



Curtin University

KNOW INJURY PROGRAM EVALUATION

A REPORT FOR THE INJURY CONTROL COUNCIL OF WA

COLLABORATION FOR EVIDENCE, RESEARCH AND IMPACT IN PUBLIC HEALTH

JULY 2017



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Collaboration for Research, Evidence and Impact in Public Health

Collaboration for Research, Evidence & Impact in Public Health

The Collaboration for Research, Evidence and Impact in Public Health (CERIPH) (formerly the Western Australian Centre for Health Promotion Research) is a multi-disciplinary research group within the School of Public Health at Curtin University, operating since 1986.

Vision

CERIPH seeks solutions that promote health, prevent disease and protect populations from harm. We build individual and organisational capacity through our partnerships, applied research, education and workforce training. Recognising the complexity of health and its determinants, our multidisciplinary collaboration provides leadership and evidence to support action across educational, organisational, socio-economic, environmental and political domains to improve population health in our region.

Function

The team has expertise in the development, implementation and evaluation of formative and longitudinal intervention research in key areas such as: early childhood health and nutrition; physical activity and nutrition; alcohol and other drug use; seniors' health; mental health; HIV and sexual health. CERIPH is a unique research group in that all core staff hold front-line research and teaching positions. The group aims to foster the practice of health promotion by encompassing the nexus between research and practice.

CERIPH has built and demonstrated high level expertise and research strength in:

- Building sustained partnerships and collaborations with vulnerable and most at risk communities and relevant community, government and private sector organisations
- Health promotion approaches using community and settings-based interventions, peer and social influence, social marketing, advocacy, community mobilisation and sector capacity building
- Promotion and dissemination of evidence-based practice and building practice-based evidence
- Provision of research training and capacity building techniques to undergraduate and postgraduate students, allied health promotion professionals and community workers.

GLOSSARY OF TERMS

Engagement	The act of participating or becoming involved. It consists of three concepts: awareness, access and participation.
Case study	A research technique that examines a phenomenon in its natural setting, employing multiple methods of data collection, to gather information from one or more entities (people, groups or organisation)
Capacity building	The ability or power to do or understand something. In this evaluation, capacity consists of four elements: workforce development, partnerships, organisational development and resource allocation.
Health professional	Person employed in a field of health in a clinical, allied health or population-based context
In-depth interview	A qualitative research technique that involves undertaking intensive individual interviews

ABBREVIATIONS

CERIPH	Collaboration for Evidence, Research & Impact in Public Health
DOH	WA Department of Health
ICCWA	Injury Control Council of WA
LGA	Local Government Authority
Know Injury	Renamed Partnership and Sector Development Program
OHS	Occupational Health and Safety
PSDP	Partnership and Sector Development Program
RNG	Regional Network Group
SDERA	School Drug Education and Road Aware
SES	Socio Economic Status
SOYF	Stay on Your Feet
WA	Western Australia
WHO	World Health Organization

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EXECUTIVE SUMMARY

KNOW INJURY PROGRAM EVALUATION (2016-17)

OVERVIEW AND KEY FINDINGS

1. Background

The Injury Control Council of Western Australia (ICCWA) is funded by the WA Department of Health to coordinate the Partnership and Sector Development Program (PSDP). The team has been rebranded to Know Injury and one program it delivers is the PSDP. Know Injury is a state-wide partnership and sector development program designed to enhance the capacity of injury prevention and community safety practitioners and organisations to deliver evidence informed activities in WA.

A capacity building approach

Capacity building is multi-directional and dynamic. Maximising effectiveness of capacity building initiatives requires careful planning to ensure that activities target the right people and build the right capacities at the right point in time. Capacity building activities require significant long term investment, thus, measuring their effects may be challenging as changes resulting from capacity building may be context specific, take different forms and only be demonstrated over the longer term. However, the inclusion of capacity building strategies within programs is valuable as they can amplify their public health impact.

This report is an evaluation of the Know Injury program undertaken by the Collaboration for Evidence, Research and Impact in Public Health (CERIPH) at Curtin University.

2. Target Groups

- Injury prevention, community safety and local government practitioners who reside in Western Australia
- Western Australian Local Government Authorities

3. Objectives

- a) To increase the **engagement** of the target groups with the Know Injury program by June 2017.
- b) To increase the **capacity** of the target groups who are involved in the program to conduct injury prevention and safety promotion programs by June 2017.
- c) To increase the proportion of the target groups involved in the program, who **deliver** injury prevention and community safety programs by June 2017.

4. Methods

Evidence for the evaluation was collected from key informant interviews, case studies, desktop review and a document analysis. This included six key informant interviews, two case studies and a review of written reports from projects, strategic and operational plans, community plans, annual plans, websites, email correspondence, meeting minutes, committee terms of reference, government reports, fact sheets and resources, and media items.

5. Findings

5.1 Engagement with Know Injury

Awareness of Know Injury

- All respondents were aware of Know Injury.
- There was clear alignment of Know Injury with ICCWA and there was often awareness of other ICCWA program areas especially SOYFWA.
- The level of awareness and accuracy of understanding about Know Injury's aims and objectives were inconsistent across the cohort interviewed.
- Agencies with a defined or single injury prevention role had a higher awareness of Know Injury compared to agencies with a much broader remit.

Access to Know Injury

- Access to Know Injury was good and where awareness was high, few barriers were reported to accessing their services.
- Know Injury's regional programs and use of online technologies had contributed to good regional agency access.
- The networking provided by CONNECT.ed was particularly seen as a useful access tool.
- Participants were not always clear on whether they were accessing ICCWA or Know Injury.

Participation in Know Injury

- Information exchange opportunities such as the Regional Network Group and website information were the consistent areas of greatest participation and perceived value from Know Injury.
- The level of participation reported by respondents varied considerably. Some respondents emphasised that they had more of a facilitation role, working with appropriate partner agencies than a service delivery role and this therefore affected their level of participation.
- Participation was also affected by how defined injury prevention work was within an agency demonstrating the diversity of the sector. For some agencies it was their core function and for others it was one area of work which did not always have a high priority.

Enablers for engagement with Know Injury

- For LGAs the push to deliver on safe communities was a lever for engagement with Know Injury.
- Legislative requirements of the new Public Health Act – mainly for LGAs, and existing OHS legislation were drivers for engagement.
- The increasing adoption of risk management at a whole of organisation level were important.
- Know Injury had reached out to some specialist injury prevention agencies who could bring a level of expertise to the injury prevention area provided engagement opportunities.
- Reputation and awareness of Know Injury which has now been operating for several years was in evidence.

Barriers to engagement with Know Injury

- The pressure of existing workloads for those stakeholders where injury prevention is only one component of their roles.
- Most organisations had their own strategic planning process which was the main driver for their injury prevention work. For many LGAs this was often subsumed under community development or community safety. Engaging with Know Injury programs was often seen as a secondary rather than informing their own strategic plans.
- Competing agency priorities within a broader public health or community development agenda meant that injury prevention may not have been a delineated priority area.
- Most organisations were engaged in a range of networking outside of Know Injury which competed with networking facilitated by Know Injury.

5.2 Capacity Building

Workforce capacity

- Capacity building of the workforce was identified by most agencies as a core function of Know Injury.
- The provision of good data on injury was an important area that Know Injury contributed to build capacity.
- Several capacity building events (specifically evaluation and social media training) were reported as having successfully contributed to building capacity in organisations.
- There was a diversity of skill level across different sector agencies which provided a challenge to Know Injury in being able to pitch training to engage all of the workforce.
- A large proportion of respondents reported a lack of clarity, and in some instances a lack of awareness, about the contribution that Know Injury had and could make to organisational capacity building in injury prevention.

Organisational barriers

- Time and resource constraints (cost of Know Injury training) to attend Know Injury training was reported as a barrier.
- Lack of priority given to injury prevention by some agencies with a broad mandate to work with the community.
- Managers who perceived their staff were well credentialed and trained and required little further training.
- High staff turnover in some agencies meant challenges in consistently upskilling new staff.

Partnership capacity

- All agencies indicated that working in partnership was an important and vital component of their mode of operation which resulted in working on common projects with some agencies who took on the role of facilitator to ensure partnership projects were achieved.
- Know Injury facilitated networking and relationship building opportunities leading to fruitful partnerships within the sector.
- Many organisations had established partnerships and networks outside of Know Injury that contributed greatly to their capacity to work in injury prevention.

- There was universal agreement about the vital part that working in partnership played in achieving outcomes in the injury prevention area at a community level.

5.3 Program Delivery

Injury prevention and safety promotion programs implemented/maintained and improved quality/comprehensiveness

- The program delivery by respondents is diverse reflecting the different roles of organisations which ranged from facilitating partnerships and programs to full service delivery.
- While there is a great deal of diverse work being undertaken by Know Injury partner organisations it is unclear how much of this is a direct result of Know Injury. However, it is likely that Know Injury has had a significant role to play in this.
- Three areas were identified that specifically impacted positively on program delivery: the new public health act, community safety plans and partnerships.
- Prioritisation of specific injury prevention within agency strategic plans impacted on the amount of resourcing and outcomes in program delivery.

Program delivery barriers

- Human resource challenges included:
 - Staff turnover and loss of staff positions (among external agencies and within Know Injury)
 - Burn out of volunteers and community members
- Diversity of and competition for injury prevention issues to be covered.
- Increasing funding constraints with perceived less investment available for injury prevention.
- Geographic barriers of working with dispersed and at times unique populations over large areas.

6. Recommendations

The evaluation findings indicate Know Injury continues to provide a program aimed primarily at the capacity building of the diverse injury prevention sector in WA. There is still work to be done to improve the brand recognition and understanding of the program and to continue to build engagement and partnerships. The evaluation highlights a number of opportunities to improve strategies and direction and build on the current work of Know Injury. The following recommendations are made:

6.1 Engagement with Know Injury

1. Need for greater clarity and profiling by Know Injury to the broad and diverse injury prevention sector clearly stating aims, objectives and what Know Injury can offer to sector partners.
2. With organisational restructuring of ICCWA and Know Injury, and with mixed understanding of who the Know Injury team was, it would be desirable for Know Injury to put some effort into a strategy of “meeting the Know Injury team”.
3. Know Injury could capitalise on the identified importance of working in partnerships to promote an injury prevention sector identity with a shared overall goal of reducing injury in WA.
4. Know Injury to consider increasing the visibility of their partner agencies who are primarily involved in injury prevention.
5. Know Injury continue to maintain a regional presence through a consistent program of regional visits, maintaining the Regional Network Group, and other support for regional and remote WA and recognise some of the unique challenges of working in these areas.
6. Know Injury to ensure that the CONNECT.ed directory includes listings of other partnership and networking opportunities already established and being used e.g. Community Development Network and look at ways of working with these networks.

6.2 Capacity Building

7. Know Injury to continue to offer a range of capacity building strategies to the sector through both professional development, agency visits, use of technology to interact with the sector, provision of research data etc.
8. Know Injury to ensure that their capacity building strategies meet the current needs of the target group which may require a skills audit be completed by partner agencies.
9. Know Injury consider the necessity of delineating requirements of different parts of the injury prevention sector to ensure a better fit of capacity building training to include new graduates versus experienced practitioners, facilitating agencies versus service delivery agencies, regional versus metropolitan agencies.
10. Know Injury to ascertain the interest and demand in project and partnership facilitation skills in recognition that many sector agencies are heavily involved in this rather than direct program delivery.
11. Consideration be given to ensuring that capacity building training is provided in a scaffolded approach that enables an advanced level of professional development in appropriate areas to be attained. This needs to be clearly delineated to ensure the sector can see there is something on offer for all levels of skill development.
12. Know Injury to investigate ways of working with partner organisations who are involved in other ICCWA programs such as SOYF to see if this could be expanded to provide a link to Know Injury.

13. Know Injury to be at the forefront of offering specific capacity building and information sessions on the impact of the new WA Public Health Act on injury prevention work.
14. Know Injury to include capacity building that helps organisations address issues of burnout in staff and volunteers.
15. Capacity building strategies are increased in specific response to the needs of Aboriginal workers and Aboriginal communities.
16. Know Injury to revisit the costing model used for capacity building training to ensure that it is offered at the most affordable price possible to minimise cost being a barrier to accessing training.

6.3 Program Delivery

17. That Know Injury investigate strategies to better report on program delivery across the sector. This needs to include program delivery which may be of a complex multi partner type.
18. That Know Injury continue to encourage and facilitate LGAs to undertake accreditation with the Pan Pacific Safe Communities Accreditation Framework.
19. That Know Injury continue to provide a forum such as the local government seminar where LGAs and others can present details of successes in program delivery within their own organisations.
20. Know Injury to investigate the role they can play in facilitating programs that address two currently identified gaps in service delivery for the following populations that are over represented in injury statistics: young people aged 15 to 25 and young rural men.

7. Summary

Know Injury has positively impacted on the capacity of injury prevention and community safety practitioners and organisations to deliver evidence informed activities in WA. Broadly, the evaluation found that the performance of Know Injury is on track to meet its objectives and that the program building momentum in the WA injury prevention and safety promotion sector. The evaluation suggests a number of areas for improving the effectiveness and implementation of Know Injury.

Shifts in practice at the organisational and sector level take time and resourcing and this should be considered in relation to the level of momentum expected. Long term investment is required to harness the identified opportunities for further action.

The primary aim of building capacity of the sector through engagement, capacity building is being achieved though the links to changes in target group program delivery is harder to demonstrate. Additionally there is not universal coverage or engagement with Know Injury across the State. This reflects two primary challenges:

- a) Working with a geographically dispersed population across a large land mass.
- b) The diversity of the injury prevention sector which ranges from single issue injury prevention agencies such as Kidsafe, to large agencies with a very broad remit where injury prevention is one part of community development.

Both result in challenges for Know Injury to achieve its aim as does increasing funding constraints, diversity of workforce and competing priorities for partner agencies. This evaluation provides some direction to continuing the achievements of Know Injury.



PROJECT OVERVIEW

KNOW INJURY PROGRAM EVALUATION (2016-17)

1 INTRODUCTION

The Injury Control Council of Western Australia (ICCWA) is funded by the Western Australian (WA) Department of Health to coordinate Know Injury (previously the Partnership and Sector Development Program). Know Injury is a state-wide program designed to enhance the capacity of injury prevention and community safety practitioners and organisations to deliver evidence informed activities in WA.

Capacity building is a multi-directional and dynamic process^{1 2}, and can also be directly and indirectly influenced by contextual factors. It occurs both within programs and systems and can therefore be developed concurrently within individuals, teams, groups and organisations. Including capacity building within programs can maximise their public health impact. Specifically, focusing on capacity building can:

- multiply health gains;
- increase visibility to the diverse efforts undertaken to take on and sustain programs;
- increase accountability; assist in the development of responsive systems;
- provide a mechanism for addressing inequity and building stronger communities; and,
- assist in reorienting health systems.

The Collaboration for Evidence, Research and Impact in Public Health (CERIPH) was commissioned to undertake the current evaluation. This report presents findings of the 2016-2017 evaluation of Know Injury.

Project steering group

Staff from CERIPH formed a project steering group to develop and implement the evaluation of this project. The project steering group was responsible for contracting, providing direction and feedback on documentation and building Know Injury staff research and evaluation capacity. The CERIPH staff involved included: Gemma Crawford, Dr Jonathan Hallett, Associate Professor Jonine Jancey and Dr Justine Leavy.

Evaluation objectives

The current evaluation provides an opportunity to determine the extent to which the Know Injury program is meeting its stated objectives. The objectives of the program are:

- a) To increase the **engagement** of the target group (including Local Governments Authorities) with the Know Injury program by June 2017
- b) To increase the **capacity** of the target group (including Local Governments Authorities) who are involved in the program to conduct injury prevention and safety promotion programs by June 2017
- c) To increase the proportion of the target group (including Local Governments Authorities) involved in the program, who **deliver** injury prevention and community safety programs by June 2017.

¹ Hawe, P., Noort, M., King, L., & Jordens, C. (1997). Multiplying Health Gains: the critical role of capacity-building within health promotion programs. *Health policy*, 39(1), 29-42. doi:10.1016/S0168-8510(96)00847-0

² NSW Health Department. (2001). *A Framework for Building Capacity to Improve Health*



PROJECT METHODS

KNOW INJURY PROGRAM EVALUATION (2016-17)

2 METHODS

Target groups

- a) Injury prevention, community safety and Local Government practitioners who reside in WA
- b) WA Local Government Authorities (LGAs).

Data collection

In accordance with the objectives, a cross section of the target group with a range of characteristics was identified for data collection. Data collection methods included:

Key informant interviews (n = 6). Stakeholders (n=13) were approached via email to participate in a one-on-one interview. They were purposively selected by Know Injury to provide expertise and commentary in relation to their experiences with Know Injury. A total of 6 key informants consented to be interviewed.

Interviews were conducted using a uniform question guide either in-person or via telephone, by several members of the research team. All interviews were recorded and transcription was performed by an external contractor. Length of interviews ranged from 30-60 minutes. Thematic analysis was performed on transcript data to uncover key themes. Descriptive quotes were selected to illustrate the main findings.

Cases (n = 2). A case study methodology was utilised as it offered a realist approach, grounded in an understanding that context, motivations and behaviours shape how programs work and that programs (such as Know Injury) may operate differently in different contexts. The purpose of the case study is not to evaluate the projects implemented by the case study sites, rather to identify the impact of Know Injury on the site and its subsequent injury prevention work. Know Injury were responsible for the identification of case study sites. Among the criteria for selection of these organisations was:

- Willingness of the site to participate
- Nature and level of work undertaken, and the potential for valuable program level learning (what is useful and informative about this case)
- Applicability and transferability of lessons learnt to other projects and members of target groups
- Organisation type and region
- Available documents.

Case study key informant interviews: these were undertaken using a uniform question route via telephone, by several members of the research team. All interviews were recorded and transcription was performed by an external contractor. Length of interviews ranged from 30 to 45 minutes. Thematic analysis was performed on transcript data to uncover key themes. Descriptive quotes were selected to illustrate the main findings. Where required, interviewees were contacted on multiple occasions to clarify and challenge findings and assumptions.

Desktop review and document review: Analysis of written reports from projects, strategic and operational plans, community plans, annual plans, websites, email correspondence, meeting minutes, committee terms of reference, government reports, fact sheets and resources and media items was undertaken. Data sources included publicly available documents and documents provided to CERIPH by the case study site and Know Injury. The analysis of this data was included within the case studies.

Ethics

Ethics approval was obtained from the Curtin University Human Research Ethics Committee (HREC) (RDHS-70-15). Prior to the collection of any data, informed consent was obtained from the participants after informing them of the aim of the study; that participation in the study was entirely voluntary, that they had the right to withdraw at any stage; confidentiality would be respected; and as far as practicable, all quotes would be non-identifiable.

Limitations

There are a number of limitations of this evaluation that should be noted.

- The document analysis was limited to documents that were publicly available or that participants were willing to provide to CERIPH.
- Know Injury were responsible for selecting key informants and cases. This may have resulted in a final selection of contacts that do not accurately reflect the experiences and opinions of the whole Know Injury target groups.
- Cases and interviewees were different in this evaluation to those that had participated in previous evaluations. Therefore change is retrospectively reported on and cannot be compared directly to data from previous cases and interviews.
- The Know Injury program is in its third year of implementation. The expectation that widespread capacity development would have occurred during this period is unrealistic. It is more realistic to expect that changes would be gradual and increase over time (with a greater focus on awareness as opposed to changes in behaviour etc).



IN-DEPTH INTERVIEWS

KNOW INJURY PROGRAM EVALUATION (2016-17)

3 KEY INFORMANT INTERVIEWS

Telephone and face to face interviews were conducted with six members of the Know Injury target group. Analysis of participation by category is shown in Table 1. To maintain anonymity, demographics are not presented.

Table 1. Participant characteristics

CHARACTERISTIC	ORGANISATION (6)
Region ³	Metropolitan WA (2) Regional WA (4)
Organisation type	Local Government Authority (4) State Government Authority (1) Peak industry body (1)

Engagement with Know Injury

This evaluation defines engagement as the act of participating of becoming involved, and comprises three concepts: awareness, access and participation.

Awareness of Know Injury

The level of awareness of Know Injury varied based on the key informants' position within their organisation and whether they had sought out the services of Know Injury. While there was good understanding of what constituted injury prevention and community safety, there was less clarity about the specific role of Know Injury in supporting or providing this. Many were unsure whether they had been dealing with Know Injury, ICCWA in general or one of their other program areas notably SOYFWA and Road Trauma Support.

The lack of clarity about the aim of Know Injury, even when respondents knew of their existence and had used some of their services, was stated by several respondents as illustrated in these quotes:

"I think the big one for me is, again, not super clear on what their (Know Injury) objectives are. So, if we had more of an understanding of kind of what they were trying to do . . . if I knew what their clear objectives are, then I could link it to ours. And go, you know, that objective fits here. You know, then this is how we can potentially work together. Or, you know, this is where I could help you where you help me" LGA respondent

"I don't know too much around how the actual campaign works. I know I've met with a couple of the Injury Council guys and had some discussions. But, again, it's not one of the primary focus areas in my role . . ." LGA respondent

³ A number of organisations delivered their services and programs in regional, remote and rural WA. In this table, region refers to the postcode of where the interviewed staff were predominantly based.

One respondent clearly did understand Know Injury's brief:

"I've been involved on and off - well, I've been involved earlier on when the program first started a long time ago and I don't know as much about it now, even though I still sit on that reference group or networking group, but - so, my understanding is it's about sharing of resources and ideas, but also about professional development, particularly regionally. And making that a lot easier to get to. So, sharing of resources, sharing of ideas and strategies, and providing better professional development or easier accessible professional development." Non LGA respondent

ICCWA broadly and Know Injury was noted by some respondents as having provided important resources to raise the issue of injury and injury prevention internally at an organisational level. Several respondents made mention of this role even though they were unclear of the specifics of the Know Injury program.

Access to Know Injury

All respondents had accessed some resources or services of Know Injury. Accessing the Know Injury online environment and directory listings seemed to be the most common access points, as these respondents noted:

"...reason to engage is because it ultimately helps with the health of our community that is the key."
LGA respondent

"Currently mostly just do through the website and resources available and if we need any more then I just call the office." LGA respondent

"Probably, for me personally, probably has given me access to other people and what's happening in other areas of injury prevention. From a building partnership skills - that's always been part of my role." Non LGA respondent

For this respondent, while being aware of Know Injury, they had not actually accessed very much from the program. However it does not appear that access issues are at play:

"I have let other people know about them, but I haven't, I've known that they exist and, you know, check out the website and that sort of stuff, but I haven't used them myself, which is really silly"..."There's no, you know, I don't think it's that I wouldn't be able to use them. It's more a thing of I haven't really looked at them properly to see will I use them." Non LGA respondent

Not all respondents found that Know Injury provided good access to other sector players:

"Cause, I mean, I spend a lot of time trying to link with different partners and kind of meet our needs but meet their needs and all that as much as possible. And that's where I found like the Know Injury doesn't seem to link as well as some of the other providers or organisations that we've worked with..." LGA respondent

Respondents were not always clear who the team was, however this did not appear to significantly impact perceptions of the Know Injury team as illustrated in this quote:

“You know the staff at Know Injury are sensational. They are friendly, they are knowledgeable, they're prompt, they're willing, they're helpful. They just go above and beyond all the time, and that's not just Know Injury that's across the board. So, that's primarily the greatest reason why we have like I guess the confidence in engaging with them and the information that they pass on they're just very, very, very helpful.” LGA respondent

Participation in Know Injury

The level of participation reported by respondents varied considerably. Some participants were unclear on how they had participated or whether there had been participation from other team members. This could in part relate to the lack of clarity previously mentioned under awareness. See the following quote:

“I really am not 100% sure on that one. I know we've been involved when they helped run the, when they run the community safety conference. So, we were involved in that, which was really good. We had a stand there and participated that way. I know that, there has been a fair bit of information sharing because of them within our team.” Non LGA respondent

For most respondents participation had been particularly with the online area of Know Injury. As illustrated here which may also demonstrate some confusion with ICCWA branding:

“I'm mostly familiar with the website interface, which has a lot of resources and information and referral points on it. But I've also been involved in regional teleconferences or PD-type sessions that are often by ICCWA as well, which I guess you could say fall under that Know Injury banner.” Non LGA respondent

Enablers for engagement with Know Injury

There appeared a range of drivers that motivated participation in the Know Injury program. Sometimes Know Injury could provide specific information for sector players which contributed to their participation such as support for a local government in pursuing the WHO Safe Community Accreditation.

Participating in networking opportunities presented by Know Injury especially through CONNECT.ed was seen as a valuable tool worth being involved in:

“So, I think we're getting to a point where, yeah, we've established ourselves pretty well from a partnership perspective. There are definitely opportunities to grow from that and that was one of the reasons we've used the Know Injury - the connect program.” LGA respondent

“...the networking opportunities...probably has allowed maybe some of that strengthening of partnerships.” LGA respondent

Likewise, the Regional Network Group and the injury prevention summit were also noted as areas of good participation and resulted in new and shared information including grants information:

“All together in one big melting pot. But that conference for the community development injury prevention guys was really good. That was a really good conference” Non LGA respondent

Other outside drivers that resulted in increased injury prevention profiles and potential engagement with Know Injury included:

- The influence of outside legislation e.g. new WA Public Health Act, OHS legislation.
- Strong organisational OHS often included ways of keeping fit and active which could be seen as injury prevention
- Organisations tended to operate from a position of being risk averse if running programs e.g. walking groups etc. Hence most had strict risk management protocols and project plans. Some of these may have used Know Injury input.

Barriers to engagement with Know Injury

Several issues were listed as potentially hindering participation including:

- The pressure of existing workloads which meant it could be hard to fit in Know Injury meetings in the face of a high workload and competing needs.
- While some relied on Know Injury for grants information other respondents said they would access funding from wherever they could find it and they did not think that Know Injury had assisted in providing grants information that was not available elsewhere.
- Most agencies, especially LGA have their own strategic planning process and timeframes which are the main driver for the injury prevention work they were involved in. These are part of a broader LGA strategic framework. Know Injury programs were often seen as having to fit around this rather than contributing to the planning process. As indicated below:

“And that was quite a shame, because some of the factors that were highlighted as part of the ICCWA report were things that we probably would've like to have included in the strategy (LGA community strategy), but because they weren't part of that consultation process... We're looking at ways now how we can sort of implement some of that...” LGA respondent

- While networking was reported as important by most participants several reported that there are other networks which are more relevant to them and could be a 'go to' point rather than Know Injury, for example the LGA community safety officers network, country health networks and Community Development Network Committee.
- While distance was noted by some respondents as a barrier to engagement it was also acknowledged that Know Injury had worked hard with the use of electronic communication to deliver a state-wide service as illustrated here:

“If I'm talking about access to particular forms or trainings that are more so probably Perth based. But having said that, obviously we're enlisting participating other types of webinar-based training or the teleconferences and so on. So, from the electronics side of things, there's been no issue. It's probably more the physical distance in attending.” non LGA respondent

OPPORTUNITIES FOR ACTION

Know Injury continue to work on branding their program as widely as possible but with increased clarity into areas of potential engagement.

Know Injury to consider opportunities presented by the new WA Public Health Act to position themselves to engage with agencies in responding to the Act.

Know Injury to be able to assist at the preparation stage of strategic planning procedures which may include injury prevention with relevant agencies given sufficient notice. This could be assisting with provision of statistics, advice on Know Injury programs, how injury prevention fits in the State-wide Strategic Health Promotion Framework etc.

Know Injury to be more cognisant of networking opportunities that may exist outside of Know Injury CONNECT.ed and consider ways of linking with these.

Capacity Building

Several participants reported they thought that they had a reasonably high level of confidence in delivering and evaluating programs, which was not attributed to Know Injury input. This could have been a barrier to the uptake of some capacity building activities on offer. There was also some concern about the relevance of all professional development sessions being provided by Know Injury and what the aims of the Know Injury program was. Some of these points are captured in this quote:

"...I think I did one of their training online seminars. Around social media and stuff. Which is fantastic for some of the stuff we were doing. But, again, does it link to what their (Know Injury) objectives are?" "Because then if I knew what their clear objectives are, then I could link it to ours...Or, you know, this is where I could help you where you help me." LGA respondent

For other agencies while there was awareness of capacity building opportunities offered by Know Injury, it was left to individual staff to decide what was worth accessing. It illustrates a somewhat ad hoc use of the Know Injury capacity building training sessions rather than being part of an overall strategy of the agency to increase capacity, as shown in this quote:

"And I think probably what happens is that we let the team pick and choose a bit as to what, when we sort of are communicating with a training opportunity or a webinar or particular publication depending on the individual's need is sort of pick and choose what they might participate in." non LGA respondent

Workforce capacity

Building workforce capacity of the diverse injury prevention sector is at the core of Know Injury. Differing uses were made of the capacity building on offer reflecting both the diversity of the sector and the professional backgrounds of employees. For example, this agency perceived that they had a well skilled team:

"Everyone (in the team) is pretty competent. I think we've got a reasonably experienced team with health promotion background that covers off on those sorts of things routinely with all the program planning and evaluation." Non LGA respondent

This quote contrasts with the experience of another agency which while acknowledging a need for staff upskilling did not seem aware of or had accessed the on offer from Know Injury capacity building activities:

“might be in an area where there's not that much choice (in recruiting new staff) and then you have to upskill someone or you have volunteers that are very passionate but don't have necessarily all the skills that would be great for them to have. So, then it's how do you upskill people, given the time and the resources that you have to do all of that and still do your job?” LGA respondent.

Two successes in reported use of Know Injury capacity building are evidenced below. Accessing good data and knowing how to use it was mentioned by several respondents and was cited as some worthwhile capacity building:

“I think there's three or four from our team, who has been involved in some of the ICCWA (Know Injury?) presentations surrounding that (injury data) and it will come out feeling quite positive I suppose in the sense of this information can be used and can be quite valuable for our ongoing services.” LGA respondent

This respondent commented on the evaluation workshop:

“A couple of staff members went to an evaluation workshop which was really useful. And so when we come to review our plan and our implementation plan which will be next year or the year after, with that we will bring in data at that point in time to ensure that we're going through the right processes again.” LGA respondent

Organisational barriers

Organisational barriers to participating in Know Injury's capacity building opportunities noted by some respondents included:

- Time constraints – staff having heavy workloads especially where diverse portfolios covered i.e. injury prevention may be only one area of their work.
- Resource constraints - cost was reported by several respondents as a barrier to attending Know Injury training.
- Distance – regional staff were not always able to attend training although it was acknowledged that efforts had been made to deliver to regions or use technology.
- Existing culture – agencies who were not willing to change the way they undertook tasks and consider learning alternative approaches as illustrated here:

“...you know, you do business as usual because that's easier and quicker in the moment, even though it's probably not easier and quicker. It's probably easier and quicker if you use other resources in the long run.” LGA respondent

- Shift in organisational priority areas away from injury prevention as illustrated here:

“...strategic plan which has a strong chronic conditions focus or lifestyle-related chronic conditions prevention where injury seems to have sort of slipped off a little bit.” Non LGA respondent

OPPORTUNITIES FOR ACTION

Know Injury in planning capacity building ensure that they have a scaffolded learning approach which acknowledges both the diversity of needs of the sector and demonstrate that skills can be built through providing more advanced level of training. The latter to particularly assist agencies who may have an existing graduate health promotion or similar workforce.

Know Injury revisit the costing of capacity building training acknowledging that this has been noted by some as a barrier to participation.

Encourage and assist agencies to undertake a skills audit and identify specific skill gaps which could result in more appropriate directed learning being offered by Know Injury.

Program Delivery

Injury prevention and safety promotion programs implemented/maintained and improved quality/comprehensiveness

Respondents indicated that they worked in a diverse sector and therefore injury prevention work was also delivered in a diverse way. As most respondents came from LGAs, injury prevention work was part of a broader remit often to do with community safety. Several agencies were also clear that their role was very much that of a facilitator rather than direct service delivery or taking sole responsibility for delivery of a program. Their input could involve such actions as helping form partnerships or advocacy input.

For example, in one LGA injury prevention work was located within the Community Development Directorate but spread across two strategic areas of community support services and community safety. Their role was very much one of facilitating and partnerships as illustrated by three short quotes below from three different agencies:

“It's very much around forming, you know, strong partnerships with the local sector, but then also those who may be wishing to bring their services to this LGA.” LGA respondent

“...or you know in any other way that we can help to facilitate that successful program without actually delivering it ourselves.” LGA respondent

“That's part of our role to, to either facilitate or organise and facilitate, and to support them.” Non LGA respondent

Several organisations stressed the importance of having senior management support for their injury prevention work and having it written into strategic plans for program delivery to happen. Sometimes it was the OHS and risk management process that helped program delivery. OHS was an important way of profiling injury prevention within an agency.

There were also several comments about the need to respond to what the community identified as important issues and balancing this with what was in strategic plans which often addressed how to achieve safe communities.

Sometimes this would result in a reactive approach to injury prevention e.g. the following two examples:

"I guess if they were to say a large scale incident like a bus roll over...we needed to roll out some kind of recovery program for people...we're still very reactive." LGA respondent

"...something happens and all of the sudden that is the big issue of the day, when the reality just may not show that, but cycling is a good example of that. A lot of work is being done with cycling compared to other road safety road uses. It's not...they're quite safe compared to pedestrians, motorcyclists, and drivers..." Non LGA respondent

Three areas that were mentioned specifically in influencing program delivery: the new public health act, community safety plans and partnerships are discussed below.

Public Health Act

Several respondents commented on the impact of the new *Public Health Act* on injury prevention and safer communities work for LGAs. It was acknowledged that public health covers a broad range of areas and injury prevention is not its sole focus. All respondents noted that community safety is a focus of LGAs work and is resourced to cover specific issues such as seniors' focused falls prevention, drowning prevention through pool access restrictions and the safe operation of recreation facilities. See the quote below:

"...we're getting into the public health plan...part of that is examining a lot of those policies and procedures that we have in place and making sure they're updated to reflect health." LGA respondent

LGA community safety plans

The majority of respondents commented on community safety plans as being one way that injury prevention was being delivered. The breadth of community safety activity is illustrated in this quote from one LGA:

"The (name of) Plan, has three key focus areas that we look at. One is the environment, what kind of impact and to reduce crime and improve safety, so cameras, lighting etcetera. Then we also look at the second focus area which is social development. So, what are the social issues that we can impact through these offending behaviours in our communities? And the third one is around community connections and involvement. About 20 different projects feed into this." LGA respondent

Partnerships

All respondents worked in partnership in the area of injury prevention. Subthemes emerged around partnerships covering importance, challenges and competition which are discussed below.

It was clear that **partnerships were important** in how agencies operated in facilitating and/or delivering programs. This was captured by one respondent who indicated that partnerships were important because it was a way of sharing responsibility, achieving reach and minimising overlap and duplication of services. Partnerships could range from sharing information to co-facilitating an event. The importance of partnerships are illustrated in the following quotes which also indicate the importance of being able to work with others for a shared outcome and not working in isolation:

“...to be able to share the responsibility of road safety. So, the way we work with road safety, and I think a lot of people are starting to work with most things it's the shared responsibility, so everyone has a part to play. If everyone has a part to play, then everyone's involved.” LGA respondent

“One is primarily because there's no other way. Down here you need to connect with different people, you need to be aware of that united approach. And also, being on those networks and things like that. So, being a regional location does force you to have networks to ensure you have information and best practice at hand at all times to you don't have that isolated cut off feeling.”
LGA respondent

“You need something and I think you need to be working on something tangible. You need to have that I think to build up a valuable partnership. It's very well to kind of, like, network or whatever, but if you want to actually build a partnership, you need to be working on something together, you know, whether it's a project or a program or a workshop or a whatever or a, you know, strategy or whatever.” LGA respondent

“Well, I guess just shared expertise because other agencies bring other expert knowledge and skills to the table to be able to deliver something. And just from a human resource sort of thing, it's more efficient of course because you've got more people engaged in delivery of the program and planning and evaluation. And you know, for a community driven program of course it's always positive to have multiple agencies involved because they've all got different types of points (of contact).” Non LGA respondent

One respondent commented on the importance of partnerships as a way ultimately of empowering and capacity building a community:

“It's certainly more focused on us partnering and building the community to do things for themselves, and likewise within my team, there's more around actually than collaborating to bring some of those services to meet service gaps to this area.” LGA respondent

Although there was very much a reliance on working in partnership there were also acknowledged **challenges** that came with this approach. The reality of translating partnerships to action was acknowledged as not always being easy or resulting in a program being delivered:

“Yeah. So, you can have a great committee where everyone is really keen and you've got an action plan and you've got everything going, but then actually getting stuff on the ground for one reason or another and that - they may not have time to actually work on that because they've actually got another job as well or it's only part of their job and something else takes priority. Or they don't get the grant that they went for or the resources that they wanted to produce aren't available. Or something else happens. Someone leaves who was key.” Non LGA respondent

Know Injury was not always seen as the most relevant agency to assist with locating and working with partners and this could be seen as a challenge to Know Injury's work in the area. While some respondents appreciated the partnership support given by Know Injury it was often also a core function of their own organisations and they had established their own partner networks they worked with as illustrated below:

“I spend a lot of time trying to link with different partners and kind of meet our needs but meet their needs and all that as much as possible. And that's where I found like the Know Injury doesn't seem to link as well as some of the other providers or organisations that we've worked with.” LGA respondent

Program delivery barriers

The interviews also elicited comments on a range of barriers to the delivery of programs in the injury prevention area which Know Injury must contend with and where possible address.

- Human resources:
 - Burn out of volunteers and community members who in small communities are often the same small group of people who are involved in every group and committee:

“So, we deal primarily with volunteers...our committees like to have volunteers to go out and do activities. So, when you have a committee, you've got a lot of people who sit on, particularly out in the regions, who sit on all the committees. So, they sit on the local RoadWise committee and the local emergency management committee and the local community safety committee and the local Neighbourhood Watch Committee and the local this and the local that and the school council and whatever and they sit on all of it. So, they get a bit burnt out.” Non LGA respondent
 - Staff turnover was noted by some as a barrier to program delivery.
 - Loss of positions that were working in partnership to address some community issue. Even where injury prevention may not have been the focus the loss of a position will impact on the ability to deliver a program. One example of this was youth workers.
- Diversity of issues to be covered:
 - Sometimes work is diverted to local or topical issues in response to community perceptions of the importance of that issue even if it is not supported by the epidemiology and was not part of an existing planned strategy.
 - Most paid staff are dealing with very broad portfolios and need to know a little about everything. For example:

“To know that, well, you can't just expect someone who's working in the region to just pick up your project because you think it's important because they've got other things that they need to do as well.” Non LGA respondent
- Funding:
 - Always constrained by funding limitations including the uncertainty of ongoing funding.
 - One close outer metropolitan LGA commented on their unique position where they were often only eligible for metropolitan funding yet they were responsible for a large area not all of which was an urban environment.

- Distance barriers:
 - WA is a large state and within it some LGAs cover large diverse areas with a dispersed population which can stretch the reach of program delivery.
 - Distance barriers are especially evident in trying to maintain partnerships when there may be limited face to face contact.

OPPORTUNITIES FOR ACTION

Know Injury to set up a more comprehensive system for capturing program delivery information from partner organisations. This will assist in measuring this program objective.

Know Injury to continue to acknowledge the crucial role that partnerships play in the delivery of programs and consider ways of working with agency partners who may not be traditionally thought of as part of the injury prevention sector.

In recognising the diversity of the injury prevention sector there could be merit in identifying agencies whose role is more about facilitation versus those who are in direct program/service delivery. The relationship with Know Injury for both capacity building and reported program delivery for each may be different.

Know Injury continue to advocate for greater priority and funding for injury prevention in WA.

Know Injury could use the obvious importance of partnership work and the positives of working together and striving for shared outcomes of community safety and injury prevention to build a sector identity.



CASE STUDY - KIDSAFE

KNOW INJURY PROGRAM EVALUATION (2016-17)

4 CASE STUDY - KIDSAFE WA

This case study presents an investigation of the approach used by Kidsafe, the lead injury prevention agency in WA targeting 0 to 15 year olds. While Kidsafe is a partner organisation with Know Injury and hence is included in this report, it was difficult to delineate what aspects of their service were a direct result of the work of Know Injury. Commentary is provided on this where appropriate. This case study illustrates one type of Know Injury partner agency i.e. a single injury issue agency. It helps to illustrate the diversity of the sector and provides the context for some of Know Injury's program.

The analysis presented here is based on qualitative data provided through interviews, documents provided by Kidsafe and ICCWA, and website and social media content analysis.

Data sources

- Three key informant interviews
- Documents:
 - Kidsafe annual report 2015/16
 - Regional Network Group minutes from last 5 meetings
 - ICCWA Kidsafe profile
 - ICCWA Partnership and Sector Development Program 2015 – 2016 Annual Report
 - Leeds M. Child Car Restraint Law Changes: A Kidsafe WA Experience. Australasian Road Safety Research, Policing and Education Conference, 2011, Perth, Western Australia, Australia
 - Kidsafe corporate brochure
 - Leeds M, Richards J, Stepan A, Xiao A, Skarin D. WA Childhood Injury Report: Patterns of Injuries among 0-19 year olds in Western Australia, 2001-2011. Perth (WA): Kidsafe Western Australia (AUS); 2015 November
 - Blaszkow T, McKenna J, Stepan A. Playground Research Report: A Comparison of the Safety Risks and Health Benefits between Manufactured Playgrounds and Nature Playgrounds within a School Environment. Perth (WA): Kidsafe Western Australia (AUS); 2017 March
 - Stepan, A, Skarin D. WA Consumer Product Advocacy Network, Product Safety Report 2016. Perth, (WA): Kidsafe WA (AUS); 2016 July
- Kidsafe website scan - <http://www.kidsafewa.com.au>
- Kidsafe, ICCWA and Know Injury Facebook and Twitter content

About Kidsafe

Kidsafe WA is the leading independent not-for-profit organisation dedicated to promoting safety and preventing childhood injuries and accidents in Western Australia. Kidsafe WA works in the community to educate and inform parents and children on staying safe at home, at play and on the road. The stated aim of Kidsafe is:

“To prevent the death of children from unintentional injury and accidents and to reduce the severity of injuries to children under 15 years, via education, research, advocacy and environmental and legislative change.” (corporate brochure)

The organisation operates with a staff of 16 with a board providing top level direction. It has recently moved to a new base in Leederville where core programs in the three areas of home, road and play safety are delivered. It also has a research agenda which contributes to an evidence based approach used by the whole organisation.

As injuries are the leading cause of death in Australian children aged one to fourteen, accounting for nearly half of all deaths in this age group, injury prevention with this population group is a public health priority. Kidsafe WA is part of a national approach along with similar state and territory based tackling injury prevention in children.

One of the key informants succinctly described the Kidsafe aim:

"I mean if we can prevent the cost of injury now and you know, that's our number one thing...So, we want to prevent things before they happen. And that's just not the cost of hospitalisation, that's the cost to society and all those other social aspects that go with a bad injury."

Kidsafe is a widely respected agency that has been involved in targeted injury prevention work since it was established in 1980. Since this time the number of child deaths and hospitalisations has almost halved. While this reduction cannot be solely attributed to the work of Kidsafe it is likely that Kidsafe can take some of the credit for this.

Kidsafe has an ambitious vision to be achieved by 2020:

1. Reduce the injury death rate from the current 6.6 per 100,000 children to 5 per 100,000 children by 2020.
2. Reduce the injury hospitalisation rate from the current 1,630 per 100,000 children to 1,500 per 100,000 children by 2020.
3. Positively impact the lives of all Western Australian children by reaching and educating more children and parents in Perth and regional WA.

Engagement

It can be demonstrated that Kidsafe has been engaged with ICCWA and specifically the Know Injury program in a collaborative approach. Specific Know Injury engagement can be grouped as follows.

Know Injury profile

Key informants were aware of the relationship of Kidsafe and ICCWA however all were less clear on interaction with the Know Injury program despite evidence from other sources that demonstrated definite involvement. Kidsafe is listed on the Know Injury eDirectory outlining their specialist knowledge and services especially in the fitting of child restraints. Kidsafe collaborates with Know Injury and other sector members, as illustrated below:

"If we collaborate with them (Know Injury) on a project or something like the regional networking, it's, yeah, a great way to connect with other people."

"Yes. As they're doing, you know, professional development and things like that. Promoting that collaboration and partnership and working together is definitely in their area. And a part to play, getting the right people in the same room."

However, one key informant stated there were opportunities for further collaboration:

"I guess, that we are an education and awareness raising organisation. Being able to access or having access to different data sources or reports and things like that would really help in how we can focus our injury prevention and make sure that it targets the right area and the right people."

There appears to be some confusion about whether ICCWA operates as a peak organisation:

"I know that they (ICCWA) deliver services. But, we actually haven't seen it as the peak. And, you know, like I said, the peak body is for me, associations like AHPA. That's the type of peak body that we need. But I think they are confused about their role sometimes."

OPPORTUNITIES FOR ACTION
Kidsafe would benefit from a greater clarity about role of ICCWA, their programs including Know Injury and its role within the injury control sector. This includes clarification of whether ICCWA is identified as a peak organisation in the injury prevention area. Such clarity is likely to lead to a more targeted relationship between the two agencies. A frequent formal partnership space to meet would be useful.
Kidsafe could discuss whether ICCWA and Know Injury have appropriate visibility as a partner agency. For example, ICCWA only appears as a partner logo but is otherwise not referenced in the annual report.
A memorandum of understanding between the two organisations may be valuable to indicate preferred ways of working together and to identify common opportunities.
To identify common opportunities for ICCWA programs, particularly Know Injury

Kidsafe expert knowledge

Engagement is a two-way process. Kidsafe has demonstrated its support for Know Injury through the provision of expert knowledge:

- The provision of feedback on Know Injury fact sheets – Burns and Scalds
- By being one of the five speakers at the second Local Government Metropolitan Health Promotion Network forum in early 2016 conducted by Know Injury. The whole forum had an injury focus
- Input into Curtin injury prevention lecture series

Know Injury has collaborated with Kidsafe when they required specialist knowledge, such as this example:

"...if they're (Know Injury) looking, needing anything on child injury they'll come to us and vice versa, if we're looking at adult or certain topics we're involved in. A few of the different groups that they coordinate. Regional networking group is one of them. And then even just sort of ad hoc catch up with some of the staff there as well..."

One respondent was clear that they considered there was more opportunity for Know Injury to be utilising skills from Kidsafe and other sector organisations:

"I think they just need to know that there are other skill sets in organisations that they're working with that they could, you know, utilise within this. Like I said, there's a lot of skill around. And we do have access to, you know, outside of us lots of ideas of what we think could make the sector better. I hate being consulted on what we think it should look like three years ago and then never see any of that stuff."

OPPORTUNITIES FOR ACTION

Know Injury continue to utilise the specialist knowledge of Kidsafe on child injury prevention issues.

Informal networking would appear valuable to outline the broad skill set of each agency and the staff in the agencies. More frequent cross-agency lunch and learn sessions or joint advocacy activities may be valuable.

Participation

Kidsafe has been involved in a range of Know Injury initiatives including:

- Attendance at Knowledge Exchange events
- Participation in the Regional Network Group
- Participation in Community Safety Month
- Participation in City of Melville Safe Communities priority setting workshop
- Recently Know Injury has released two new blogs related to Kidsafe: *Do You Know Kidsafe* (19 May) and *New Resources for Childhood Injury Data* (22 June)

However, it is not clear how active Kidsafe is in some of these areas. For example, attendance at the Regional Network Group appears to be inconsistent despite the quotes below articulating the value they assign to it. One stated reason for this was that staff were unavailable due to other work commitments. As this is a major networking opportunity for agencies to provide updates to other sector players Kidsafe could be encouraged to appoint another staff representative to attend so that this opportunity for engagement and capacity building is not lost.

Other respondents saw the Regional Network Group as important:

"We've always attended the network groups and we think that that's very valuable."

"I think it's (Regional Network Group) a good platform to be able to link and network with the sector...with the different training and what's happening, sort of, areas. The actual injury areas covered, I don't think we look on the information and things on there too much..."

One informant indicated accessing Know Injury to find appropriate resources to suit their agency reflecting that participation was deliberate and that agencies are likely to pick and choose as suits their needs:

"I think we've gone to a few of the workshops and things. And we've...well, I've definitely used the What's Happening sort of area to see what is going on in the sector and training and whether there's anything that is suitable for the team or to collaborate with or anything like that, or assist with."

OPPORTUNITIES FOR ACTION

Continued promotion and facilitation of the Regional Network Group as a valuable platform to link sector players and cross promote activities. Ensure the agenda is valuable for all attending. Consider improving governance structures to ensure greater, more consistent participation with clearly defined, collaborative actions.

Continued collaboration between Know Injury and other injury control sector players to ensure consistency of messaging and to avoid overlap of services.

Capacity building

Professional development

All Kidsafe key informants had participated in a range of Know Injury events aimed at building capacity of both themselves and other staff. This included:

- The metropolitan evaluation workshop (1 Kidsafe participant);
- CONNECT.ed (1 Kidsafe participant);
- Regional Network Group (1 Kidsafe participant);
- the Knowledge Exchange (3 Kidsafe participants);
- renews subscriber (3 Kidsafe participants).

The value of accessing capacity building activities is captured in this quote:

“Well from attending evaluation workshops...been able to reassess evaluation and making sure it is ethical, appropriate and getting info I need rather than a lot of random info. I think this can be sustained. And being able to build networks helps ensure we are not treading on everyone else’s toes in the area.”

This informant was enthusiastic about the value to Kidsafe of professional development training and the collaborative opportunities, however with a word of caution about the relevance of all training:

“Yeah, I think it varies...I think we've been to some really good workshops and things like that and then some that maybe weren't as relevant for us but possibly were for others...but definitely in terms of, I guess a collaborative kind of working together. We've been bouncing off ideas. It's very valuable.”

While there was positive feedback about most of the training that had been attended as part of Know Injury’s capacity building program, all key respondents noted that Know Injury capacity building had not extended to all staff due to the barrier of cost. Financial constraints at Kidsafe meant that although some training was potentially useful to more staff the agency did not have the resources to support this. As illustrated below:

“The only barrier we would say is to participate in some of their workshops and seminars and that’s just cost...we’d love to send multiple staff a lot of times, but often we can only send one or none sometimes I guess, depending on...(because it's diverting time from core work or the cost of the actual training?) It's both. Yes, so it's sort of time out from current schedules and also then additional cost into actually attending the workshop.”

One key informant at Kidsafe, although not being aware of the final contracted requirements, stated quite clearly that they thought the cost of Know Injury training was too high:

“...we all sat in the same tender and saw the amount of money that went into that area and then you wonder why there's (a cost for training).”

While there was undoubted increase in capacity building through Know Injury training, more varied training may be valuable. There may be a need to think about offering training/professional development to a higher skill level. A balancing act is required that weighs up provision of training to new graduates and people new to the injury area while also challenging those who have been to some of the training or

worked in the area for some time. For example, the following comments on the need to also offer more advanced evaluation workshops:

“And the next thing is how do you evaluate that type of program which we just talked about? How do you make sure what you just did is working? How do you constantly evaluate what you're doing and tweak it? I think all of those things are there now and the skill sets out there. Like I said, ways to look at quality, you know, the qualitative data. But young, young people coming up, probably they haven't got their skill yet and they expect to jump in pretty quick.”

One respondent was concerned about keeping young professionals in the sector and expressed some concern about how well Know Injury was engaging and supporting those new to sector staff:

“I've got some young staff...and you want to keep them in the sector...Because I think they're learning and achieving and have some creative pathways that they can run through, you know? Then you keep them here. And I don't think this program is adding much value to that”

As Kidsafe WA has been a Registered Training Organisation since 2011, it also is likely to have high expectations for delivery of training. It is not clear whether Know Injury has used Kidsafe to deliver to other sector players under the Know Injury banner; something that two respondents commented on as a way of building engagement and partnership between the agencies.

OPPORTUNITIES FOR ACTION

Know Injury to investigate the costing of professional development events to ascertain if this is a real barrier to agencies such as Kidsafe fully participating and investigate options which will be more attractive where multiple staff from one agency wish to attend.

Know Injury to consider capacity building to a more advanced level where demand can be demonstrated.

Know Injury to recognise that within the injury sector there are a number of new graduates employed and this combined with staff turnover reported by several agencies that there will be an ongoing need for professional development training including at an introductory level.

As Kidsafe has specialist knowledge and RTO status this could be utilised better by Know Injury. There was a sense that some of Kidsafe's expertise was overlooked on occasions in capacity building activities.

Advocacy

Kidsafe appears to have been more involved in advocacy issues over the last year and this has been assisted in part by the work done by Know Injury in this area. For example, a dedicated advocacy workshop which was noted as useful to this respondent:

“(Advocacy workshop) that was great. And that was sort of a topic that I guess I was a bit more new to and found that really useful. But again, it's kind of the thing that if you already knew all that information it obviously wouldn't be as useful for you”

Another example of Kidsafe advocacy:

“...and advocacy is a huge role for us, so, you know, advocating for injury prevention. We also know that there is the regulatory side we're involved in that part of it, too. So, we have, because we have a Kidsafe in every state, even though we're independent of each other, we sit on a number of national standards committees. Just to make sure that that happens...One of the ones that we've started in the last months is the West Australian Child Advocacy Network...(Also) works on the product safety side of things so that membership, that is the Department of Consumer Protection Poison Information Line. So that's been a very successful advocacy type group.”

OPPORTUNITIES FOR ACTION

Know Injury to continue to work with Kidsafe on advocacy issues for injury prevention amongst children and where appropriate develop new advocacy opportunities and targets.

Determine whether there is appetite for a more formal approach to injury related advocacy between the two organisations which perhaps includes proactive and reactive strategies.

Program delivery

Kidsafe program delivery is grouped under three broad categories listed below with the main components of these areas:

1. **Home safety** – targeted media campaigns, safety demonstration sites, community education, resource development.
2. **Play safety** – safe playgrounds and sporting activities, playground advisory service.
3. **Road safety** - child car restraint service, Child Car Restraint Checking Days, School Drug Education and Road Aware (SDERA) Smart Steps.

These are broad categories of program as illustrated in the quote below showing some of the diversity of activity that sits within home safety:

“Sure, in the home area, is a, I guess, program which has a media awareness campaign so there are radio advertisements and social media and things like that. We also conduct presentations and workshops around preventing injuries in the home. We have our safety demonstration house as well where parents can come in and have a look at different, I guess, scenarios within the home with... there's ways to prevent injuries...different latches and catches and things that might work quickly in the home to prevent children accessing dangerous situations. And then... our resources...targeted toward raising awareness about injury prevention in the home. So like our online safety demonstrations, our brochures, posters, and all of that sort of stuff.”

The long-standing road safety program delivered by Kidsafe particularly targets the child car restraint area. With changes to legislation in this area Kidsafe has been involved from the pre-legislation stage through to the implementation of legislation. It continues this work by providing ongoing support services related to correct fitting and checking of child car restraints. These services include information and advice available through the Kidsafe WA website; via the face to face Child Car Restraint Advice Service; through Type 1 Child Car Restraint Fitter's courses including workshops and the fixed Child Car Restraint Fitting and Checking Service. Again, it is unclear as to what influence ICCWA or Know Injury have had in this area.

Evidence base to program delivery

An analysis of Kidsafe’s latest annual report and their website demonstrates they have a solid suite of programs under the categories of home, play and road safety with research, education and advocacy approaches. The agency has adopted an evidence informed approach to program interventions supported by both Kidsafe’s own research or that provided by external agencies both nationally and internationally. As illustrated by these quotes:

“But we think what we’re doing is evidenced by it. We don’t want to do anything that’s not research based and you know, we’re bringing that number down (child injury).”

“...research and evaluation and the rank of child injury is well known. We get some data and things from Princess Margaret Hospital Emergency Department which...(if) a spike in injuries or we see these sort of areas coming about, we can tie in programs and services and awareness around those things to hopefully not allow them to increase exponentially and get on top of them fairly quickly.”

It is unclear how, and if activity from Know Injury has guided, influenced or supported Kidsafe in its evidence informed approach to practice and research. Kidsafe uses state level injury data from the Epidemiology Branch at the DOH and Princess Margaret Hospital Emergency Department data. This along with other research projects has provided a good basis to direct priorities for the agency and for monitoring trends and program success. Recent reports that Kidsafe has authored or co-authored include:

- WA Childhood Injury Surveillance Bulletins & Reports
- WA Childhood Injury Report: Patterns of Injuries among 0-19 Year Old in Western Australia
- WA Childhood Sports Injury: Parent and Coach’s Perceptions of Sports Injury Risks and Management
- A Comparison of the Health Benefits between Manufactured Playgrounds and Nature Playgrounds within a School Environment

It appears that much of the Kidsafe research has been directed to translational outcomes. For example, the Playground Research Report resulted in recommendations being made to inform the development of the Kidsafe WA Playground Advisory Service. An example of a collaborative translational approach undertaken by Kidsafe includes the WA Consumer Product Advocacy Network Product Safety Report which was produced by Kidsafe WA. This was completed in collaboration with members of the WA Consumer Products Advisory Network and identified unsafe products and advocated for change to reduce the number and severity of injuries to children associated with consumer products.

OPPORTUNITIES FOR ACTION

Know Injury to continue to be a reference point through the Knowledge Hub for the release of research and evidence such as that produced by Kidsafe.

Know Injury to work with agencies like Kidsafe to identify data and evaluation and research needs that could be supported and where possible seek opportunities for collaboration on translational research.

Increasing use of technology in program areas

Kidsafe has adopted improved new technologies in various program areas. This has included the delivery in the online environment:

- Improved Kidsafe website including dedicated areas for professionals and parents.
- Development of a child safety app known as the Kidsafe WA Child Safety App. This enables parents and carers to enter basic information about their child including name, age and mobility, and any household features i.e. stairs or a pool and includes personalised weekly tips and information on child injury prevention.
- Use of social media including Twitter and Facebook.

Kidsafe delivers a range of education sessions to support their program areas and there has been a greater use of technology and a more up to date presentation of these in recent times as indicated below:

“There have been a few changes in the way that we're delivering presentations or workshops or injury prevention and the messages and things. So, added a bit more technology resources... rather than just printing brochures and posters and things like that. To moving to more of a contemporary delivery system so social media, creating online videos and animations and then updating . . . older systems to create online, like, How - Online Safety Demonstration...and more visual aspects rather than just continually creating posters and brochures and things. I think that's probably been the biggest change.”

A review of Kidsafe’s social media platforms suggest little cross –promotion of Know Injury or ICCWA activities even where collaborative activities have occurred.

OPPORTUNITIES FOR ACTION

With the launch of the innovative Kidsafe WA Child Safety App it is appropriate to ensure that a comprehensive evaluation strategy is in place. Know Injury could support this and provide resources to complement the digital strategies.

Know Injury could actively develop collaborative communications strategies with agencies such as Kidsafe to more frequently like, post and share content that is meaningful and relevant to all agencies. Reminders to share, retweet and like collaborative work may be useful.

Identified gap for 15 to 25 year olds

One identified gap in service provision is in the age group of young adults. Traditionally Kidsafe has worked in the age group up to 15 years old. As one informant stated there are specific programs for the elderly and specific programs for the young but there is the group of young adults that do not seem to be targeted.

“They do things to the elderly . . . But, that whole middle part of over 15, you know, that young adult thing, 15 to 25 seems to not be happening.”

OPPORTUNITIES FOR ACTION

Know Injury and Kidsafe to investigate injury prevention for the age group 15 to 25 year olds with the aim of ensuring that any shortfalls are addressed. This could potentially be an area that Kidsafe could take the lead on or partner with ICCWA to address injury prevention issues. Good evidence exists for this to be a priority target group.



CASE STUDY - WACHS

KNOW INJURY PROGRAM EVALUATION (2016-17)

5 CASE STUDY - WACHS - WHEATBELT

This case study presents the approach used by Western Australian Country Health Service (WACHS) - Wheatbelt to build injury prevention capacity and their relationship with Know Injury. This case study is based on key informant interviews and an analysis of a variety of documents made available by WACHS – Wheatbelt, ICCWA and online resources. WACHS has been involved in Know Injury program from its beginnings. It has taken on board the three key principles of Know Injury:

1. **Know** about injury topics: what does the data tell us about the injury, what do we know about why injuries occur and what factors might be modifiable?
2. **Learn** about injury prevention: how do we prevent injuries using a public health approach? What does the evidence say about what works to prevent injury?
3. **Connect** with other practitioners: to learn and do what works to prevent injuries in our communities.

Data sources

- Two key informant interviews
- Documents:
 - WA Country Health Service Annual Report - 2013–14; 2014–15; 2015–16
 - Department of Health, Western Australia. Injury prevention in Western Australia: A review of statewide activity. Perth; Chronic Disease Prevention Directorate. 2015
 - Department of Health, WA. WA Health Promotion Strategic Framework 2012–2016. Perth: Department of Health, Western Australia, Chronic Disease Prevention Directorate; 2012
 - Department of Health, Strategic Directions 2015–2018: Healthier Country Communities through Partnerships and Innovation (NB no mention of community based injury prevention)
 - WA Country Health Service Health Profile Summary-Select conditions only. WACHS Health Planning and Evaluation Team, March 2017.
 - Beverley Blarney Edition 367 May 2015
 - Regional Network Group minutes from several meetings
 - Aurora Projects Service Plan, Western Wheatbelt Health District (2011/12 – 2021/22)
 - Department of Health, Summary of National and State Government Policies for WA Country Health Service Planning Revised October 2015
 - ICCWA Partnership and Sector Development Program 2015 – 2016 Annual Report
 - ICCWA Annual Report 2016
 - WACHS website www.wacountry.health.wa.gov.au/

About WACHS - Wheatbelt

The Western Australian Country Health Service, part of the Department of Health is responsible for delivering health services throughout regional areas in WA. It aims to improve country people's health and wellbeing through access to quality services and by supporting people to look after their own health. The Wheatbelt Region is north of Perth and is bordered by the Indian Ocean and the metropolitan area to the west, the Midwest region to the north, Goldfields to the east, and to the South West and Great Southern

regions. The region contains the majority of the State's grain growing areas but is also supported by mining, commerce, manufacturing, fishing and tourism.

The WACHS annual report provides the following description of this region:

“The WA Country Health Service Wheatbelt covers an area of around 155,300 square kilometres. The main hospitals are situated at Northam, Narrogin, Merredin and Moora and there are also a number of other hospitals and nursing posts in the smaller communities. The population of the Wheatbelt is estimated to be more than 78,000 people with a progressing median age (WA Tomorrow, 2012). About five per cent of the population are Aboriginal people (ABS 2011 population data). One of the noted idiosyncrasies of the Wheatbelt is its scattered population dispersion which has made attracting and retaining health practitioners difficult in some parts of the region”, WA Country Health Service Annual Report 2012–13

The WACHS Health Profile Summary 2017, shows the following data in relation to the Wheatbelt:

- The proportion of residents who live in the two most disadvantaged areas is more than one in three.
- The Wheatbelt along with the Kimberley has the highest rates of avoidable deaths for external causes of morbidity and mortality. Residents were 2.5 times more likely to suffer from an avoidable death due to other external causes of morbidity and mortality than the State rate.
- Both Goldfields and Wheatbelt residents have 1.5 times more alcohol related deaths compared to the WA state rate. Alcohol-related hospitalisation rates were 1.3 times higher than the State rate.
- Residents also suffer significantly more fatalities due to transport accidents (4.1 times the State rate). The WACHS motor vehicle accident (MVA) death rate is 2.2 times the State rate and Wheatbelt has significantly more deaths due to MVAs than any other region.
- Hospitalisation rates for mental disorders were 1.3 times higher than the state rate. Mental disorder related deaths were 1.3 times the State rate for mental disorders.

Table 2 Avoidable death rates by regional area

Avoidable death rates for select external causes of morbidity and mortality for country residents aged 0 - 74 years (2009-2013)						
Region of residence [#]	Suicide and self-inflicted injuries	Transport accidents	Exposure to inanimate mechanical forces	Accidental drowning and submersion	Assault	Other external causes*
Kimberley	3.2	2.5	N/A	3.2	5.1	2.1
Pilbara	0.8	1.5	N/A	0.0	2.4	1.2
Midwest	1.4	2.4	N/A	N/A	2.8	1.9
Goldfields	1.5	1.9	N/A	N/A	2.3	1.6
Wheatbelt	1.3	4.1	N/A	1.6	1.1	2.5
South West	1.1	1.8	1.9	1.1	0.8	1.3
Great Southern	1.1	1.7	N/A	N/A	N/A	1.3
WACHS Total	1.3	2.2	1.7	1.4	1.8	1.6
Metropolitan	0.9	0.7	0.8	0.9	0.8	0.8

WACHS - Wheatbelt has 4 districts: Moora, Jurien, Northam and Narrogin. Northam is the primary centre directing the work of public health. The diverse work of WACHS - Wheatbelt is guided by a strategic plan which includes injury prevention with the following delineated injury prevention areas:

- Falls prevention
- Reducing road crashes trauma
- Interpersonal violence
- Protecting children from injury
- Water safety

Figure 1 WACHS Wheatbelt area



(Source: <http://www.wacountry.health.wa.gov.au/index.php?id=448>)

Each district has 2 health promotion staff members one of whom works on injury. There is also a senior health promotion officer based in Northam who operates at a more regional role.

Injury prevention is listed as an outcome for achievement as presented in the WACHS annual report against Outcome 2: *An enhanced health and wellbeing of Western Australians through health promotion, illness and injury prevention and appropriate continuing care.*

Despite the higher rates of injury in regional areas compared to metropolitan areas, disappointingly, the *Healthier Country Communities through Partnerships and Innovation* document does not specifically make mention of community based injury prevention. Other documents illustrate that WACHS – Wheatbelt is committed to working in this area. Know Injury also has a commitment to working with regional areas through health services and LGAs. Falls prevention in the elderly has been a focus for WACHS – Wheatbelt and has had ongoing connection to ICCWA through SOYF and other programs outside of Know Injury.

Engagement

WACHS – Wheatbelt profile

WACHS – Wheatbelt appears to have had a reasonably high level of engagement with the Know Injury team in different modes. They are listed in the Know Injury annual report and on the Knowledge Hub directory. While they are often a facilitating agency rather than direct service delivery they provide important coverage of injury prevention issues in this large region.

OPPORTUNITIES FOR ACTION

There is a need to improve the listing of WACHS – Wheatbelt within the Know Injury knowledge hub as it is not easily found with the search engine. A reciprocal arrangement would be valuable.

Participation

WACHS – Wheatbelt has been an active participant in several important Know Injury initiatives including the Knowledge Hub and the Regional Network Group.

The Knowledge Hub is the dedicated website for the Know Injury program and is an important tool for the WACHS - Wheatbelt health promotion team. It is accessed for a variety of uses including provision of data, identifying training options, connecting with other organisations, new ideas and information on injury prevention approaches. The quotes below indicate the worth of this connection:

“The Knowledge Hub . . . to know that there's a really reliable source of information, and a good network. If I can't find information right away, I can . . . call on (Know Injury people) to ask the questions. And I think that's really great to know that that exists.”

“I think our team is aware of it, very aware of it and very aware of the role it plays. I think there's varying levels of participation in it, depending on what their needs are.”

“We certainly use the Know Injury website - that's got lots of useful information there.”

The Regional Network Group minutes demonstrate that WACHS - Wheatbelt have been an active member reporting back on events in the region such as the planned trips to the region by other member organisations like Kidsafe and the Royal Life Saving Society of WA. WACHS – Wheatbelt also hosted one meeting of the Regional Network Group. Know Injury has a commitment to undertake regional meetings.

OPPORTUNITIES FOR ACTION

Know Injury to continue maintaining the Knowledge Hub with appropriate updates knowing that it provides an extremely valuable resource especially in regional areas.

Regional visits

As reported in the ICCWA annual report, a key focus of Know Injury has been regional reach. Accordingly, WACHS – Wheatbelt has been involved in dedicated Know Injury regional visits and training sessions. Involvement has included hosting such events, releasing staff to attend training and encouraging involvement from other agencies in the Wheatbelt. There has also been some dedicated work in engaging with the Aboriginal health services in the region.

While strictly not part of Know Injury's remit, ICCWA has conducted a regional presentation and networking event in the Wheatbelt town of Northam to familiarise key community members with the whole agency and explore future partnerships. This would have invariably included Know Injury content. WACHS – Wheatbelt appears to have been integral to this event. Other program areas of ICCWA have also been involved in working with WACHS – Wheatbelt including SOYF and road safety.

OPPORTUNITIES FOR ACTION

The importance of the regional visiting program of Know Injury needs to be recognised and hence maintained or increased. Any reduction in regional visiting program will impact negatively on regions such as WACHS – Wheatbelt. An explicit focus on programming and capacity building around the challenges of regional work and around the target groups and health issues most pressing would be valuable.

Capacity building

Professional development

Capacity building is an important aim of Know Injury. The ICCWA annual report indicates that for Know Injury:

“...delivering training in regional areas has provided an opportunity to network and enhance the capacity of practitioners who may not otherwise be able to access professional development opportunities. Know Injury developed a practical one-day evaluation workshop which was delivered in Northam (Wheatbelt)...”

The importance of having accessible and frequent capacity building training sessions in the region is especially salient. Document analysis and key informants referenced the challenges of high staff turnover and having new graduates in regional positions. Sessions such as evaluation training are important for new staff as illustrated below:

“...with the turnover of staff. Having new staff onboard, generally, in these roles, we tend to get new graduates, and...they certainly need the support from us, as well as definitely from the ICCWA Know Injury.” (referencing a recent evaluation training)

One important capacity building initiative of the Know Injury training has been program evaluation. It would appear from the following quote that this is an area that has been well supported by Know Injury with good results:

“We definitely had more support around the evaluation...something that I think we can probably always do better. And we've had the team come out to evaluation training. It was good, and I think just having the support when needed was excellent as well. And looking at some of the evaluation measures for different programs or for that kind of stuff as well, how do we capture all of that? So that definitely has been quite good.”

WACHS also received 2 grants from Know Injury for 2 people to attend the Knowledge Exchange event. This included event registration and food allowances. One Wheatbelt WACHS person also regularly participates in the CONNECT.ed online area. Both of these can be considered as valuable capacity building opportunities that WACHS has utilised.

Webinars and social media have also provided important capacity building opportunities for WACHS – Wheatbelt and help with the challenges of accessing a dispersed and non-metropolitan workforce. Travel constraints and costs means that new technologies to connect with regional areas is an important initiative.

The mentoring program, CONNECT.ed has been utilised by several staff at WACHS – Wheatbelt. This has provided important opportunities and support especially for new graduates. Professionals who work in regional areas offer a valuable service to the regional community however, there are often less professional opportunities.

This is illustrated in this quote:

“We are part of networks across the state anyway, but I think it's quite a handy tool to use for people to be able to I guess really just to have a mentor, but more just to connect and talk about the projects.”

OPPORTUNITIES FOR ACTION

Know Injury to investigate other ways of using technology to ensure maximum connection for professional development to regional areas such as WACHS -Wheatbelt and hence recognising constraints to traveling to metropolitan training or for regional visits by Know Injury.

Continue to provide a mentoring program and ensure that matching includes consideration of understanding of the specific challenges of working in regional settings.

Know Injury to be aware of other training providers offering similar topics and coordinate to ensure better coordination and lack of repetition.

Know Injury training to look at the provision of not only ‘basic’ level training but offering a ‘more advanced’ level of training for those who have been working in the area for some time and been to previous training. Basic level training is important and necessary especially in view of the high staff turnover and new graduate appointments experienced by WACHS – Wheatbelt.

Connecting with other agencies

One aspect of capacity building that has resulted from WACHS – Wheatbelt’s involvement with Know Injury has been the opportunity and framework for increased connection with other organisations. This has seen WACHS - Wheatbelt facilitating partnership and program delivery with a range of other organisations. This is aptly captured in this quote:

“I mean it's a good project in terms of being able to offer us as practitioners out in the regional areas specifically where, you know, we otherwise don't have a lot of contact with other staff that, you know, we can now do so. So, I think it has connected quite a few people, but it's also provided that information in that one place which we can access which is quite handy.”

OPPORTUNITIES FOR ACTION

Know Injury to investigate other ways of using technology to ensure maximum connection between regional organisations.

Workforce development

There were several comments from key informants concerning the high number of new graduates who often take up a regional position. This is not unique to the health promotion/injury prevention area and relates to broader challenges of retaining staff in regional WA. Therefore, capacity building through

professional development needs to be cognisant of this and provide appropriate skills to new graduates. Such training needs to go beyond injury content but provide training in broad based professional qualities such as building confidence of team members. Know Injury does not have to necessarily deliver this but could provide the information for new graduates to access this. The importance of this is illustrated below:

“...but more confidently, yes, yes. So, it's just about our guys’...knowledge, knowledge-base about being able to go out and, you know, deliver in a more confident manner.”

OPPORTUNITIES FOR ACTION
Know Injury to undertake needs assessment of new graduates in the injury control sector to identify professional skills that may contribute to their transition to the workforce and what may encourage retention of staff. Such a needs assessment could be part of a broader sector workforce profiling exercise which has been mentioned elsewhere in this report.
Know Injury to consider the relevance of having a ‘new graduate’ area within the Knowledge Hub.

Program delivery and contextual factors

Responding to diversity of injury issues

The DOH injury prevention review indicates there are specific patterns of injury across the WA including the fact that there are higher rates of injury for all Australians living in rural and remote locations especially in transport related injury and death, interpersonal violence and mental health issues. Regional populations have been listed as target groups for injury intervention. Aboriginal people also have higher injury rates and are more likely to live in regional WA. The WA Health Promotion Strategic Framework 2012-2016 lists injury as a key risk factor requiring the creation of safer communities as the action. Program delivery for WACHS – Wheatbelt has been influenced by such policy documents and the injury epidemiology. WACHS – Wheatbelt is dealing with a diversity of injury issues as illustrated by the WACHS – Wheatbelt listing on the Know Injury website which includes the following target groups, settings and program areas as:

TARGET GROUPS	SETTINGS	INJURY
Aboriginal Communities	School Safety	Alcohol and Drug Related Harm
Regional and Remote Communities	Transport Safety	Drowning
Whole Community	Undefined	Falls
	Water Safety	Road Trauma
		Suicide and Self Harm
		Violence

Know Injury has supported WACHS – Wheatbelt in the diversity of topics they cover, as one key informant said:

“...we have specific guidance I think from the Know Injury team for our staff which has been quite good. And, you know, we cover quite a few different portfolio areas. We also have mental health and healthy eating and etcetera, etcetera, the list goes on...So, I think there is a guidance absolutely in some of the more specifics around injury prevention, which has been quite good.”

WACHS – Wheatbelt takes on a variety of roles in the injury prevention area. This is usually one of facilitation rather than direct service delivery and shows the importance of collaboration and identification of partner organisations to progress these projects.

The following projects have been undertaken by WACHS – Wheatbelt:

- Reducing road crash trauma including awareness raising projects such as the RAC launch in Northam. An elephant made of car parts is aimed at getting people to discuss the “elephant in the room” and raise awareness of road trauma in the Wheatbelt;
- Protecting children from injury – e.g. child car restraints (there is a facilitation of the trained child restraint fitting program throughout the region);
- Water safety (particularly in the coastal area of the Wheatbelt);
- Starting on the how PARTY program and to investigate how this could work in the Wheatbelt with the aim of safe parties. This project crosses several areas (road safety, alcohol and drug use);
- A specific project in Lancelin in response to the increased incidence of off road vehicles incidents is looking at messaging to achieve a safer driving environment. This has included data management, and exploring use of social media for targeted messaging. There has been a noticeable increase in off road injuries occurring in Lancelin;
- Alcohol and Other Drugs management committee in Moora, Northam and shortly Pingelly to help tackle AOD issues. Again WACHS – Wheatbelt has more of a facilitation role in this working in partnership with other groups.

OPPORTUNITIES FOR ACTION

Know Injury to ensure that they are able to respond to the variety of injury prevention issues and some of the specific issues faced by regional areas including WACHS – Wheatbelt. This may include advocacy for a greater focus on regional areas given the injury burden experienced by regions such as the Wheatbelt.

Work with the elderly

Documents and key informants indicate that falls prevention in older people are a priority area for WACHS – Wheatbelt. While it is likely that much of this work falls under SOYF, with a small workforce in regional areas it is important that Know Injury is also aware of this. With an ageing population in the region and the impact of falls on hospitalisations this is well evidenced as a target area. For example, the SOYF *Manage Your Medicines* campaign which involves connecting the community with GPs and pharmacists for individual poly medicine reviews also includes community talks and linking with other services.

OPPORTUNITIES FOR ACTION

Know Injury to ensure that where appropriate SOYF initiatives be a way to access the ageing cohort for more broad-based injury prevention work.

Diversity of region/population

The population of the WACHS – Wheatbelt region is approximately 78,000 which is spread over a large geographic area and includes a diversity of priority population groups. When this is combined with the breadth of injury prevention topic areas that are tackled by small regional teams of WACHS, the complexity of their brief is apparent. Several populations that deserve special consideration for WACHS – Wheatbelt have included Aboriginal communities, those living in remote locations, low SES and young males. These

groups have often been hard to engage with however WACHS – Wheatbelt uses a partnership approach with these groups.

WACHS has a reasonable proportion of their constituents who would be considered to be lower SES. The social determinants of health demonstrate that this impacts negatively on health outcomes of this group.

OPPORTUNITIES FOR ACTION

Know Injury to continue its work in the Aboriginal injury prevention area which will assist WACHS – Wheatbelt and others to gain traction with working with this population with a view to reducing the injury inequities currently evidenced.

Know Injury to ensure that their content addresses the unique diversity apparent in regional WA including low SES communities.

Young men are over represented in injury statistics especially in rural areas. There is room for a dedicated program supported by Know Injury to provide direction to WACHS – Wheatbelt and other regional areas on how to engage with this group, where unemployment may add another level of challenge.

Working with LGAs

WACHS – Wheatbelt works closely with the 43 LGAs within this region. This is a large and diverse number of LGAs; for example, from the regional centre of Northam Shire with a population of nearly 12,000 and located 97 kilometres from Perth to Mukinbudin Shire with a population of under 1,000 and located approximately 300km from Perth. The new WA Public Health Act includes a stronger role for LGAs in preventive health. WACHS – Wheatbelt already works through LGAs to reach communities in their region and this work is likely to increase.

OPPORTUNITIES FOR ACTION

The new WA Public Health Act provides a potentially important role for Know Injury to be working closely with WACHS to support LGAs in injury prevention. For example, the Shire of Northam clearly outlines community safety and injury prevention in its Public Health Plan which provides an explicit opportunity for Know Injury to support the implementation of the plan as it relates to injury.

A blurred background image showing a group of people in a meeting or conference room. They are seated around a table, and some are looking towards the camera. The image is out of focus, emphasizing the text overlay.

RECOMMENDATIONS

CERIPH AND ICCWA (2016-17)

6 RECOMMENDATIONS

Know Injury has positively impacted on the capacity of injury prevention and community safety practitioners and organisations to deliver evidence informed activities in WA. Broadly, the evaluation found that the performance of Know Injury is on track to meet its objectives and that the program building momentum in the WA injury prevention and safety promotion sector. The evaluation suggests a number of areas for improving the effectiveness and implementation of Know Injury.

The following recommendations are made:

6.1 Engagement with Know Injury

21. Need for greater clarity and profiling by Know Injury to the broad and diverse injury prevention sector clearly stating aims, objectives and what Know Injury can offer to sector partners.
22. With organisational restructuring of ICCWA and Know Injury, and with mixed understanding of who the Know Injury team was, it would be desirable for Know Injury to put some effort into a strategy of “meeting the Know Injury team”.
23. Know Injury could capitalise on the identified importance of working in partnerships to promote an injury prevention sector identity with a shared overall goal of reducing injury in WA.
24. Know Injury to consider increasing the visibility of their partner agencies who are primarily involved in injury prevention.
25. Know Injury continue to maintain a regional presence through a consistent program of regional visits, maintaining the Regional Network Group, and other support for regional and remote WA and recognise some of the unique challenges of working in these areas.
26. Know Injury to ensure that the CONNECT.ed directory includes listings of other partnership and networking opportunities already established and being used e.g. Community Development Network and look at ways of working with these networks.

6.2 Capacity Building

27. Know Injury to continue to offer a range of capacity building strategies to the sector through both professional development, agency visits, use of technology to interact with the sector, provision of research data etc.
28. Know Injury to ensure that their capacity building strategies meet the current needs of the target group which may require a skills audit be completed by partner agencies.
29. Know Injury consider the necessity of delineating requirements of different parts of the injury prevention sector to ensure a better fit of capacity building training to include new graduates versus experienced practitioners, facilitating agencies versus service delivery agencies, regional versus metropolitan agencies.
30. Know Injury to ascertain the interest and demand in project and partnership facilitation skills in recognition that many sector agencies are heavily involved in this rather than direct program delivery.
31. Consideration be given to ensuring that capacity building training is provided in a scaffolded approach that enables an advanced level of professional development in appropriate areas to be attained. This needs to be clearly delineated to ensure the sector can see there is something on offer for all levels of skill development.
32. Know Injury to investigate ways of working with partner organisations who are involved in other ICCWA programs such as SOYF to see if this could be expanded to provide a link to Know Injury.

33. Know Injury to be at the forefront of offering specific capacity building and information sessions on the impact of the new WA Public Health Act on injury prevention work.
34. Know Injury to include capacity building that helps organisations address issues of burnout in staff and volunteers.
35. Capacity building strategies are increased in specific response to the needs of Aboriginal workers and Aboriginal communities.
36. Know Injury to revisit the costing model used for capacity building training to ensure that it is offered at the most affordable price possible to minimise cost being a barrier to accessing training.

6.3 Program Delivery

37. That Know Injury investigate strategies to better report on program delivery across the sector. This needs to include program delivery which may be of a complex multi partner type.
38. That Know Injury continue to encourage and facilitate LGAs to undertake accreditation with the Pan Pacific Safe Communities Accreditation Framework.
39. That Know Injury continue to provide a forum such as the local government seminar where LGAs and others can present details of successes in program delivery within their own organisations.
40. Know Injury to investigate the role they can play in facilitating programs that address two currently identified gaps in service delivery for the following populations that are over represented in injury statistics: young people aged 15 to 25 and young rural men.



KNOWLEDGE TRANSLATION

CERIPH AND ICCWA (2016-17)

7 KNOWLEDGE TRANSLATION & CAPACITY BUILDING

The following are joint knowledge translation & capacity building activities during the three partnership between CERIPH and ICCWA.

SYNTHESIS

Research-Practice Nexus

Presentation

1. Wells V, Meade R, Anderson E, Summers J, Crawford G, Dinnes A. 2016. Building capacity through a grants program. Is it possible? *Inj Prev*; 22:Suppl 2 A37 doi:10.1136/injuryprev-2016-042156.97 (proceedings)
2. Wells V, Anderson E, De Piazz M, Summers J, Meade R, Sweeney R, Crawford G, Jancey J. 2016. (proceedings)
3. Improve the call to action; increasing the impact of falls prevention messages while maintaining the evidence. *Inj Prev*; 22: Suppl 2 A341 doi:10.1136/injuryprev-2016-042156.959. (proceedings)
4. Leavy J, Crawford G, Denehy M, Meade R, Franklin R, Davison E. 2015. Strengthening Connections Between Research, Policy & Practice to Design, Implement & Evaluate Evidence-Based Injury Prevention Strategies. Australian Injury Prevention Network Conference, Sydney, Nov 25-27
5. DePiazz M, Dinnes A, Anderson E, Denehy M, Crawford G, Jancey J. 2015. *Increasing the impact of falls prevention messages: Reducing the steps without losing the evidence*. Australian Injury Prevention Network Conference. Sydney, Nov 25-27
6. Jancey J, Crawford G, Harwood S, Edmunds M, Anderson E, White A, Dinnes A. 2014. *The Changing Face of Awareness Raising Events*. 6th Biennial Australian and New Zealand Falls Prevention Conference. Sydney, Nov 16-18
7. Jancey J, Crawford G, Harwood S, Edmunds M, Anderson E, Dinnes A. 2014. *Nine Steps To Stay On Your Feet® - Does the message work?* 6th Biennial Australian and New Zealand Falls Prevention Conference. Sydney, Nov 16-18
8. Jancey J, Crawford G, Frean C, Anderson E, Dinnes A. 2014. *Evaluating the Evaluation Process*. 6th Biennial Australian and New Zealand Falls Prevention Conference. Sydney, Nov 16-18
9. Meade R, Summers J, Dinnes A, Jancey J, Crawford G, Harwood S, Edmunds M. 2014. *The Evolution of a Peer-led Falls Prevention Education Program*. 6th Biennial Australian and New Zealand Falls Prevention Conference. Sydney, Nov 16-18

Posters

1. Wells V, Anderson E, De Piazz M, Summers J, Meade R, Sweeney R, Crawford G, Jancey J. 2016. *Improve the call to action: increasing the impact of falls prevention messages while maintaining the evidence*. Safety 2016. Tampere, Finland, Sept 18 - 21
2. Leavy J, Crawford G, Denehy M, Jancey J, Franklin R, Wells V, Meade R, Nimmo L. 2015. *Strengthening the interaction between researchers and practitioners to design and evaluate evidence informed injury prevention*. Population Health Congress. Hobart, Sept 8-11

EXCHANGE

Professional Development

1. Knowledge Exchange Session. Dr Linda Portsmouth. 28 October 2015. ICCWA, West Perth.
2. Understanding Data. Dr Christopher Fisher. 12 August 2016. ICCWA, West Perth.
3. KT – a snap shot of what we are doing at CERIPH. Dr Justine Leavy and Rachel Meade. 17 August 2016. WA Department of Health.
4. Health Promotion 101 – a half day workshop for ICCWA staff. Dr Justine Leavy and Gemma Crawford. 22 September 2016. ICCWA, West Perth.
5. Ethics and Publishing. Associate Professor Jonine Jancey. December 2016. ICCWA, West Perth.
6. Evaluation: Grants Forum. Associate Professor Jonine Jancey. 11 May 2017. ICCWA, West Perth.

Research-Practice Nexus

1. Rachel Meade, Courtney Mickan and Catrina Wold located at CERIPH 2014-2017.
2. Preparation of a Healthway Graduate Scholarship application for Ms Gretchen Waddell co-supervised by ICCWA and CERIPH for a project titled '*Western Australian (WA) Injury Prevention Workforce Review*'.
3. Participation in ICCWA staff panels on: 11/06/2014; 30/08/2016; 6/09/2016 and 20/12/2016.

DISSEMINATION

Academic detailing

1. Lecture presentation and case studies presented in 2015 and 2016 for the undergraduate unit Physical Activity Promotion and Injury Prevention, PUBH1000 Curtin University.
2. Design and refinement of injury prevention undergraduate examination questions 2015 and 2016.

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