the communities they serve.

2 Evaluation Methodology

2.1 Overview of Evaluation Methodology

The following evaluation activities were undertaken to collect information pertinent to the value of Campaign services:

- Development of a logic model and evaluation framework;
- Survey conducted with local injury prevention practitioners to collect primary data;
- Analysis of archival information including Campaign resource order records, media clippings and website traffic, for the period July 2009 to June 2010;
- Structured interviews with parents whose primary school children had been targeted by local child injury prevention projects/ events.

2.1.1 Programme Logic Model

A logic model for the Campaign was developed to portray the relationships and assumptions between Campaign interventions and intended outcomes.

This evaluation focuses activity on the following steps of the logic model:

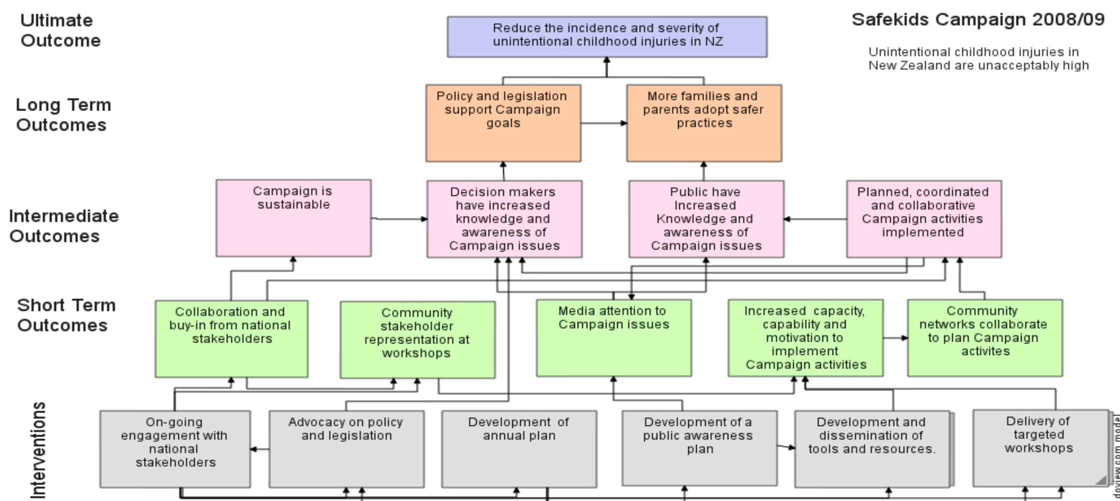
- Increased capacity, capability and motivation to implement Campaign activities;
- Community networks collaborate to plan Campaign activities;
- Planned, coordinated and collaborative campaign activities implemented;
- Public have increased knowledge and awareness of Campaign issues.

The Safekids Campaign is based on the logic that the provision of workshops, information, data and public awareness resources can increase the capacity, capability and motivation (in terms of new networks and ideas) of practitioners to undertake child injury prevention activities.

Upskilling of the workforce can be instrumental in workshop participants collaborating to plan and action local child injury prevention action.

Community education and action on Campaign issues can increase public awareness, and when partnered with policy and legislative change to enhance child safety, can result in more families adopting safer practices.

Figure 2.1 Safekids Campaign Logic Model



2.1.2 Evaluation Framework

Table 2.1 below summarises the evaluation framework: key evaluation questions, success criteria, sources of data, evaluation methods and indicators.

Table 2.1: Safekids Campaign Evaluation Framework

Campaign Services: outcome evaluation			
How was Safekids Campaign material (data, information, messaging and resources) utilised?			
Success criteria	Sources of data	Evaluation method	Indicators
Evidence of local community Campaign action.	Feedback from Safekids Coalitions and local Injury Prevention Practitioners.	➢ Self-completion survey undertaken with attendees of Campaign workshop series 2009.	➢ Uptake of Campaign themes by Workshop attendees.
Utilisation of Campaign material (information, messaging and resources).	Archival information: documents and records.	➢ Campaign resource distribution records: numbers distributed, organisational involvement, geography of distribution, and intended use of resources. ➢ Tracking of traffic to the Safekids website: www.safekids.org.nz.	➢ Demand for Campaign resources. ➢ Cross-sectoral use of Campaign resources. ➢ Geographic reach of Campaign resources. ➢ Interest and action on Campaign themes.
Exposure of Campaign themes in media.	Archival information: media clippings.	Analysis of media attention to Campaign themes.	➢ Media coverage of Campaign themes.

How did local Campaign action benefit children, parents and communities?			
Success Criteria	Sources of data	Evaluation method	Indicators
Reported benefits to children/ tamariki, families/ whanau and communities.	Coalitions and parents.	➢ Self-completion survey undertaken with attendees of Campaign workshop series 2009. ➢ Structured telephone interviews with parents of primary school children targeted by local child injury prevention projects/ events.	➢ Awareness of Campaign issues. ➢ Acceptance of best practice interventions. ➢ Adoption of safer practice.

2.1.3 Survey with Workshop participants

A survey was conducted with attendees of the 2009 workshop series to determine the utility of information, data and resources presented at the sessions. A self-completion feedback form was emailed to all workshop attendees.

Initial responses to the survey were poor; Safekids sent follow up emails and telephone calls to individuals to encourage participation. A total of 68 (18%) workshop attendees (n=376) returned feedback.

Feedback was returned from participants spanning 16 District Health Boards (DHBs): Midcentral 8; Counties Manukau 7; Northland 7; Canterbury 6; Southland 6; Auckland 5; Waitemata 5; Bay of Plenty 5; Lakes 4; West Coast 3; Nelson Marlborough 3; Hutt 3; Hawkes Bay 2; Taranaki 2; Tairawhiti 1 and Waikato 1.

New Zealand Transport Agency's *Communities at Risk Register* has identified high needs communities based on a significantly above national average percentage of unrestrained child passengers. Territorial Authorities (TAs) and TA cluster groups identified as high priority on the *Register* include: Western Bay of Plenty and Tauranga District; Far North District Council; Kaipara District Council; Manukau City Council, Whakatane, Kawerau and Opotiki District Councils and New Plymouth District Council. These TAs are incorporated within the DHB areas from which feedback was returned.

An ethnic breakdown of respondents revealed that Maori, Pacific and Asian peoples were overrepresented within survey responses (see Table 2.2). This demonstrates the Campaign's reach into priority population groups, and also suggests that survey information is likely to accurately reflect the Campaign's responsiveness to Maori and other minority groups.

Table 2.2: Ethnic Breakdown of Survey Respondents

Ethnic group	Survey Participants	Census, 2006[17]
NZ European	46%	67%
Maori	22%	15%
Pacific Peoples	19%	7%
Asian	13%	9%

2.1.4 Archival information

Archival information was analysed to determine the utility of Campaign material and levels of local Campaign action:

- **Analysis of Campaign resource distribution records** for the period July 2009 to June 2010 provided details of resource order requests, geography of distribution, sectors of the workforce using Campaign resources and the intended uses of resources.
- **Analysis of media clippings** for the period July 2009 to June 2010 provided information about child injury prevention interventions.
- **Analysis of website traffic** over a 9 month period between 1 July 2009 and 31 March 2010 provided information about visits to the Safekids website: www.safekids.org.nz.

2.1.5 Structured telephone interviews with parents

Structured telephone interviews were conducted with 21 parents whose primary school children were targeted by booster seat events at school. Partnerships with local project leaders enabled Safekids to access and interview parents.

Feedback came from a total of 21 parents of children at three schools situated in North Shore City (12 parents), Franklin District (4 parents) and Taupo District (5 parents). Parent feedback was obtained via written consent followed by a telephone interview conducted two to four weeks post event

[17] Statistics New Zealand: http://www.stats.govt.nz/Census/2006CensusHomePage/QuickStats/quickstats-about-a-subject/culture-and-identity.aspx accessed July 2010

2.2 Data analysis

A mixed method approach collected qualitative and quantitative information from survey forms, interviews and archive material. Information from different sources was triangulated to provide a means of verifying and qualifying evaluation findings.

Survey forms and interview schedules included closed and open-ended questions. Responses to closed ended questions have been reported as a percentage or average. Responses to open ended question have been analysed thematically for discussion in this report.

Archival information has been used to determine the overall reach of Campaign materials, as well as demand for Campaign resources and support for messaging.

3 Evaluation Findings

3.1 Reach of the Campaign

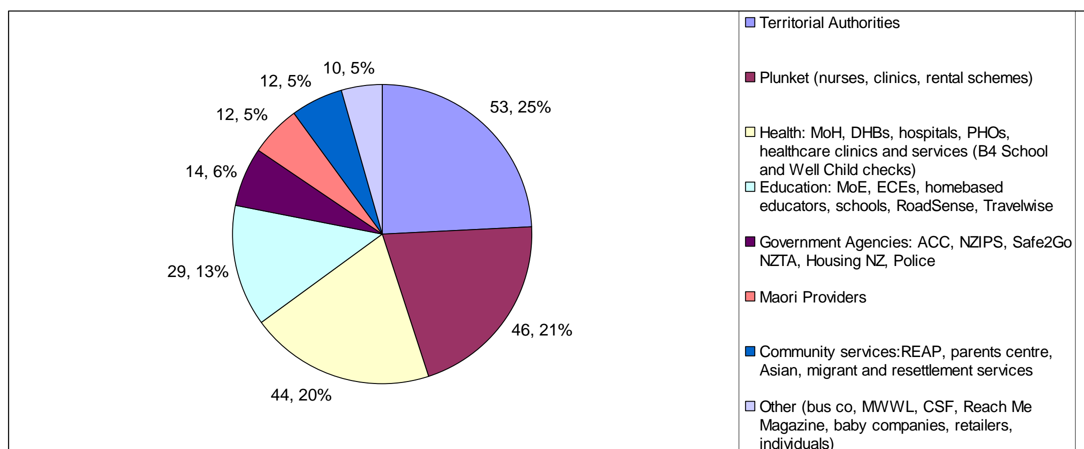
3.1.1 Workforce engagement

Between July 2009 and June 2010, Safekids received 220 order requests for Campaign resources. Organisations who ordered resources were grouped into 8 workforce sectors: Territorial Authorities, Plunket, Health, Education, Government Agencies, Maori Providers, Community Services and other (see Figure 3.1).

Orders for resources were received most frequently from Territorial Authorities (53), Plunket (46) and Health (44).

The pattern of ordering suggests that information pertinent to the Safekids Campaign penetrated a wide range of organisations and sectors of the workforce.

Figure 3.1: Campaign resource orders by sector of the workforce.



3.1.2 Geography of Campaign reach

Geographically, order requests for Campaign resources were received from locations spanning the length and breadth of New Zealand (see Table 3.1). Analysis by District Health Board (DHB) showed that orders for Campaign resources had been lodged by organisations within every DHB area, inclusive of the Chatham Islands.

The geography of resource ordering shows that Campaign information reached all areas of New Zealand. Campaign material was applied to urban and rural communities, Maori and Pacific Communities and in areas characterised by higher levels of deprivation and injury risk, inclusive of areas identified on the *Communities at Risk Register*.

Table 3.1: Campaign resource orders by District Health Board, June 2009 to July 2010

District Health Board Area	Number of resource order requests	% of resource order requests	% of population served[18]
Auckland	30	14%	10%
Canterbury	23	10%	12%
Counties Manukau	22	10%	11%
Northland	19	9%	4%
Hawkes Bay	16	7%	4%
Midcentral	16	7%	4%
Waikato	14	6%	8%
Waitemata	13	6%	12%
Southland	10	5%	7%
Hutt	10	5%	3%
Lakes	10	5%	2%
Nelson Marlborough	9	4%	3%
Capital and Coast	6	3%	7%
Whanganui	6	3%	1%
West Coast	4	2%	1%
Bay of Plenty	4	2%	5%
South Canterbury	3	1%	1%
Taranaki	3	1%	3%
Tairawhiti	2	1%	1%
Wairarapa	2	1%	1%
Total	**222**	**100%**	**100%**

Website monitoring substantiates national interest in the Safekids Campaign; 8,803 visits were sent via 37 cities and centres across the country.

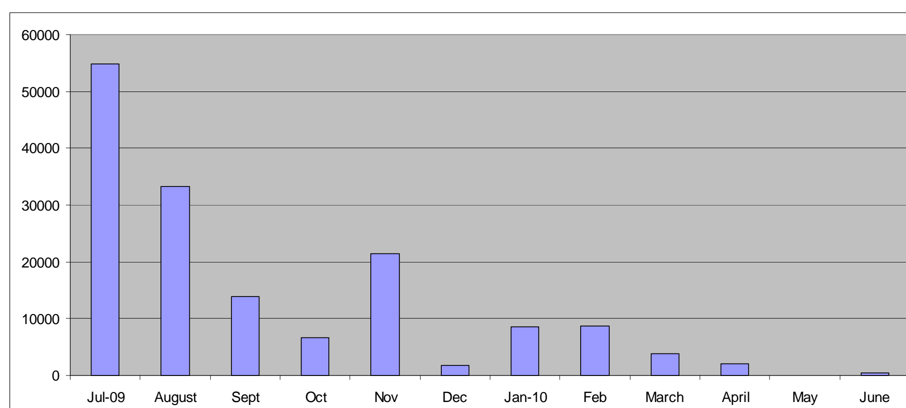
3.2 Utility of Campaign Resources

A total of 155,338 Campaign resources were distributed to local injury prevention practitioners between July 2009 and June 2010.

Figure 3.2: Distribution of Campaign Resources by Month, June 2009 to June 2010, shows that demand for Campaign material peaked in July 2009 when almost 55,000 resources were disseminated. Such high demand for resources immediately following the delivery of the Campaign workshops (April and July 2009) is likely to be a response to information presented during the sessions.

[18] Ministry of Health: http://www.moh.govt.nz/moh.nsf/indexmh/dhb-faq#7, accessed July 2010.

Figure 3.2: Distribution of Campaign Resources by Month, June 2009 to July 2010



Safekids' *Booster Rooster* DLE flyer and Height Chart were the two most popular resources; orders totalled 71,370 and 21,376 respectively (see Table 3.2). The high demand for *Booster Rooster* resources, the depletion of stocks and the need for an additional print run are indicators of the usefulness and value of Campaign resources.

High demand and utilisation of *Booster Rooster* resources also suggests strong community support and utility of the '148cm' booster seat messaging featured on the resources and first promoted through the Safekids Campaign.

The Glass Association New Zealand (GANZ) flyer was the fourth most popular resource. Similarly, high demand for this resource is a sign of Coalition and community utility of Campaign services and support for Campaign themes.

The Safekids Campaign promoted the GANZ resource to local practitioners. The popularity of the resource suggests that the Campaign supported and enabled practitioners to undertake cutting and piercing prevention work; a rarely acknowledged injury issue.

Website traffic provided another indicator of the utility of Campaign material; the *Coalition Update*, Safekids' monthly e-newsletter was the fourth most common site of entry to website visitors. *Safekids News* (Safekids' quarterly publication), Campaign adverts and media releases are also likely to have attracted visitors.

Table 3.2: Distribution of Campaign Resources, June 2009 to June 2010

Resource	Number Distributed
Booster Rooster DLE	71,370
Booster Rooster Height Chart	21,376
Plunket Rack Card Booster	14,244
GANZ Safety Glass A5	13,306
Safe2Go Flyer	12,341
Skip Book	4,961
Auckland City Council Bear Car Sticker	3,500
MVCP Factsheet/ Boosters	2,295
MVCP Factsheet	2,284
Boosters in a Nutshell	2,217
Safe-n-Sound Child on Board Sign	2,091
NZTA Factsheet	1,906
Booster Rooster Height Chart Te Reo	1,768
Safe'n' Sound Graduation Flyer	780
Cutting and Piercing Factsheet	393

3.3 Campaign Action

Monitoring of print media suggested that the media is influenced by, and responsive to Safekids Campaign injury themes. Safekids media clippings revealed that in the 11 month period July 2009 to May 2010, 288 articles pertinent to Safekids New Zealand were published in newspapers. Of these articles 37 (13%) related to childhood cutting and piercing injuries; an issue which under usual circumstances would receive very little media attention. Just under a quarter of child injury prevention coverage, (65 articles, 23%) related to child motor vehicle passenger safety.

Of Safekids Coalitions and local practitioners who returned feedback to the evaluation process, 84% indicated that the workshops had encouraged them to undertake child injury prevention activity within their local community. This information presents unequivocal evidence of the value of Campaign workshops in terms of increasing capability to action Campaign themes.

3.3.1 Local Activities

Coalitions and local practitioners targeted information at: families/ whanau, wahine, teen parents, parents, new and expectant parents, iwi, drivers, the public, school communities, rural and urban communities, grandparents, tamarki/ children (preschoolers and school aged), and at colleagues, professionals and decision-makers.

Campaign information was delivered to communities through a wide variety of strategies and interventions:

Awareness Raising Activities/ Events/ Displays: Fun days, Operation Click, Ngapuhi festival, Asian festival, Children's Day, Waitakere Toddler Day, school fairs. Some examples include:

> Midcentral DHB area: The Rockup events featured a rock climbing wall and aimed to raise awareness of the safety benefits of child restraints, booster seats and seat belts. The events highlighted parallels between safety harnesses used in rock climbing with vehicle passenger restraints and seat belts. Campaign messages and resources were promoted at the event … *Having the height block available, will be a great way of getting the message across to children.*
>
> Northland DHB area: *Ringa Atawhai ran a hui where we displayed child restraints and informed families* [of] *the importance of fitting them correctly in their vehicles.*
>
> Midcentral DHB area: … *beach clean-up, child restraint checking clinic, height and weight measures x 2, 7 displays for Safety NZ week, Whanau Day with the Maori Health Authority*

Educational Institutions: Early Childhood Centres/ Te Kohanga Reo/ Language Nests, Schools/ Kura: restraint education and checking clinics, resource distribution, information packs, education seminars, targeted projects and child care classes (secondary school). Examples include:

> Midcentral DHB area: *Cutting* [and piercing prevention] *reminder reiterated during the education sessions for Year 7 School Based Immunisation Programme – diphtheria tetanus and pertussis injection. Whanau Ora Day in Dannevirke Saturday March 6th – these messages will be highlighted and information given.*
>
> Lakes DHB area: *Booster Rooster promotion at schools and EC services in conjunction with Ruben the Road Safety Bear and Taupo's Biggest Buckle Up.*
>
> Bay of Plenty DHB area: *We have encouraged parents of our pre-schoolers to get their car seats checked. Your pamphlets have been sent home with our Centre Panui. We have discontinued the use of some unsafe car seats.*

Car Seat Checking Clinics: restraint checks, bolt checks, Police checkpoints. Examples include:

> Northland DHB area: *Combined with ACC, Ngati Hine Trust conducted a child restraint education check point in Whangarei.*
>
> Canterbury DHB area: *Booster Seat resources were distributed at our annual car restraint checks, which involve Police, Rotary and Lionesses targeting all of the primary schools in the district.*

Counties Manukau DHB area: O*rganising first car checking clinic with local iwi.*

Midcentral DHB area: *We have recently been going around kindergartens in the Manawatu/Wanganui area to do checking clinics. ... At each of these clinics we gave out Safekids resources to each family as well as Booster Rooster height charts and other Safekids resources to each of the kindergartens.*

Car Seat Rental/ Purchasing Schemes. Examples include:

Counties Manukau DHB area: [Campaign information was passed out through] *Child restraint rental and purchasing schemes.*

Northland DHB area*:* The Plunket car seat rental scheme staff gave out Campaign resources to families at the Ngaphui Festival in Kaikohe.

Tairawhiti DHB area: *Our unit runs a Car seat Hire/Layby/Purchase scheme and also we are Safe2GO trained technicians, so these tools would come in handy. We have 10 Kohanga Reo's situated along the coast that we visit to give car seat presentations or participate in organised activities so I would be looking at leaving the reo charts at the Kohanga's. The others we would utilize at Community Expo's when promoting our Car Seat scheme.*

Use in Police Programmes: Police Education Officers, Booze Bus, examples include:

Auckland DHB area: [I] *have introduced Booster Rooster into my Stepping Out programmes that I teach in schools. I have used it as part of the lesson on car behaviour and wearing seat belts.*

Counties Manukau DHB area: *I have attended a number of council arranged seat belt safety clinics in the Papakura and Franklin district in my role as a police officer.*

Canterbury DHB area: *I would really like to obtain some of the new resources for use by our Police Education staff to hand out at schools and other community events to educate the public*

Nelson Marlborough DHB area: *I have instigated discussions with the Nelson Road Safety representative to see if the NZ Police booze bus or front line staff will give some away at checkpoints.*

Health Checks: Plunket, B4school, Well Child, Karitane, Tamariki Ora, Kaiawhinas.

Northland DHB area: *We are holding a Teddy Bears Picnic tomorrow at the Plunket Rooms and we have a child restraint chair as one of the prizes.*

Capital and Coast DHB area: *The resources* [are handed] *out to parents/caregivers who attend their child's final health check of the well child check. The registered nurses … have found the resources very informative and also give them an opportunity to discuss and promote car safety for older/younger siblings. The feedback is that the parents (majority mothers) go home and stress the importance to their spouses! (Also used the posters for their walls at the office).*

Auckland DHB area: *We distribute resources to our clients from Tamariki Ora/Well Child; (mothers, fathers and whanau), Maternity Support Services and Breastfeeding Support Groups and will be soon Parent Support Groups.*

DHBs/ PHOs/ Healthcare Providers: DHBs, hospitals, PHOs, Maori health promoters, social services, providers, GP's rooms. Examples include:

Nelson Marlborough DHB area: *I have been promoting the message with the Maori community and school communities… one marae will promote the message at their next Matariki event. 9 Kohanga Reo will reinforce the message to their parents/caregivers of enrolled tamariki, 18 schools plan to promote the message from a whole school approach via their Health Promoting Schools teams, 1 Kura Kaupapa will provide each tamariki with a* [height] *chart, 19 Maori Health and Social Service providers* [will utilise resources in] *presentations and with clients and at events they support (includes…safe2go programs and whanau ora programs). The charts will be available in the Nelson Marlborough District Health Board emergency services waiting room area, 4-5 medical centres have agreed to make the charts available to patients in their waiting room area.*

Canterbury DHB area: *The height charts will be used as part of our health and safety checklist and education sessions for our clients. We work with 'at risk' families and have found that they respond well to visual information. I believe that having these charts will help get the message through about the importance of using booster seats.*

Education Sessions: parenting groups, antenatal groups, refugee communities, teen parents, whanau, wahine, grandparents.

Northland DHB area: *Promoted the safety message at core visits with whanau*

Midcentral DHB area: [After the Campaign workshop] *I was also more encouraged to get out in the community and help with the prevention education.*

Counties Manukau DHB area: *Presentations to families that are on our Active Families/Getting Started programmes.*

Workforce Training and Capacity Building with social workers, bilingual staff, hospital staff, in internal publications, Safe2Go training workshops, ECE training, midwife educators.

Northland DHB area: *Doing a mail out of the latest MOH catalogue of resources and thought I could add samples of appropriate flyers and posters.*

Southland DHB area: *The resources are used in our resource centre. Resources are used by public health nurses, community organisations, members of the public. I also often get requests for child safety resources from teachers, college students, nursing students.*

Lakes DHB area: *Our intention is to place the posters in staff and public care areas in our hospitals, talk to health and safety reps so they can talk to staff in their areas. We are planning to via our Midwife educator have education to the Midwives.*

Retailers: vehicle dealers, windscreen replacement companies, supermarkets, car rental companies, service stations, chemists, car seat stockists.

Whanganui DHB area: *I am going to go to the local stockists of car seats and give them info on booster seats and a height chart to help get our message across.*

Nelson Marlborough DHB area: *Facilitated the display and distribution of campaign resources with retailers for the motor vehicle passenger safety theme.*

Activities focused on Maori Communities: In addition to feedback specifically from Maori provider groups, there is evidence of strong Maori involvement in all areas of Campaign activity.

Waitemata DHB area: *I am going to promote the height cart in Te Reo, and distribute them to the Marae, Kohanga Reo and Kohungahunga that are around here in the North Rodney area and also in the Kaipara District. This will reach a lot of our Maori Whanau in the isolated areas.*

Nelson Marlborough DHB area: *Provided one marae health and social service with campaign resources for the cutting and piercing theme.*

Midcentral DHB area: *Whanau Ora Day … these messages will be highlighted and information given*

Research Project:

Taranaki DHB area: *I have been working on a booster seat research mini project with two groups of senior children who have been measuring and collating info from the new entrant rooms at their schools … Interestingly, when questioning the kids, their memories of not using the booster seat anymore is one of sadness as the seat was such an integral part of their travel.*

Media: releases, media launches, school newsletters and in-house publications

> Lakes DHB area: *We instigated "The biggest Belt Up" where all of the pupils of Taupo Primary School were encircled with a seat belt and then it was clicked shut by the Mayor with Booster Rooster … we got the message out to the children of the primary school concerning safety, child restraints, booster seats and in general safety within the car.*
>
> Canterbury DHB area: *We have placed "Higher you Sit" advertisements in local papers.*
>
> Auckland DHB area: *Talked to my kids school PTA regarding vehicle passenger safety. The school have since included a write up in their newsletter about booster seats.*

Advocacy projects for car seat policies (within DHBs, ECEs and to the Safer Journeys document):

> Nelson Marlborough DHB area: *I have instigated discussions to review the vehicle policy with the Nelson Marlborough District Health Board health and safety committee … Submitted to the Ministry of Transport's road safety discussion document to 2020, Safer Journeys.*
>
> Hutt DHB area: …*made a submission* [to the Safer Journeys discussion document] *supporting the proposal that NZ child restraint laws be made consistent with international best practice including increasing the age requirement for booster seats.*

Feedback suggests that the amount of locally driven child injury prevention action generated through Campaign services varied from community to community. In some communities it is likely that the Campaign was responsible for instigating, enabling and driving local action. This is especially true of the cutting and piercing theme which is unlikely to have received the same extent of attention in the absence of the Campaign.

One thousand GANZ leaflets were ordered by Plunket, Waikato for distribution through 35 clinics. Feedback suggested that Campaign material provided a platform for this initiative: *We are using these as our focused messages for next month as well as child safe week.*

In another example, GANZ resources were integrated into the road safety sector; resources were ordered by a road safety coordinator for use at a Whanau Ora event in Counties Manukau.

Injury prevention practitioners based in Midcentral DHB promoted cutting and piercing prevention messages through a beach clean up, a key focus area of the Campaign, clearly illustrating the usefulness and relevance of Campaign information to local practitioners.

Whist the Campaign clearly instigated action in some communities, in others local action was driven by local Coalitions and networks. Campaign material acted as a catalyst renewing enthusiasm for pre-planned work, or was simple integrated into on-going projects. This was particularly the case for the Campaign's Vehicle Passenger Safety theme which saw groups with a pre-existing focus on restraints

utilised Campaign material to refresh, update and enhance work flows. The following comments illustrate this point:

> Midcentral DHB area: *I worked for a car seat rental service and as part of that service I gave presentations to Kohanga and others in the community on car seat safety. After the workshop I updated the information to include the booster height charts and information... For a local whanau day event I coordinated, I organised a stall where children could be measured and weighed and given a recommendation.*

> Hawkes Bay DHB area: *I am part of a* [road safety] *coalition … so most of the activities I am involved in will be with* [road safety]*, e.g. child restraint checking and bolting in clinics, booster promotion within pre-school organisations, and Police operations aimed at child restraints. In my Plunket role I spoke to the Nanny Course students at our local Institute of Technology, and to parenting courses at Plunket. In my role as Safe2Go trainer I have used the resources extensively during my training. The Booster resources have been extremely well received and appreciated in all these areas.*

> Southland DHB area: *Yes* [the workshop] *did encourage us to hold a* [child restraint] *checking clinic; although this is something we would probably have held within the next year without attending the workshop.*

3.3.2 Challenges faced by Coalitions

Local practitioners faced challenges. 28 percent of local feedback respondents indicated that barriers had either prevented (12%) or restricted the implementation of local initiatives:

- Contractual restraints, workload and lack of time was most commonly cited as a barrier to undertaking unintentional child injury prevention;
- Lack of ground level workers;
- Prioritisation of H1N1 flu epidemic;
- Cultural appropriateness of Campaign material to diverse ethnic groups and need for translation into multiple languages;
- Local priorities not aligned to Campaign theme (Cutting and Piercing);
- Lack of funding for projects.

3.4 Benefits of Campaign services

3.4.1 Practitioner Feedback

Practitioners reported a number of benefits stemming from the roll out of Campaign services and from corresponding local action on Campaign issues. Feedback suggested that there were benefits to the workforce and also to community.

Respondents commented that local action on Campaign themes had had a number of benefits to the local workforce including:

Strengthened networks to collaborate on child safety projects; of 63 local practitioners who returned feedback, 79% (50) indicated that they had maintained a working relationship with attendees of the 2010 workshops. Although in many cases practitioners referred to the maintenance of pre-existing Coalitions and networks, feedback suggested that Campaign Workshops presented opportunities for the identification of new stakeholders and fostering of new partnerships:

> Northland DHB area: [The Campaign] *has given all Te Hiku services a chance to get Kohanga, Early Childhood Education, Te Oranga that have PAFT to integrate services and put all tamariki first.*

> West Coast DHB: [There have been benefits to the] *… people who have the same goal in child passenger safety as I.*

Increasing workforce capacity to improve child safety: feedback indicated that Campaign information had extended local practitioners' ability to support and promote child safety messages and that Campaign material was often shared amongst colleagues:

> Auckland DHB area: *Ordered the resources and distributed them to Plunket Staff. Useful for new staff members and for those doing assignments about child safety. More informed staff and clients, particularly in the area of the need for booster seats for the older child.*

> Northland DHB area: *Made me aware of up to date information along with relevant statistics that enabled me to make the message more real to whanau when presenting to them*

> Lakes DHB area: *Information was taken to the DHB paediatric team.* [As a result there was] … *more awareness of Safekids amongst the secondary care team.*

> Bay of Plenty DHB area: [Child passengers safety information was distributed through the early childhood centre and] *our van drivers are more comfortable with travelling with children in the van.*

Access to information and resources was considered a valuable service and support to local action:

> Counties Manukau DHB area: *… Resource Centre at Safekids … has been awesome in sending out more resources supporting my events.*
>
> Northland DHB area: [A child passenger safety hui was held] … *It raised awareness and the importance of utilising the resources and information provided.*
>
> Bay of Plenty DHB area: [The benefit of the Campaign workshop was] … *Finding out what's new.*
>
> Southland DHB area: *Availability of resources and on going contact with the Safekids via email.*

Strengthening links to community was cited as an outcome of locally led activities encouraged through the Safekids Campaign:

> Taranaki DHB area: *People recognising you and remembering they can come and ask make contact for more advice, referring friends and family to come talk to us.*
>
> Southland DHB area: *Raising awareness. Developing links with the community.*

In addition to gains within the workforce, practitioners also indicated that local child injury prevention action had benefited communities:

Increased awareness of Campaign themes was the most frequently reported benefit. In some cases increased awareness translated to parents and the public pro-actively seeking information and advice on child restraints:

> Hawkes Bay DHB area: *Heightened awareness with regard to boosters has been really pleasing, and we have found we are having more enquiries through Plunket with regard to booster information. Early Childhood Centres and Home-Based Carers are contacting us for information and resources, especially those in the higher needs areas.*
>
> Canterbury DHB area: *Feedback from parents at the car restraint checks would indicate that the message that children need to be kept in booster seats past pre-school is catching on with our local community. Many parents had seen our articles and advertisements, and were keeping their school-age children in boosters*

Improvements to the safety of child passengers were reported as an outcome of locally led interventions by 11 of 68 respondents. Improvements related to correcting restraint use errors, observed increases in the use of booster seats and to organisations buying into the development of child restraint policies (e.g. Te Kohanga Reo and DHBs).

Bay of Plenty DHB area: *More kids in booster seats noticed by local police. Booster seats are COOL as seen by our 5 year olds. Some 5 year olds put back into booster seats.*

Nelson Marlborough DHB: *A range of agencies indicated intent to review child transportation policies in work vehicles.*

Counties Manukau DHB: *Parents have been able to upgrade their child's seat … and have made changes to their own child's safety within their car.*

3.4.2 Parent Feedback

Positive feedback was collected from parent's whose primary school children had been targeted by Coalition lead booster seat interventions. All respondents were mothers.

All parents reported seeing, hearing or reading information on booster seats. Fourteen indicated they had primarily received Campaign information through their children's primary school. Four said they had received information through the media (television and print) and three through experiences in other countries with tougher restraint legislation (Australia and UK).

On a multiple choice question, 95% of parents (20 out of 21) indicated that 148cm was the safe height to graduate a child to an adult seat belt. One parent gave a verbal tick to 148cm in addition to 5 years of age indicating that in this instance there may have been some confusion around disparities between best practice and the law.

Discussions with parents revealed that there had been good retention of messaging particularly in relation to 148cm and height. Messages relating to correct seating position and seatbelt fit were also retained.

Parents appeared universally appreciative of the information although some had received similar information before:

I was always going to [continue the use of a booster seat] *but the information has enforced it more.*

Info reiterates not good to come out too early.

Confirmed what already knew.

Although 12 parents said that they had already decided to prolong the use of a booster prior to the school event, six parents demonstrated attitudinal change indicating that they would keep their children in a booster as a result of the information presented through school:

We had taken our boosters out of the car but now we have put them back in.

[I] *didn't realise how much benefit it was and because of the publicity it will be easier to keep my children in their seats because it is not so uncool; they understand the safety benefits.*

… Now that I have the information yes I will [prolong the use of a booster seat for my child]

Anecdotal feedback suggests that a minority of parent may find it difficult to estimate their child's height; a discussions with two parents revealed that whilst they understood 148cm to be the safe height to graduate their child to an adult belt, they thought this might be around the seventh birthday. This validates the utility of resources such as the Booster Rooster Height chart and 5 step check flyer in supporting parents to make informed choices.

Results suggested that school settings were an appropriate channel for the dissemination of child injury prevention information; parents received Campaign resources and were able to recall key messages.

Whilst parent feedback provided a useful indication of the value of the school events in terms of information retained and attitudinal change, the low decile rating of each school suggests that parent participant were unlikely to be subject to the injury risks associated with higher levels of deprivation.

Furthermore, in a few cases, parent respondents were pre-conditioned to the use of booster seats through over-seas experiences and therefore may have been 'pro-boosters'.

4 Conclusion

Safekids acknowledges that there is a collaborative of organisations, individuals and resources required to accomplish outcomes in child injury prevention. However, synthesised data demonstrates that the Safekids Campaign 2009/10 has made a valuable contribution to the extent and nature of prevention work in the fields of child vehicle passenger safety and the prevention of cutting and piercing injuries.

Evaluation findings pertinent to the geographic reach illustrated that Campaign information was utilised in all 20 DHB areas, including areas defined as high priority on NZTA's *Communities at Risk Register.*

Over-representation of Maori, Pacific and Asian peoples within survey results presented compelling evidence for the Campaign's reach and responsiveness to these communities and of the versatility of Campaign material to diverse communities.

Data indicates that Campaign workshops supported inter-sector collaboration and encouraged attendees to act on Campaign issues. A wide cross section of the workforce was engaged in Campaign activity with Territorial Authorities, Plunket, Health and Education ordering Campaign resources most frequently.

Significant gain was made in the cutting and piercing theme in terms of promoting information to communities and coverage in the media. This issue is not a usual focus for local Coalitions.

Child motor vehicle passenger information and resources were utilised extensively by the road safety and child restraints sectors to enhance and support pre-existing work flows. The Campaign's focus on 148cm was well received by the injury prevention sector who promoted key messages to the community.

Through the Campaign, practitioners not routinely engaged with Campaign themes as their core business were encouraged to undertake prevention work, for example early childhood educators, maternity services and hospital teams.

Information included in this report suggests that Campaign action had positive outcomes at community level. The implementation of prevention activities benefited local practitioners in terms of accessing Campaign resources, sharing information amongst colleagues and strengthening networks through collaborative projects. There is also evidence that links between practitioners and communities were strengthened.

Feedback from evaluation respondents suggests that local Campaign action had positive outcomes for children/ tamariki and families/ whanau. Local attention to Campaign themes raised awareness and informed families of best practice. Parents were receptive to messages and showed good retention of key information. Findings also suggest that in some instances there has been an attitudinal shift in support of the extended use of booster seats with some parents changing behaviour to improve the safety of their child passengers.

5 Recommendations

Findings for the 2009/10 Campaign year were extremely positive. The involvement of a sturdy road safety workforce leant strength and weight to local Coalitions; which in previous years had been impoverished by the lack of an on-road theme. Strong local groups are likely to have enhanced capacity for the second Campaign theme: the prevention of cutting and piercing injuries to children.

This report recommends that future Campaigns are designed to build Coalition strength and leverage off the capacity of existing workforces to undertake child injury prevention action. It is also recommends that the Campaign focuses attention on a second generic and more flexible theme, such as home safety, permitting local Coalitions to utilise nationally directed Campaign material whilst addressing local priorities and needs.

It is recommended that future Campaigns continue to focus attention on the following key strengths:

- Roll out of the Campaign Information and Planning Day workshops to encouraged and support informed, collaborative Campaign action;
- Continued support of Maori practitioners to undertake Campaign action;
- Continued support of Pacific peoples and ethnic minority groups to undertake child injury prevention;
- Continued focus on production of versatile information and resources, appropriate for use within diverse and multi-cultural communities.

6 Financial Statement

Safekids NZ Financial Statement for period 2009/10
(1 July 2009 to 31 June 2010)

Key Agency Income Support

Safekids Worldwide
Accident Compensation Corporation
Britax New Zealand
Starship Foundation
Todd Foundation
New Zealand Transport Authority

Total	**$268,000.00**

Expenditure

National Development and Capacity Building	10,517.00
Coalition Support and Communication	64,356.00
Resource Development and Distribution	78,754.00
Marketing, Promotion and Communication	92,053.00
Total	**$245,681.00**
Underspent	$22,319.00

Note:
The amount of $22,319 has been allocated to the development of the child motor vehicle passenger seat video and website project due for release in year two of the Child Motor Vehicle Passenger Campaign.