

'Community Education Kits' Taking Safety to the Community

*An innovative initiative developed by the Safety Centre,
The Royal Children's Hospital*

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1. Introduction

The Community Education Kits were developed by the Safety Centre at The Royal Children's Hospital, Melbourne, in response to an identified need to disseminate safety messages to the Victorian urban and rural community. The concept first evolved in July 2003 from a small collection of display posters and safety products for short term loan to community groups undertaking safety initiatives. From this the idea of a comprehensive Community Education Kit that could be distributed across Victoria evolved, thereby establishing a 'Satellite Centre'. This paper will discuss the program, its implementation, evaluation, consumer feedback and future directions.

2. Objective

The objective of this paper is to provide an analysis of the Community Education Kits program. To determine effectiveness and reach of The Kits as well as to discuss the implementation and organisation of the project, to determine whether the objectives set by the Safety Centre have been met and to assess the overall impact of the project.

3. Method

The process taken to evaluate the Community Education Kits has included an informal interview process with the project workers, a review of the preliminary evaluation conducted by an independent project worker, an additional collation of the surveys sent to the recipients of The Kits, as well as an analysis of the process and implementation of the project. Consumer feedback, including site visits, and future directions has also been addressed.

4. Discussion

4.1 The Safety Centre

The Safety Centre situated at The Royal Children's Hospital Melbourne, Australia was accredited by the World Health Organisation (WHO) as an Affiliated Safe Communities Support Centre in 1999. The Safety Centre's mission is to reduce injury mortality and morbidity by supporting communities to improve health, safety and well being. The Centre's objective is to continue to be a leader in the provision of quality child safety promotion services that meets the needs of all. This includes collaborative initiatives, community consultation and support, advocacy, education and the provision of resources to enhance support and meet the needs of those working within local communities and with minority groups.

The majority of Safety Centre users are health practitioners accessing Safety Centre resources on behalf of parents and carers. The health practitioners are mainly from Maternal and Child Health Centres, Community Health Centres as well as Local Government Community Safety Officers. Resources include brochures, booklets, videos, books, safety products, and the Safety Centre website including a directory of organisations and resources, posters, facilitation of first aid courses, a safety shop and face to face education sessions. The Safety Centre receives fifty percent of its revenue from the State Government to provide a state wide service.

It came to the attention of the Safety Centre that many health practitioners were concerned about how in-accessible the resources were, in particular the safety shop and the safety products (for browsing and viewing installed applications). Busy parents with young infants could not afford the time or travel the distance to come to The Royal Children's Hospital. In response to this, the Safety Centre provided a mail order service for safety products and a loan system for resource material such as videos and educational displays. This system had been in place for many years, however it was fraught with frustration as goods were lost, not returned or damaged in transit. To overcome this, a mobile van was considered, the issues faced however were too complex, such as storage, the need for drivers and insurance. The Safety Equipment libraries also have shown some success in the United Kingdom, but the Safety Centre considered this was a better undertaken at the local community level. From these experiences the idea of the Community Education Kit arose.

4.2 Planning and Implementation of The Kits

4.2.1 Background

Funding from Exxon Mobil has provided the Safety Centre with the means to meet some of the Centre's objectives for many years. This has included the production of bulk quantities of resource material for distribution, carrying the Exxon Mobil logo and acknowledgement. To address the many barriers to accessing the Safety Centre's resources, the idea of a comprehensive education kit to be distributed to the Victorian community was created. These Kits would contain safety products, posters, safety messages, videos, brochures and the Safety Centre's own Child Safety Handbook for example. The Community Education Kits would respond to the identified need to improve the accessibility of resources to the community. Exxon Mobil agreed to provide \$60,000 to produce 60 Safety Education Kits to be donated to selected community groups.

4.2.2 Aim and Objectives

The aim of the Community Education Kit is to help reduce injury mortality and morbidity by supporting communities to improve health, safety and well-being networks, particularly in regional and local communities across Victoria. The objective of The Kit is to provide a comprehensive safety resource equipped with a set of safety displays, educational materials and product samples.

4.2.3 Implementation

A letter was initially sent out to community groups across Victoria inviting applications for the Community Education Kits. A list of criteria was provided which required applicants to demonstrate in one A4 page that they could provide:

- A dedicated display space where parents of young children frequently visit. The venue should have high and on-going community exposure. The safety products themselves could be demonstrated while actually in use in a community resource venue.
- An alternative plan for the display to be rotating regularly within the community; for example to Maternal and Child Health Centres, local schools and Community Health Centres.

- The brief, laminated safety product messages on display to accompany each product. The Safety Shop catalogue should also be available with the products.
- The small Exxon Mobil sign provided to be displayed to acknowledge their generous support.
- The poster display to remain as one set, providing information on “Growing Safely”, poisoning prevention and other available resources. (This criteria was later removed after the initial evaluation, see Graph 6).

The above criteria were developed through a collaborative effort with Exxon Mobil and the Safety Centre. Exxon Mobil stipulated the importance of displaying their logo on The Kits thereby acknowledging their support and enabling high visibility in the community setting.

Initially forty community groups were accepted based on their responses to the application criteria. This number rose to sixty after the funding for another twenty Kits was provided by Exxon Mobil. The Safety Centre staff looked for existing active participants in local community safety promotion activities, who demonstrated a need for injection of resources and support to maintain momentum of the project. Applications which met the criteria were subsequently selected. Those that were not accepted were offered the “loan” of a Kit held at The Royal Children’s Hospital Safety Centre. In this way a more individualised and concentrated effort and support could be provided by Safety Centre staff to ensure an effective campaign was undertaken.



Figure 1. Part of a display of the Community Education Kit



Figure 2. Successful applicants were presented with their kits at a function held at The Royal Children's Hospital. Part of the kit stands in the background.



Figure 3. Location of the 60 Community Education Kits around rural and metropolitan Victoria

5. Evaluation

This stage of the analysis, evaluation, involves a process of judging the findings from feedback and community consultation, reaching conclusions through analysis and interpretation and finally suggesting methodologies to improve the program, to help to modify if required and implement any changes necessary to enhance implementation. (McBride, 2000; Egger, Spark & Donovan, 2005) Evaluation is also an important stage in the development of the program and as an integral process of reflection, review and if necessary reform. (Katz, Peberdy & Douglas, 2000) Using the criteria adapted from Maxwell (1984) by Katz, Peberdy and Douglas (2000), this evaluation will briefly assess whether the Education Kits have had the desired effect, determine areas for improvement

in the implementation of the program and assess the impact The Kits have had on the Community in which they reside. (Katz, Peberdy & Douglas, 2000)

An initial evaluation was conducted by an external staff member who collated the surveys sent to recipients of The Kit. This evaluation report covered the survey responses from the initial forty kits distributed to the community. Thirty-nine responses were received, including two that were completed by the Safety Centre staff who had kept one Kit for loan to community groups. Another two Kits are also kept by the Safety Centre staff. One is used almost weekly in part of the workshop presentations given to the parent groups. The other Kit has been installed in a home-like environment in The RCH Hospital Family Resource Centre. Parents are invited to undertake a 'self-guided tour of the safety products'. A checklist is provided to inform and guide participants. The surveys were sent out in November 2004 with the results collated early in the following year.

Overall, the evaluation project worker found that:

"The results show that the Safety Product Education Kits (also known as the Community Education Kits) have been well used and are positively regarded by both professionals and consumers. The range of comments and suggestions indicate considerable experience with The Kits as well as the thought that has gone into the response" (O'Neill, 2005)

And also:

"The Safety Product Education Kits are clearly meeting a need in the various communities, which have been using them. The survey responses are very positive and the Kits appear to have been well (and appropriately) used" (O' Neill, 2005)

There were three main areas O'Neill (2005) recommended may require further consideration and development. Firstly the size and portability of The Kit; It was found by a number of participants that The Kit could be difficult to move or take to home visits. O'Neill (2005) found that there were many comments regarding the significant size and number of products; The Safety Centre had aimed to make each Kit as comprehensive as possible within the resources available. As one of the initial criterion for successful Kit applicants was to keep the displays as one set, it soon became clear through the survey responses, that this was not feasible due to the lack of space in

community facilities, a lack of display boards and the portability of The Kit. Through this community feedback, the following two solutions arose:

1. That displays could be made smaller by featuring a theme each month, for example 'poisoning prevention month' could focus on available posters, stickers, fact sheets, brochures and various safety products to prevent poisoning rather than having the whole Kit on display all of the time.
2. That displays could focus on a specific age group, for example targeting injury reduction in toddlers, therefore a display might be on water safety in the home and surrounds, with posters, fact sheets, CPR classes for parents and care givers and swimming classes for toddlers. A local pool fence supplier could explain the legislation requirements and appropriate use of fencing and gates.

Another area which was identified by Kit recipients was the cost and availability of the safety products. O'Neill (2005) found that cost was identified as a significant issue for families wanting to purchase safety products. This however could be addressed in several ways; there are a range of community agencies that can pay for safety products for families that cannot afford to purchase them for example Anglicare, MacKillop Family Services, St Vincent de Paul, Department of Human Services and Melbourne City Mission. Also there are local government equipment libraries that can lend safety products to the community, support grants are regularly available. Submissions to Local Government, philanthropic groups or corporate sponsors may be another successful strategy.

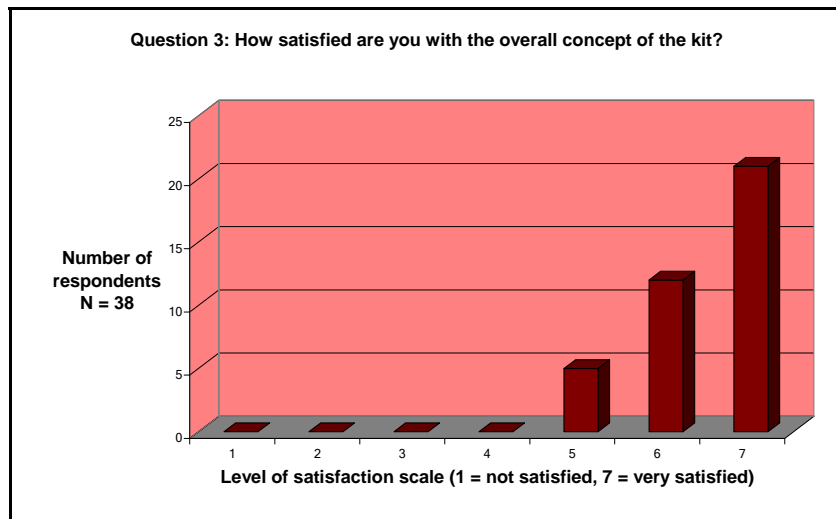
Lastly, the layout and information on the posters was identified as complex, for example, too much writing and not enough diagrams. It was found that some respondents were commenting on the 'old' posters produced by the Safety Centre, and identified the 'new' posters as simpler in design size and colour. This provided valuable feedback on how to best visually present safety information which can be most readily received by consumers.

Another limitation identified by the Safety Centre staff, was the location in which to display The Kit. Recipients were encouraged to ideally place The Kit in a highly visible area, for example the foyer of a community health centres, at local festivals and expos or in a shopping centre to support a

safety "month" or campaign activity. However these occasions present issues when staff supervision is poor due to the high theft of products.

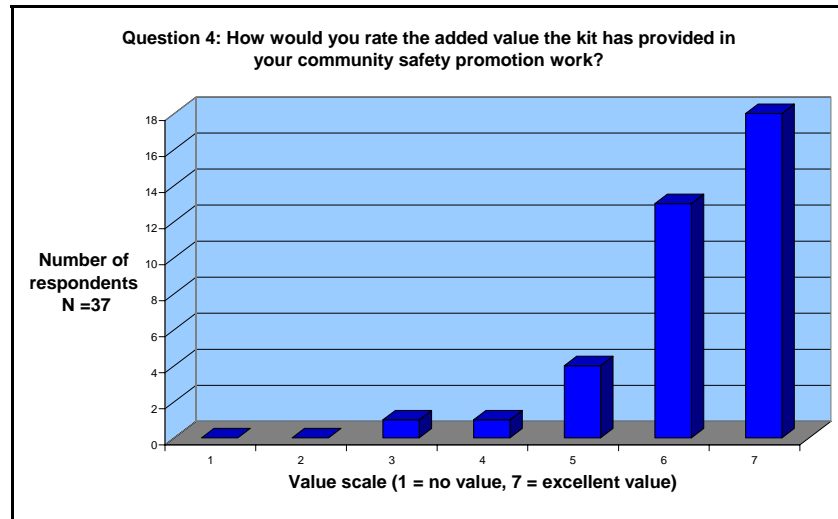
The following graphs have been derived from the data collated by O'Neill (2005), and visually summarise some of the findings from the surveys.

Graph 1



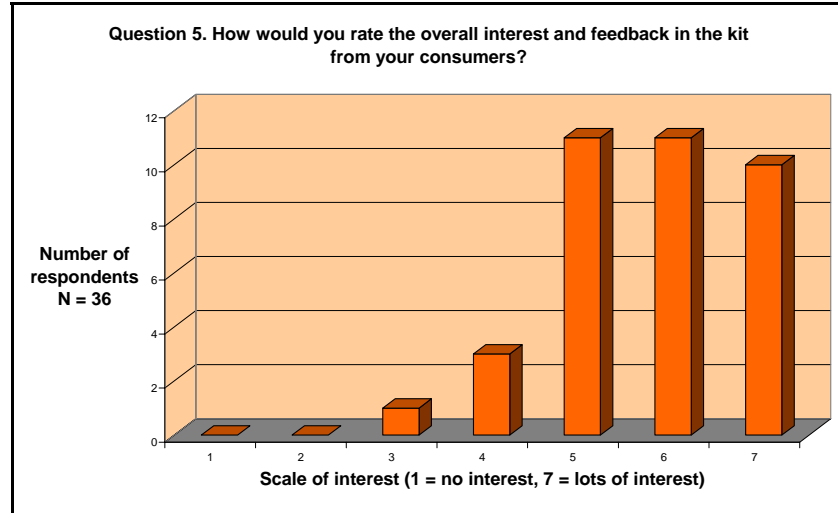
This graph illustrates the level of satisfaction of The Kit among the thirty-eight respondents. Twenty out of the thirty-eight respondents were very satisfied with the overall concept of The Kit.

Graph 2



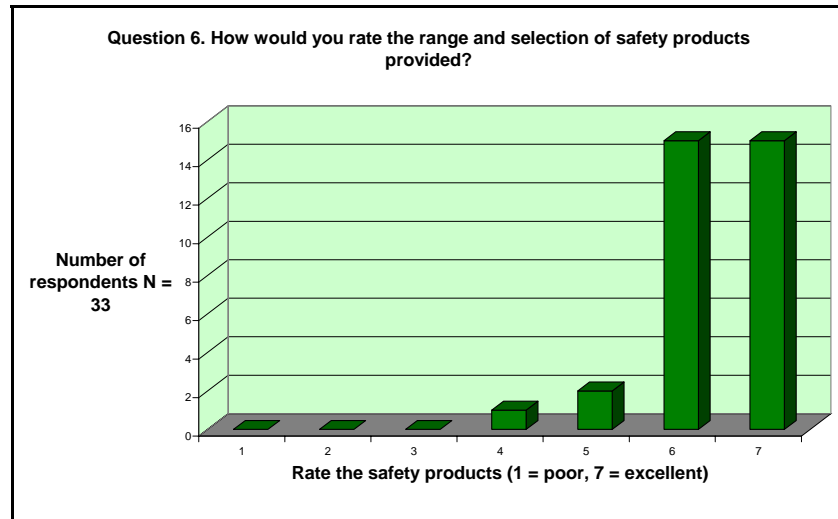
Importantly, this graph indicates that eighteen out of thirty-seven respondents rated the Community Education Kits as excellent value for their community safety promotion work.

Graph 3



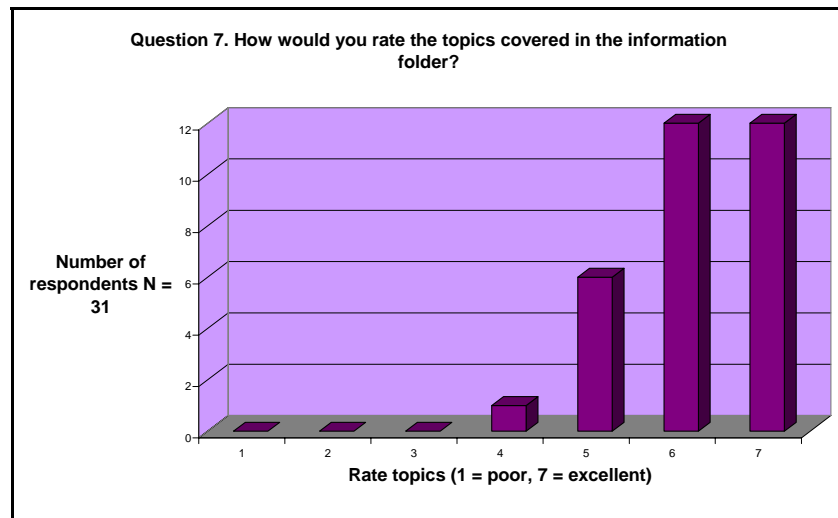
It is clear from this Graph 3 that the level of interest and feedback from the consumers was positive, with twenty-seven percent expressing 'lots of interest', and sixty-one percent responding with moderate to high levels of interest.

Graph 4



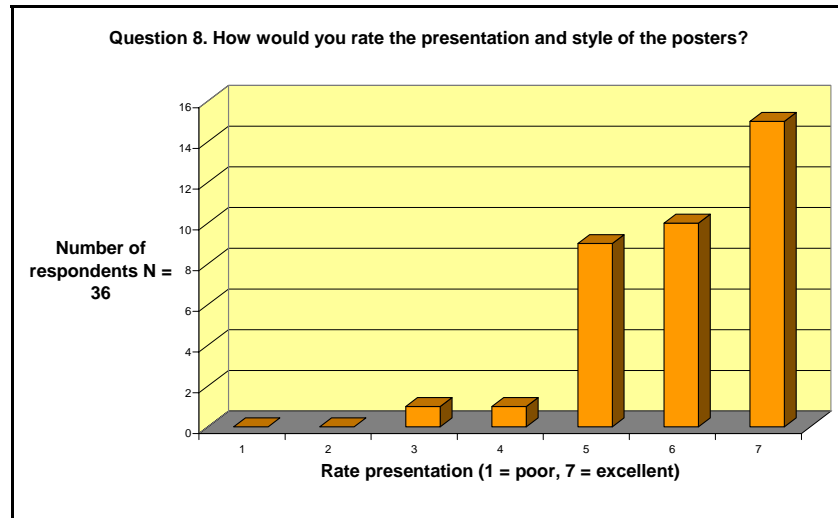
The evaluation response here did indicate some confusion over the wide range of locks for cupboards, for example which one to use for which purpose. Consequently when the remaining twenty Kits were compiled and issued, the range of locks was reduced significantly and the safety messages simplified.

Graph 5



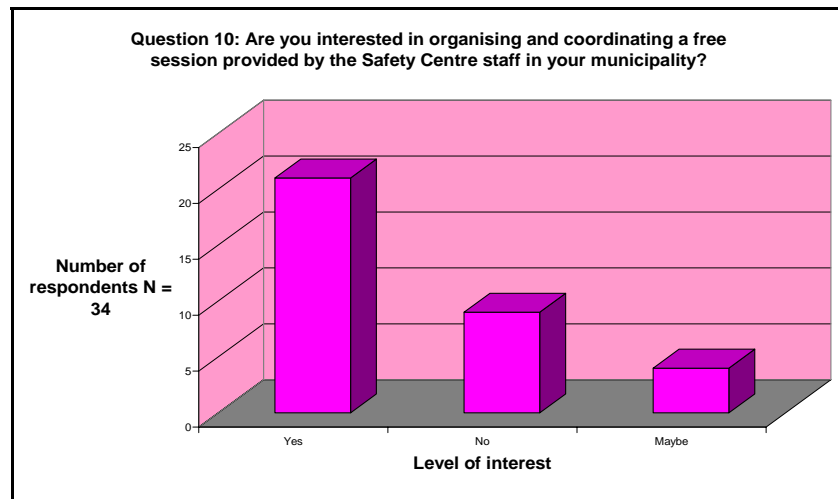
The Kit covered all areas of safety promotion for families. In particular, The Kit focused on home safety and the surrounds. Although both road and water safety are major concerns, there are strongly government funded organisations who effectively work in these areas.

Graph 6



The range of Safety Centre posters has been developed over a number of years. The feedback here strengthened and reinforced the Safety Centres' knowledge about poster presentation gained from previous focus groups and consumer consultations. The message was that consumers value posters with clear, visual illustrated messages in a pictorial format with minimal text. The text messages needed to be very brief and easily understood by all.

Graph 7



This graph enables The Safety Centre to gauge the level of interest in providing workshops on safety directly to the community centres as part of the centre's education outreach work. From the thirty-four respondents to this question, sixty-one percent indicated they would be interested in organising and coordinating a session provided by the Safety Centre staff, twenty-six percent said 'no', and twelve percent said 'maybe'. After the collation of this survey, of the twenty-six percent who answered 'no' to the offer of a Safety Centre workshop, in face-to-face discussions at a later date these same respondents stated that at the time of the survey they were not able to commit to a workshop in the near future and hence circled 'no'. However in the more distant future they would like to organise and coordinate a workshop. One limitation of the survey is therefore the wording of this question, which gave the impression that a workshop was on offer right at that moment in time, potentially placing pressure on these organisations to nominate a date and time as soon as possible. This has provided valuable support for the face-to-face approach which can often enable organisations to negotiate, seek clarification and explore all options available to them.

5.1 Consumer Feedback

5.1.1 Surveys

Surveys have been sent out regularly to participants as a means of obtaining ongoing feedback, establishing and maintaining relationships with the satellite centres. An important aspect of the surveys sent to Kit recipients is the written feedback that was received in addition to the answers to the set survey questions. The following are a few selected quotes which illustrate the positive impact the project has had:

Children's Safety Promotion Officer, Hume City Council

"Congratulations to the RCH on your key role in disseminating new information on child safety and other relevant issues and for providing prompt updates"

Health Promotion Officer, Moorabool Shire Council

"We have had some wonderful feedback from parents in our new parents group, as it has really made them think about safety of their children from the beginning. Many of them have not been previously aware of the items that are available to reduce risks in and around the home, so having tangible products for them to look at and try out has been wonderful"

Early Childhood Services Coordinator, Shepparton City Council

“Our safety kit has been displayed in approximately four of our centres since we received it. We think of it as a rotating road show and hope the display will visit every centre each year”

5.1.2 Site Visits

The project workers visited a number of Community sites to gather qualitative data on the use of The Kit. Site visits have been found to be essential but are a challenge to the Safety Centre in terms of the resources required, for example the time, cost and availability of staff. The recipients of The Kits have expressed how highly they value the site visits for face-to-face discussion, the sharing of ideas and working through issues. It is interesting to note that many of the issues raised at the site visits were not raised in surveys in the initial evaluation. The site visits were highly valued for the effort involved, with introductions such as “this is Helen who has come all the way from the Royal Children’s Hospital just to visit us”. These occasions are also a great opportunity for the Safety Centre staff to acknowledge the health professionals at the satellite centres who have provided such enthusiasm and health promotion endeavours, which in turn strengthens the Safety Centre’s commitment.

The following is a brief summary of these visits and the feedback gained:

Horsham Site Visit

The Community Education Kit had just been returned from a local community centre and had immediately gone out on loan again to Warracknabeal when the Safety Centre member visited. In this rural area, loans result in exposure through several staff in communities over hundreds of kilometres.

Heywood Site Visit

The Safety Centre staff member was welcomed by the community services manager and staff including an occupational therapist who all promote safety and The Kit. The Kit was displayed in the foyer of the community resource centre. There is a high use of The Kit, for example, it is lent to the local kindergarten at the start of each year, providing great feedback from new parents, it is displayed at the Wood, Wine and Roses festival each year with thousands in attendance, and it is also lent to a neighbouring community health centre each year to support a focus on education.

Apollo Bay Site Visit

The Kit was on display in the foyer of the community resource centre. This centre is an ideal location adjacent to the childcare centre, neighbourhood house, local hospital and allied health services. Staff expressed a keen interest in being kept informed of new publications from safety organisations, for example Consumer Affairs. Staff at the centre had asked the local hardware store to stock safety products as well as to be kept up to date with availability of current and new products.

Timboon Site Visit

The Community Education Kit is located within the local hospital and opposite the local primary school. The focus is on public health education within the local primary school where the staff present weekly health sessions to students. Staff at the school found the Safety Centre's Child Safety Handbook an invaluable resource to support their work.

Additional site visits were made to the Metropolitan Fire Brigade, Darebin City Council, the Department of Human Services in La Trobe shire, Northern Moreland Combined Playgroups Association, Maternal and Child Health and Immunisation Services in Moreland City Council, Maternal and Child Health Centre in La Trobe and Doutta Galla Community Health Centre.

5.1.3. Challenges

It was found that staff changes at the satellite centres resulted in the loss of "the driver" of the Community Education Kits, leading to a loss of enthusiasm, ownership and responsibility. A change of contact details frequently occurs resulting in frustration when there is no response to emails. Also, challenging priorities in the public health field where other health and well-being issues take precedence over child safety for example child obesity, skin cancer, falls in the elderly, violence, crime, drug and alcohol issues.

Rural workers who felt isolated and out of touch, expressed an eagerness for new publications and a hunger for knowledge. For example a desire to obtain a copy of the original evaluation conducted by O'Neill (2005) and to keep abreast of new initiatives and creative ideas in safety activities. In

response to this, the Safety Centre will endeavour to keep The Kit recipients updated and share resources where possible.

5.1.4. Evaluation Criteria

A model developed by Katz, Peberdy and Douglas (2000) can be used to assess the Community Education Kits in terms of five criteria to determine the degree in which the program has met its aims and objectives.

Effectiveness: refers to the extent to which aims and objectives have been met. The aim of The Kit was to help reduce injury mortality and morbidity by supporting communities to improve health, safety and well-being networks, and particularly in regional and local communities around Victoria. It is difficult to measure this without obtaining numerical data to show a decrease or increase in unintentional injury after the implementation of the program. From the survey results and feedback from health professionals and the wider community, it would be fair to conclude that The Kit has contributed towards an increased knowledge and understanding of injuries and preventative measures which in turn is hoped to translate into reduced injury morbidity and mortality.

Appropriateness: Given the high incidence of unintentional injury in the community, the need for resources that are relevant to the community for example brochures, posters and fact sheets on safe homes and surrounds for their children, The Kit is appropriate for this audience being highly interactive and informative.

Acceptability: The Kits have been well used and accepted by health professionals and consumers as illustrated by the positive survey responses and the feedback from the Site Visits.

Equity: By displaying The Kits in community centres, maternal and child health centres and schools for example, the majority of the community can access this resource regardless of socio-economic status or CALD group. Many of the materials are available in multilingual forms. In addition The Kits are available at sixty sites around rural and urban Victorian; this enables greater accessibility to Safety Promotion by many communities that would otherwise have limited access due to lack of Health Promoting agencies and services.

Efficiency: As the money for each Kit was donated through Exxon Mobil, the only on-going costs to The Safety Centre are the project management and the production of resources. Given the impact and acceptability from the community, the benefits have been found to outweigh the overall cost.

This criterion is a useful means to help clarify and improve planning and implementation of the Community Education Kits and can help build upon the existing program to encourage ongoing re-appraisal and development.

6. Future directions

The Safety Centre is committed to continue to resource the Kits and keep in touch with recipients. To continue developing these 60 community resource centres as “satellite centres” and to maintain regular contact with the centres and to resource these networks to meet the on-going needs within their communities.

The Community Education Kits and the recipient satellite centres have become an important network for dissemination of safety information across Victoria. They are a reliable conduit for the dissemination of new safety resources, legislation or standards, as well as products and new publications. The Department of Human Services, Victorian Safe Communities Network and Consumer Affairs have sought permission to use these community networks to convey new messages and resources also.

The Community Education Kits have become a valuable resource that enables The Safety Centre to generate interest and enthusiasm for safety promotion amongst local primary health and community education groups; for example, Maternal and Child Health Centres, Community Health Centres, Allied Health Services, toy libraries, local hardware stores and Primary Care Partnerships as well as crossing cultural and socio-economic barriers.

7. Conclusion

The Community Education Kits have enabled the promotion of safety to areas across Victoria that may not have previously had access to these resources. Consumers and professionals responded positively and the Community Education Kits have been well regarded and used.

8. References

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