



**Safekids Aotearoa: PREVENTING FALLS TO
UNDER FIVES PROJECT PLAN**

Suggested Citation

Safekids Aotearoa: PREVENTING FALLS TO UNDER FIVES. This document was developed for Safekids community coalitions and partners, and was modelled on a project developed, delivered and evaluated by Kidsafe Taranaki Trust.

Safekids would like to thank Kidsafe Taranaki for allowing us to use this resource to create a national falls prevention project plan.

If you use information from this publication please acknowledge Safekids Aotearoa as the source.

Published 2014

If you have further queries, call the Safekids Aotearoa Information & Resource Centre on +64 9 631 0724 or email us at Infocentre@safekids.org.nz.

This document is available on www.safekids.org.nz

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130 CHILDREN DIE FROM FALLS EVERY DAY. KEEP KIDS SAFE.

Window guards, standards for playground equipment, and specially designed children's products prevent falls.



World Health
Organization



www.who.int/violence_injury_prevention/child
www.unicef.org/health/index_childinjury.html



www.unicef.org/health/index_childinjury.html

Unintentional fall injuries to children under five

Pre-school aged children bear a significant burden of injury-related harm in New Zealand.¹

In the five year period, 2008 to 2012, at least one preschool child died each year as the result of a fall related injury and boys account for 86 percent of these fatalities.²

Falls are the biggest cause of unintentional injury hospitalisation and account for 40 percent of injury hospitalisation to children under five years. Between 2006 and 2012, more than 1,000 preschool aged children were admitted to hospital each year due to a fall, an average of 3 a day.³ Admissions for fall related injuries are significantly higher for tamariki Māori, boys and for children living in higher levels of deprivation.⁴

Most fall injuries to young children happen in the home setting. Furniture, stairs, balconies, windows and baby walkers have been implicated in analyses of fall related injuries.⁵ Falls from playground equipment at the park and in the back garden is another common cause of injury.⁶

Educational programmes which encourage the use of fall prevention safety devices such as window latches, and stair gates may reduce fall hazards and support actions to prevent fall injuries.⁷

Background

Safekids Aotearoa is the national injury prevention service of Starship Children's Health and an affiliated member of Safe Kids Worldwide. Safekids' vision is that children are able to enjoy their childhood free from the adverse effects of unintentional injuries. Our mission is to reduce the incidence and severity of unintentional injuries to New Zealand children aged 0 to 14 years.

The *Safekids Preventing Falls to Under Fives project plan* has been developed for Safekids community coalitions and partners. The project is modelled on a project developed, delivered and evaluated by Kidsafe Taranaki Trust.⁸ Safekids acknowledges and thanks Kidsafe Taranaki for allowing us to utilise their information to create a national falls prevention project plan.

Safekids Aotearoa is committed to reducing the disproportionate burden of unintentional injury experienced by tamariki Māori, Pacific Peoples' children and children belonging to other overrepresented groups. Safekids therefore suggests that practitioners implementing this project plan actively encourage participation from these groups through the planning, implementation, delivery, evaluation and reporting of the project.



Project Action Plan

This is a model project plan for the delivery of falls prevention workshops to parents and caregivers of children under five years of age. In best practice the project would be supported by a multi-disciplinary project group and implemented as an on-going intervention. Collectively the group would have wide reach into the community and the ability to share project tasks amongst group members. However, Safekids Aotearoa acknowledges that some communities may not have resource or capacity to develop a project group; therefore, practitioners are invited to adapt the plan to suit local workforce capacity and also to suit the unique needs of different communities.

In order to achieve the project aim of reduced injuries and reduced inequalities in the burden of injury, the project should reflect a whanau ora approach where consultation and engagement with Māori, Pacific Peoples and other high risk groups is prioritised throughout the planning, implementation and evaluation of the intervention.

Aim: To reduce the incidence and severity of fall related injuries to infants and children under 5 years of age.

Objective: To increase awareness of the key causes of fall injuries and how to prevent them.

Target audience: Parents, care givers and grandparents of pre-school aged tamariki/children, whanau and families living in areas of higher deprivation.

More than 1,000
preschool children
are admitted to
hospital each year
due to a fall,
that's 3 children
every day

Method

The project aims to deliver education sessions to parents and caregivers of pre-school aged children via the delivery of community based workshops. Key actions include:

1. Formation of a project team
2. Collection of safety products/devices
3. Delivery of hui/workshops to target audience, including a demonstration of safety devices/ products (e.g. stair gate, non-slip mats, corner cushions)
4. Evaluation.

Formation of a project team

The project will be easier to implement if supported by a multi-disciplinary project group. Appendix 1: Planning Template includes suggested group members. The roles and responsibilities of the project group include:

- Identify communities/ groups to work with (e.g. Te Kohanga Reo, kindergarten) and recruit parent/ caregivers (approximately 10 per group) for falls prevention hui/ workshops
- Prioritise Māori and Pacific Peoples communities
- Prioritise high needs communities
- Seek and secure funding for the purchase of a safety device demonstration kit and giveaway safety devices
- Undertake promotional activities to publicise the availability of hui/ workshops
- Facilitate hui/ workshops
- Undertake follow up evaluation.

Collection of safety products/ devices

Safety products and devices include items such as bed rails, stair gates and guards, window latches, harnesses for high chairs and buggies, non-slip mats and corner cushions. These items are used in the home to prevent fall related injuries to preschool children. Local injury prevention services may already have some of these products on hand which can be used in the hui/ workshops. Alternatively, local retailers may be happy to gift safety products to community groups undertaking child safety education.

In addition to products for demonstration during the hui/ workshop, a free giveaway puts the icing on the cake. The giveaway should be a safety device of low value such as a corner cushion or small non-slip bath mat. Giveaways can be used to encourage participation at events and can be reminders of workshop information and discussion.

Delivery of hui/ workshops to target audience

Hui/workshops can take place in a wide variety of settings, for examples:

- Early childhood centres (e.g. Te Kohanga Reo, Pacific language nests, Play Centres, play groups, kindergarten, preschools, home-based education groups)
- Social Support services and amenities (e.g. Community Link and Work and Income NZ sites, REAP, Family Start, home visiting services)
- Health services and centres (e.g. Plunket and Well Child clinics, primary healthcare clinics, whanau ora providers, DHB services)
- Refugee and new migrant facilities
- Community facilities (e.g. Marae, churches, community centres)

This project plan is a guide and practitioners may make adaptations to meet the specific needs of their local community. For example, you might decide that one-on-one sessions are preferable to a workshop style session for some parents. Similarly, whilst an hour per session is recommended, you might find that some groups require more or less time.

Workshop components include:

1. Discussion
 - a. Warm up discussion – how and where do young children fall?
 - b. Discuss fall hazards in the home and on playground equipment. Discuss how injury risks can be mitigated through increasing levels of supervision and modifying the home environment, including the use of devices, to increase safety for young children at home (see Appendix 2: Hui/ Workshop discussion points).
2. Demonstration of safety products/devices, how to use them and where to obtain them.
3. Dissemination of free safety devices (e.g. corner cushions, bath mats, change mat) to participating parents and caregivers for use in their homes.
4. Dissemination of Safekids’ resources (see Appendix 1: Planning template)
5. Completion of evaluation forms. Hui/workshop facilitators may assist parent attendees to complete the feedback form but should avoid guiding or influencing responses.

Evaluation

The evaluation process uses hui/workshop participant feedback to make statements about the value of the project. This information can be used for project reporting processes, to support funding applications and for planning and fine-tuning of future hui/workshops.

The purpose of the evaluation is to determine whether parents and caregivers who attended education sessions gained increased awareness of fall injuries to pre-school aged children and how to prevent them.

Parent and caregiver feedback is collected in two ways:

1. Self-completed feedback forms from each participating parent/ caregiver at the close of the hui/ workshop (see Appendix 3: Participant feedback form).
2. Telephone interviews with a small sample of consenting participants two to four week post hui/ workshop. Members of the project group are responsible for conducting telephone interviews (Appendix 4: Telephone interview questions).

The success of the workshops can be measured against the evaluation framework in Table 1.

Table 1: Evaluation Framework

What difference will it make?	What data will you use?
<ul style="list-style-type: none"> • Participants will have increased their understanding of the factors that contribute to falls in preschool children • Participants will have increased their awareness of ways to prevent falls for preschool children • Participants will report having made a positive change to their home environment to prevent falls for preschool children • Participants will report changes to levels or quality of supervision provided to preschool children in their care to prevent falls 	<ul style="list-style-type: none"> • Analysis of feedback forms completed by participants at the conclusion of the workshops will be used to measure changes in knowledge and awareness. • Analysis of telephone interview feedback will be used to measure changes in supervision and safety behaviour and environmental changes to the home environment.

Advertising and promotion

The workshop flyer (Appendix 5) can be used to promote and advertise the availability of hui/workshops. Hui/ workshops can be advertised through:

- Print media: newspaper editorials and newsletters
- Interviews on local radio stations
- Advertising on notice boards, for example in libraries, healthcare centres, early childhood centres, community facilities and Work and Income offices/Community Link sites.

Telephone calls and face to face visits with clients via health providers and family support services can also be used to promote workshops.



Anticipating and planning for challenges

Table 2: Risk Management plan offers some solutions to potential problems.

Table 2: Risk Management Plan

Risks	Management plan
<ul style="list-style-type: none"> • Recruitment of project team members 	<ul style="list-style-type: none"> • Actively seek participation from Māori and Pacific Peoples stakeholders • Actively seek personnel, use injury prevention networks and colleagues to identify stakeholders • Once established, maintain regular contact with stakeholders so that any changes in circumstances can be dealt with
<ul style="list-style-type: none"> • Sustaining funding for safety products/ devices, giveaways and other project costs. 	<ul style="list-style-type: none"> • Identify potential funders, examples may include: <ul style="list-style-type: none"> ◦ ACC ◦ Local businesses ◦ Local trusts
<ul style="list-style-type: none"> • Lack of interest from parent groups and individuals 	<ul style="list-style-type: none"> • Continue to explore alternative settings such as sports clubs, church groups, friend networks and workplaces • Promote the availability of sessions at provider networking meetings and via organisational newsletters
<ul style="list-style-type: none"> • Challenge of evaluation 	<ul style="list-style-type: none"> • Select a manageable sample size for telephone survey • Distribute phone calls amongst project team • If funding permits, consider contracting someone to help with evaluation

Appendix 1: Planning template

What are you going to do?	How are you going to achieve this?	When are you going to do it?	What result will you measure?
<ul style="list-style-type: none"> Formation of a project team 	<ul style="list-style-type: none"> Identify and contact key falls prevention stakeholders, some examples include: <ul style="list-style-type: none"> Māori providers Pacific Peoples providers Healthcare practitioners, Well Child providers, Plunket, Whanau Ora providers, DHB staff, Public Health Units Refugee and new migrant providers ACC consultants and other injury prevention practitioners Social support providers (Family Start, PAFT etc) Home visiting services 		<ul style="list-style-type: none"> Stakeholders identified and project group formed
<ul style="list-style-type: none"> Facilitate a briefing meeting with project team to agree on roles and responsibilities and individual targets. Circulate project group contact details and set meeting dates 	<ul style="list-style-type: none"> Project team to meet 		<ul style="list-style-type: none"> Roles and responsibilities agreed, e.g. <ul style="list-style-type: none"> Funding applications Recruitment of parent group Promotion of hui/ workshops Ordering of resources (e.g. Safekids factsheets and Babies don't need baby walkers pamphlet) Ordering and purchase of safety devices Evaluation tasks
<ul style="list-style-type: none"> Coordinate the delivery of workshops 	<ul style="list-style-type: none"> Ongoing liaison between project group members regarding bookings, promotion of sessions etc Distribution of safety devices arranged and recorded Tracking system in place to monitor progress of delivery 		

<ul style="list-style-type: none"> Organise and implement evaluation processes for the project to monitor ongoing progress 	<ul style="list-style-type: none"> Hold project team meetings to gauge how the project is going, and discuss any possible quality improvements Evaluate the project by collating feedback received in evaluation forms from participants Evaluate the project by calling a small sample of participants to get more detailed feedback about the impacts of the project 		<ul style="list-style-type: none"> Recommendations will be included in planning for future projects Forms collated and a report written which summarises results of feedback from participants Calls conducted and a report written which summarises results of feedback from participants
<ul style="list-style-type: none"> Resources for practitioners 	<ul style="list-style-type: none"> Safekids Factsheet: Child Unintentional fall related injuries (2012) Safekids Position Paper: Trampoline injury prevention Standards New Zealand Handbook: SNZ HB 4102:2011 Safety in the home 		<ul style="list-style-type: none"> Number of resources distributed Organisations who received resources
<ul style="list-style-type: none"> Resources from parents/ caregivers and whanau 	<ul style="list-style-type: none"> Safekids Infographic: Trampoline injury prevention (2014) Safekids infographic: Childhood unintentional falls related injuries (2014) Safekids: Babies don't need baby walkers (2005) ACC1111 Child falls: Tips for preventing injuries in under 5s in English (also available in Māori, Samoan and Tongan) ACC5915 Kids activity booklet ACC4731 Safety begins at home leaflet in English (also available in Māori, Samoan, Tongan, Chinese and Korean) ACC4730 Safety begins at home top tips card in English (also available in Māori, Samoan, Tongan, Chinese and Korean) Ministry Business Innovation and Employment (formerly Ministry of Consumer Affairs): Keeping Kids Safe booklet 		<ul style="list-style-type: none"> Number of resources distributed Groups who received resources (e.g. teen parent group)

Appendix 2: Hui/Workshop discussion points

- 🕒 Falls are the leading cause of injury for preschool aged children in New Zealand and across the world. On average, in New Zealand each year, 1,036 children aged 0 to 5 years are admitted to hospital as the result of a fall.
- 🕒 Falls are predictable and therefore preventable.
- 🕒 Factors for preventing falls include:
 - Active supervision
 - Safe environments
 - Knowledge of your child's developmental age and stage will help to increase awareness of fall injuries. key factors include:
 - Eyesight
 - Hearing
 - Balance
 - Coordination
 - Height
 - Proportion

Key safety tips:

- 🕒 Keep cables and cords tied up and tidy
- 🕒 Toys and clutter on the floor can be a trip hazard - keep floors and walkways clear to prevent trips
- 🕒 Supervise kids on playground equipment
- 🕒 Use window latches to prevent falls out of windows
- 🕒 Wet surfaces are slippery:
 - Wipe up spills straight away
 - Dry wet areas, such as the bathroom floor after use.
 - Use non-slip mats in the bath and shower – supervise children around water always

Babies: wriggle, roll, push, pull and crawl

- 🕒 Don't leave babies on high surfaces – it only takes a second to fall
- 🕒 Change babies on the floor
- 🕒 Babies don't need baby walkers. Baby walkers pose developmental risks to babies, they have also been implicated in fall injuries
- 🕒 Place cots away from windows and blind cords as these can encourage climbing and can be a choking and strangulation hazard. Keep cot sides up
- 🕒 Take care when carrying babies – older siblings should be supervised and sitting down when holding the baby
- 🕒 When harnesses are there - use them (e.g. high chair, push chair)
- 🕒 Use corner cushions to protect crawlers from sharp furniture
- 🕒 Use stair gates for high use areas at the top and bottom of steps and stairs and to block access to the kitchen. Use stair guards to shut off access to less used areas

Toddlers and pre-schoolers: on the go: walk, run, climb, reach, explore

- 🕒 Use bed rails to prevent falls out of bed – top bunks are for kids over nine years old
- 🕒 Keep furniture low and away from windows
- 🕒 Start teaching your child how to use the stairs safely holding the hand rail – always supervise
- 🕒 Use helmets and other safety gear with wheeled toys like skateboards, skates, scooters and trikes/bikes – even in the back garden.
- 🕒 Playground equipment is a common cause of fall injuries. When using play equipment at home or in schools and playgrounds (such as swing sets, slides, climbing frames and trampolines):
 - Consider the placement of the equipment – place on a level surface and allow plenty of space around the equipment
 - Use safe surfacing materials – soft materials that will absorb the impact of a fall
 - Check equipment regularly to ensure it is in good condition and meets the standard
 - Have safe play rules, such as one at a time for trampolines - safety pads are a must
 - Actively supervise children whilst they are playing and be close enough to see and reach them
- 🕒 Child falls are predictable and preventable through:
 - Active supervision
 - Awareness of child development
 - Creation of safe environments

Appendix 3: Participant feedback form

1. How much have you learnt about the causes of falls to pre-school aged children? (please tick)

	A lot	A little	None	I was already aware
Falls from furniture				
Slips and trips				
Falls on stairs				
Falls out of window and from decks and balconies				
Falls from playground equipment				

2. How much have learnt about the following ways to prevent falls? (please tick)

	A lot	A little	None	I was already aware
Awareness of child development ages and stages				
Importance of active supervision				
Use of stair gates and guards				
Use of bath mats				
Use of baby changing mats				
Use of window latches				

Any comments on the causes of falls and ways to prevent them?

3. Overall, how would you rate the session? Please circle one

very useful fairly useful slightly useful not useful

4. What could make the session more useful?

Are you willing to be contacted for further information? If so please enter your details below.

NAME:

PHONE:

Appendix 4: Telephone interview questions

Introduction:

Hello, my name is _____. In (month) you attended a workshop on preventing tamariki/children's falls, which was held at (venue).

(Project group name), who coordinate this project, are really interested in finding out how useful these sessions are.

On your feedback form you agreed to be contacted to discuss what you thought of the session. Are you happy to talk to me now for 5 to 10 minutes about it?

- Yes – proceed to question 1.
- No – ask for a better time to call and note on top of form.

If decline, still thank them for their time and hang up.

1. First of all, did you find the session useful?

Yes No

2. Have you shared the information with friends, friends or whanau at all?

Yes No

3. Do you care for children under five?

Yes – how many? _____

No – thank them for their time and hang up

4. What is your relationship to the under five year-olds that you care for?

(Prompt: parent, aunt, nanny etc.)

5. Have you made any changes to how you supervise the child/children following the session that you attended?

(Prompt: any changes to your level of attention when watching the children etc)

Yes No was already aware/ doing this

Comments:

6. Have you made any changes to the home environment of the child/children following the session that you attended?

(Prompt: using a bath mat or a stair gate, installing window latches, putting protectors on sharp corners)

Yes No Already had safety devices in place

7. You should have received a free safety giveaway at the workshop. Can you tell me what it was?

(Prompt if can't recall)

Bath mat

Mini suction bath mat

Corner cushion

Mini first aid kit

Window latch

Cupboard latch

Don't remember receiving – skip to question 9

8. Have you used the free safety giveaway you chose at the session?

Yes – do you think it has been effective?

No – reason for not using it?

9. Final question! Is there anything else that you feel would make the sessions more useful to parents and caregivers of children under five?

Thank you for your time.

Appendix 5: Workshop Flyer



FREE WORKSHOP



Preventing Child Falls

Young children love to climb, discover their world and are always learning new things as they grow and develop.

However, falls are the major cause of serious injury to under fives.

More than 1/3 of injuries that result in children being admitted to hospital are caused by falls.

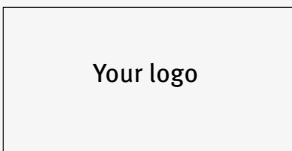
YOU ARE INVITED!

If you are interested in child safety, join us for a workshop where we will share information and resources on how to prevent childhood falls.

The workshop will be delivered by a trained facilitator. Each participant will also receive a free safety gift.

**BOOK NOW
TO AVOID
MISSING OUT!**

To book a workshop contact:



Appendix 6: Project Budget

DETAIL	ESTIMATED COSTS
Safety devices for hui/ workshop demonstration kit (sponsorship required) <ul style="list-style-type: none"> • 1 metal bed barrier • 1 metal safety gate • 1 door guard • 1 large non-slip bath mat • 1 change mat • 1 mini bath mat • 1 soft spout cover • 1 corner protectors • 1 child safety harness • 1 security window stay 	
Assorted falls prevention items for give-away (\$5/ item recommendation, sponsorship required) E.G.: <ul style="list-style-type: none"> • Mini bath mat • Changing mat • Furniture corner cushions 	\$5 per item
Workshop facilitator costs	
Hui/ workshop venue hire	
Promotional flyer printing	
Transport costs	
Food	
Evaluation expenses	
TOTAL PROJECT COSTS	

References

¹ J. Simpson et al. Preventing unintentional childhood injury at home: injury circumstances and interventions. International Journal of Injury Control and Safety Promotion: 2011

² <http://ipru3.otago.ac.nz/niqs/index.php> accessed and interpreted by Safekids, 16 April 2013

³ <http://ipru3.otago.ac.nz/niqs/index.php> accessed and interpreted by Safekids, 16 April 2013

⁴ Safekids Aotearoa. *Analysis of unintentional child injury data in New Zealand: Mortality (2001-2005) and morbidity (2003-2007)*. Auckland, Safekids Aotearoa: 2009.

⁵ J. Simpson et al. Preventing unintentional childhood injury at home: injury circumstances and interventions. International Journal of Injury Control and Safety Promotion: 2011

⁶ Injury data provided by the Injury Prevention Research Unit (IPRU), University of Otago. July 2011.

⁷ MacKay M, Vincenten J, Brussoni M, Towner L. *Child Safety Good Practice Guide: Good investments in unintentional child injury prevention and safety promotion*. Amsterdam: European Child Safety Alliance, Eurosafe; 2006.

⁸ MacKay M, Vincenten J, Brussoni M, Towner L. *Child Safety Good Practice Guide: Good investments in unintentional child injury prevention and safety promotion*. Amsterdam: European Child Safety Alliance, Eurosafe; 2006.



Thank you to the children and teachers at Mt Roskill Early Childhood Centre for helping us with the photography for this resource. The children are a delight to be around. Their diversity, energy and enthusiasm make coming to the centre an absolute pleasure.



Safekids Aotearoa

PO Box 26-488
Epsom, Auckland 1344
New Zealand

Ph: +64 9 630 9955

Fx: +64 9 630 9961

www.safekids.org.nz