

Toi Te Ora  
**Public Health Service**  
**BAY OF PLENTY DISTRICT HEALTH BOARD**  
*Serving Bay of Plenty and Lakes Districts*

**Kawerau Home Health for Preschoolers Project**  
**Evaluation Report**

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## Summary

Injuries that happen in the home environment are the leading cause of unintentional death and hospitalisation for children aged 0 to 4 years.

In response to this issue, Toi Te Ora – Public Health Service (Toi Te Ora) in partnership with Safe Kawerau Kids Injury Prevention Project and the Royal New Zealand Plunket Society (Plunket), initiated a second home visitation project titled the Kawerau Home Health for Preschoolers Project. This project concentrated on two injury prevention issues; safe play in the home and child car restraint safety.

This report evaluates whether the Kawerau Home Health for Preschoolers Project was successful at increasing parental knowledge and behaviour in terms of engaging and supervising children in play activities, and correctly installing and using child car restraints. It also identifies those aspects of the Kawerau Home Health initiative that enhanced project implementation, and aspects that could be improved.

Results from the project reveal increases and improvements in both parental knowledge and behaviour in both injury categories. Home visits by trained health workers providing education and practical assistance, could effectively be considered a viable approach for encouraging parents to engage and supervise preschool children during play, and correctly install and use child car restraints.

Findings further demonstrated that existing relationships between project members enhanced project delivery and led to greater operational efficiencies. This strengthens public health theoretical thinking concerning the importance of sustained community participation for preserving active and effective working partnerships with community groups and health related organisations.

## **Acknowledgements**

Toi Te Ora would like to acknowledge the support and contribution of the various organisations, individuals and families involved.

This research project has been carried out with the financial assistance of the Accident Compensation Corporation, which was invaluable.

Resources have also been kindly provided by Plunket, Safe Kawerau Kids Injury Prevention Project, as well as by Toi Te Ora.

In particular, Toi Te Ora would like to single out the support provided by Plunket home visitors and Safe Kawerau Kids Injury Prevention Project (Rangiora Wilson and Emma Herewini-Hawkins from Plunket and Jodie Hawe from Safe Kawerau Kids Injury Prevention Project). This project was the second of two injury prevention initiatives involving their community know-how and expertise in home visitation and injury prevention, and as such, could not have been completed without their dedication and enthusiasm.

Many other people have also contributed to this project for which Toi Te Ora is thankful. Thanks go to Marianne Grant from Plunket, Carol Flemming from the Accident Compensation Corporation, and Sonia Lynds from Sport Bay of Plenty.

Sincere gratitude is also expressed to all of the families in Kawerau who kindly assisted and contributed to this project.

## **1.0 Introduction**

### **1.1 Background to the Kawerau Home Health for Preschoolers Project**

Unintentional injury is the leading cause of hospitalisation and death for New Zealand children aged 0-4 years. Injuries that happen while preschool children are in the home environment is the leading cause of unintentional death and hospitalisation among this age grouping (Safekids, 2004). Developmental achievements such as exploratory behaviour and independent mobility are suggested to increase exposure to hazards in the home among young children who have not developed the ability to avoid danger. Environmental factors have also been found to contribute to children's vulnerability to injuries (Swart, et al., 2008).

To address this public health issue, Toi Te Ora in partnership with Te Manu Toroa, Safe Kawerau Kids Injury Prevention Project and Plunket initiated the first of two home visitation projects in 2007. Titled the Kawerau Home Safety for Preschoolers Pilot Project, this initiative aimed to increase parent/caregiver injury prevention knowledge and behaviour to keep preschool children in the home safer from falls, hot water burns and poisonings. An evaluation of this project found that the home visiting model utilised was successful at increasing parent/caregiver injury prevention knowledge and behaviour (O'Meeghan, 2007).

In recognition of the project's success, Toi Te Ora in collaboration with Safe Kawerau Kids Injury Prevention Project and Plunket initiated a second home visitation project in 2008 titled the Kawerau Home Health for Preschoolers Project. This project utilised the same home visiting methodology tried and tested in the first report, but focused on two alternative injury prevention issues:- safe play in the home and child car restraint safety.

This report evaluates the implementation phase of the Kawerau Home Health for Preschoolers Project, which covered the period January 2008 to October 2008.

### 1.1.1 Description of the Kawerau Home Health for Preschoolers Project

The overall long-term aim of the Kawerau Home Health for Preschoolers Project was to increase safe play/physical activity among preschoolers in the home environment, and increase the incidence of correct installation and use of child car restraints by parents/caregivers. As such, the Kawerau Home Health project encompassed the following three objectives:

- to deliver a home-based injury prevention intervention into 40 predominately high-need homes in the Kawerau area to parents/caregivers of children aged between 0-4 years of age
- to increase parental **knowledge** of:
  - the benefits of engaging children in play/physical activities and the importance of supervising those activities
  - driver responsibilities concerning the safety of preschoolers in vehicles, and the importance of ensuring children are safely restrained
- to increase specific parental/caregiver **behaviour** in terms of engaging and supervising preschool children in play/physical activities, and correctly installing and using child car restraints.

As part of the development of the Kawerau Home Health initiative, the project methodology was presented to and approved by the Royal New Zealand Plunket Society Inc. Ethics Committee.

Similar to the first home visitation project, implementation of the Kawerau Home Health project was carried out by three home visitors employed by Plunket and Safe Kawerau Kids Injury Prevention Project, who incorporated home visits into their existing work schedule. Home visitors targeted 40 parents/caregivers of children under five years of age who:

- resided in the Kawerau area
- were registered with Plunket and/or Safe Kawerau Kids Injury Prevention Project
- were considered high need (e.g. from deprivation levels 8, 9 and 10 as per Plunket's assessment criteria).

For the purposes of project implementation and quality control, a Home Visitors Manual was developed and utilised by the home visitors during each home visit. The Home Visitor Manual (HVM) contained visit guidelines, surveys, and strategies for encouraging a range of safe play/physical activities among preschoolers in the home and correctly installing and using child car restraints (see appendix 2).

To ensure correct installation and use of child car restraints during program delivery, home visitors completed a Safe2Go training certificate. Safe2Go is a nationally recognised training programme initiated by the Accident Compensation Corporation (ACC) and Land Transport New Zealand (LTNZ). It aims to improve how parents and caregivers install and use child restraints by teaching Safe2Go technicians to correctly install and use child car restraints. These technicians then work in the community, providing advice to parents and caregivers on the appropriate restraint for their child and vehicle.

From recommendations emerging from the first evaluation of the home visitation project, each of the home visits in this project focused on only one aspect of delivery. These were:

- **home visit 1** focused on safe play/physical activity
- **home visit 2** focused on child car restraints
- **home visit 3** evaluation visit.

In terms of project implementation; after gaining informed consent during a scheduled home visit, the home visitors conducted home visit one to administer a baseline safe play/physical activity survey to the primary caregiver of all participant families. Families were then provided with a Sport and Recreation New Zealand (SPARC) Active Movement pack describing a range of safe play/physical activities that parents can undertake in the home environment with their preschool children. This was followed by support and encouragement for parents to engage and supervise their children in age appropriate activities as soon as possible.

During home visit two, approximately two months after enrolment, the home visitors administered a baseline child car restraint survey to participant families. Parents were then provided information and training in correct installation and use of child car restraints. This was followed by support and encouragement to utilise the restraint safety techniques shown when transporting preschoolers in vehicles.

As a follow-up to home visit one, home visitors then asked parents about engaging and supervising children in additional safe play/physical activities. If caregivers responded positively (e.g. caregiver said they were engaging children in some new activities), the home visitor praised them accordingly. If caregivers responded negatively, the home visitor again provided support and encouragement to implement some of the safe play/physical activities as soon as possible.

During home visit three, approximately four months after enrolment, the home visitors administered a modified version of both baseline surveys from home visits one and two.

The Home Visitor Manuals were then collected by Toi Te Ora for analysis and interpretation.

## **2.0 Evaluative Method**

The evaluative method was the same as conducted in the previous project (the Kawerau Home Safety for Preschoolers Pilot Project). Evaluative activities underwent internal and external scrutiny by staff and those agencies and organisations involved in the project.

### **2.1 Evaluation objectives**

The aims of this evaluation were as stated in the introduction. Additional aims were also identified. These were to:

- identify those aspects of the Kawerau Home Health project that enhanced the implementation of the project
- identify those aspects of the Kawerau Home Health project that could be improved
- make recommendations for improving the intervention and for future projects.

### **2.2 Evaluation methodology**

The same quantitative and qualitative methods carried out in the first project were used to understand and address the above aims. They include the following:

- home visitor discussion groups
- project documentation collection and analysis
- examination of project materials developed
- regular communication with key stakeholders
- face-to-face surveys.

### **2.3 Analysis**

Using the information collected by the above methods, the operation and implementation of the Kawerau Home Health project were examined, the results analysed, and themes and patterns identified.

Whilst the surveys are not statistically robust due to the small sample size, this was taken into consideration when interpreting results. Relevant statistical comparison where appropriate, was applied on pre and post values to ensure that any differences cited are significant.

## 3.0 Results

This section describes the results of the evaluation. Firstly, project operational processes and methodology are briefly described, followed by the impact of the intervention on families obtained through the evaluative surveys.

### 3.1 Project operation

During the period January 2008 to October 2008, overall management of the Kawerau Home Health project was based in Tauranga and carried out by the project co-ordinator from Toi Te Ora. Throughout the project, Toi Te Ora was responsible for the majority of the day-to-day administration of the Kawerau Home Health initiative, providing project personnel, and consumables and services.

A Project Management Group (PMG) was appointed to oversee the development and implementation of the Kawerau Home Health initiative. This group met once a month in Kawerau and consisted of representatives from the three organisations involved in the initiative: Plunket, Safe Kawerau Kids Injury Prevention Project, and Toi Te Ora.

Following best practice recommendations from the first project, active participation from all members was encouraged during monthly project management hui so that issues surrounding the project could be accurately identified and discussed, and feedback could be sought on all aspects of project development and delivery.

### 3.2 Project methodology

In this section, findings are presented in relation to the project methodology.

#### 3.2.1 Process

To meet the objectives of the Kawerau Home Health project, a three visit home based strategy was developed by the PMG. The process included the development of pre- and post surveys and a home visitor manual (HVM), collation of educational materials, gaining ethical approval from the Royal NZ Plunket Society (Inc), and project delivery.

Following resource development and ethical approval, training was provided by the project co-ordinator from Toi Te Ora to each of the home visitors in how to apply the material contained in the HVM.

ACC supported the project by providing some financial assistance similar to the previous project, and Toi Te Ora contributed by providing recreational equipment to all participating families to encourage play and physical activity among preschoolers.

Next in the process was the identification of families considered to be high need with preschool children (families from deprivation levels 8, 9 and 10 as per Plunket's assessment criteria). In February 2008, forty families (30 Plunket families and 10 Safe Kawerau Kids Injury Prevention Project families) were offered and accepted the opportunity to participate in the project.

In March 2008, home visitors conducted the first home visit to administer the baseline safe play/physical activity survey to the primary caregiver of each participating family.

Information sought included current knowledge of the importance of supervised play and physical activity for children aged 0-4 years, and current activities parents do with their preschoolers in and around the home environment.

Following the survey, families were given a SPARC Active Movement pack that included a range of supervised activities that parents can do with their children to encourage safe play/physical activity. Home visitors then provided support and encouragement to each of the parents/caregivers to try some of the age appropriate activities with their children as soon as possible.

By mid June, the majority of the 40 second home visits had been completed. In this visit, home visitors conducted a car restraint safety baseline survey with each participating family. Information sought here included current knowledge and use of child car restraints by parents. Following the survey, families were provided car restraint safety information from LTNZ's Factsheet 7 (2005), and a free on site Safe2Go check.

Once this was completed, home visitors inquired about the children's supervised play/physical activities as provided during home visit one, and further encouraged parents to try some of the age appropriate activities with their children. Home visitors stated that this visit took approximately half an hour to administer, and was reasonably demanding in comparison to the first home visit.

Home visit three commenced during the month of September, and was completed by mid October 2008. During this visit, home visitors administered a post-intervention survey. The Home Visitor Manuals with completed pre- and post-intervention surveys were then collected to assess the impact.

### 3.2.2 Impact

This section describes in detail the results of each of the two topics covered in the pre- and post-intervention surveys: safe play/physical activity and child car restraint safety.

To assess changes in safe play/physical activity knowledge, pre- and post-intervention surveys asked respondents to recall any messages received about the importance of activity for children aged 0-4 years, and the importance of supervising those activities. Guided by the SPARC Active Movement pack, a list of 10 possible messages was created (see appendix 3). The messages were never read out to the participants in each of the surveys, so the responses are those recalled without prompting.

Changes in behaviour were assessed by asking respondents to report on the activities they do with their children, and how often these activities are supervised.

To assess changes in child car restraint knowledge, pre- and post-intervention surveys asked respondents to identify their responsibilities concerning the safety of preschoolers in vehicles, and the importance of ensuring children are safely restrained. Guided by LTNZ's Factsheet 7, four questions were created (see appendix 3). Again, the answers to each of the questions were never read out to the participants, so the responses are those recalled without prompting.

Changes in behaviour were assessed through a physical Safe2Go check of all child car restraints owned or borrowed by parents to assess correct use and installation.

### 3.3.1 Safe play/physical activity

#### Knowledge change - recall of safe play/physical activity messages

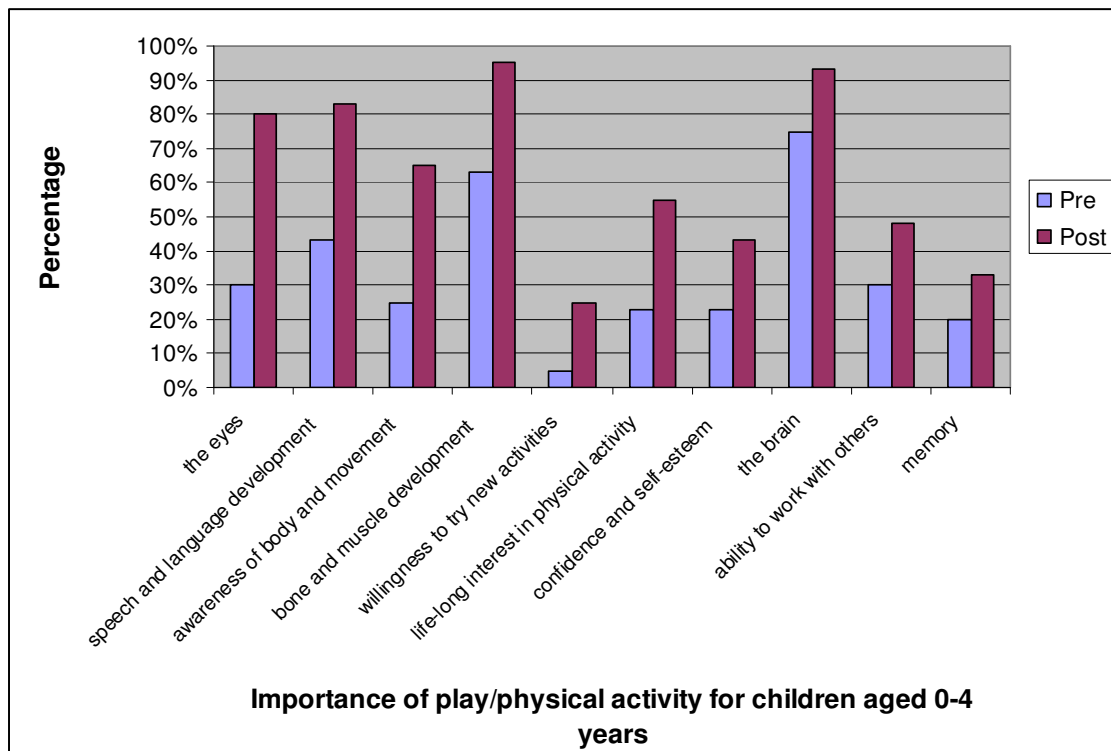
Overall, increases were observed post-intervention in parental knowledge of the benefits of safe play/physical activity for children aged 0-4 years, and the importance of supervising those activities. For example, all 40 participants (100%) recognised that safe play/physical activity is just as important for infants, toddlers, and preschoolers as it is for older children. This is compared to only 32 participants (80%) pre-intervention.

Similar increases were also observed when parents were asked if they were aware that children aged 0-4 years needed to be supervised by an adult during play/physical activities to keep them safe (post 100% and pre 83%).

In addition, all 40 participants (100%) post-intervention were able to recall various messages related to the importance of play/physical activity for children aged 0-4 years, compared to 38 participants (95%) pre-intervention.

Increases in message recall were recorded in all of the 10 play/physical activity related messages at post-intervention. The most obvious increases were observed in the recall of play/physical activity being important for children's eye development (post 80% and pre 30%), children's understanding of the body and how to move (post 65% and pre 25%), and children's speech and language development (post 83% and pre 43%). This is shown in figure 1.

**Figure 1. Pre and post differences in play/physical activity messages recalled**



On average, overall recall of play/physical activity messages increased by 24% post-evaluation, indicating that the intervention was successful at increasing parental/caregiver knowledge of the importance of play/physical activity for children aged 0-4 years.

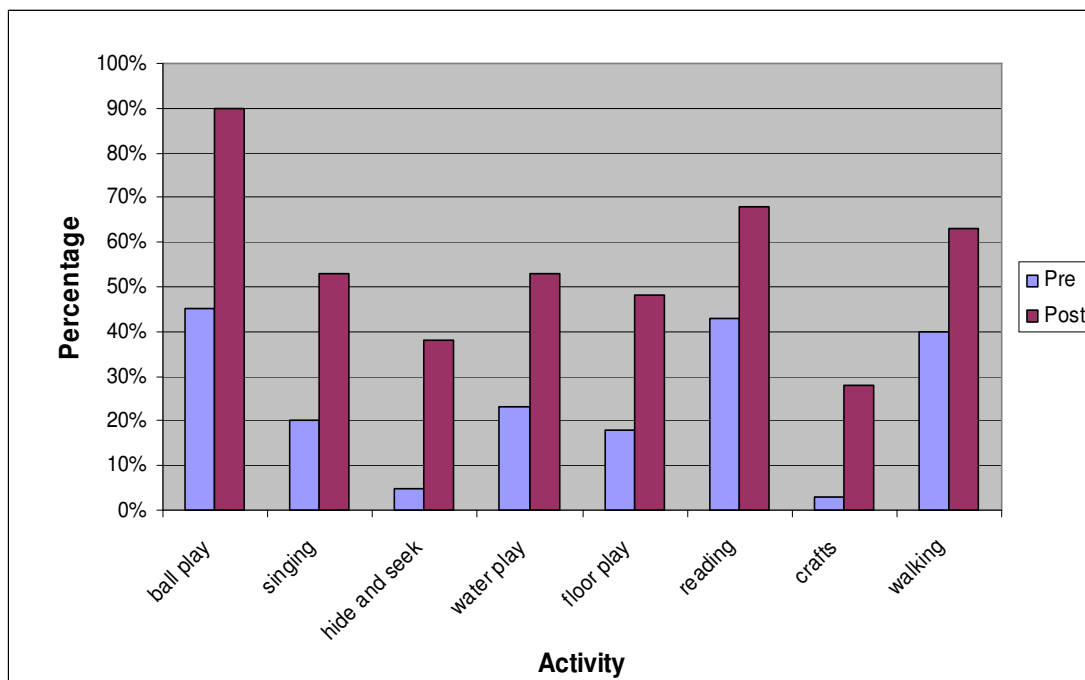
**Behaviour change – activities parents do with their children**

Overall, increases were observed post-intervention in both parental engagement and supervision of play/physical activities among children aged 0-4 years. For example, the list of activities recorded for play/physical activities parents were doing with their children increased from 34 activities to 55 activities (see appendix 3).

The activities mentioned the pre and post survey were then grouped into similar types of activities and examined for differences in behaviour.

Increases were also recorded post-intervention in the number of respondents who engaged their children in the various listed activities. The most obvious increases were recorded in the number of families who engaged their children in ball play (post 90% and pre 45%), hide and seek (post 38% and pre 5%), singing (post 53% and pre 20%), water play (post 53% and pre 23%), floor play (post 48% and pre 18%), reading (post 68% and pre 43%), crafts (post 28% and pre 3%), and walking (post 63% and pre 40%). This is shown in figure 2.

**Figure 2. Pre and post differences in activities**



On average, play/physical activities among children tended to increase (9%) post-evaluation, indicating that the intervention was successful at increasing the number of play/physical activities parents do with their children aged 0-4 years.

The number of parents who supervised their children “very often” significantly increased during play/physical activities (post 95% and pre 65%).

### 3.3.2 Child Car Restraints

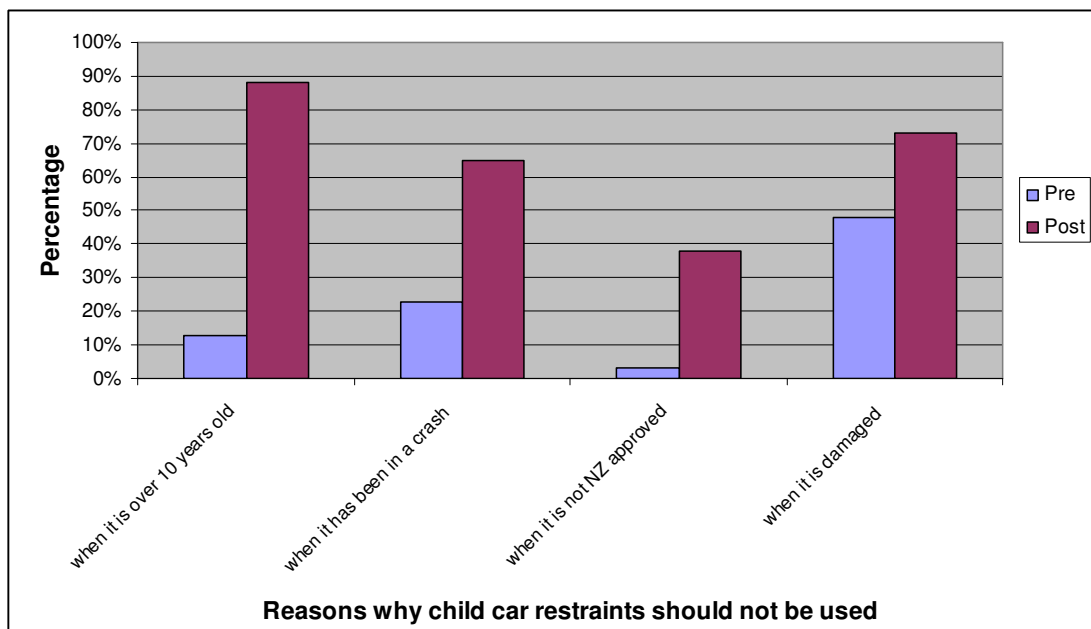
#### Knowledge change – recall of child car restraint safety information

Overall, increases were observed in parental knowledge of their responsibilities concerning the safety of preschoolers in vehicles, and the importance of ensuring children are safely restrained. For example, 95% of parents were aware that restraining pre-school children in vehicles was important for reducing the chance of injury in a crash, compared to 65% pre intervention.

Similarly, 100% of parents post-intervention were aware that the driver of the vehicle is responsible for ensuring children are properly restrained (compared to pre 88%), and that it is compulsory in New Zealand for children to be in an approved child restraint until 5 years of age (compared to only 65% pre intervention).

Parental awareness of the conditions affecting car restraint use also increased post-intervention. The most obvious increases in knowledge concerned the importance of not using child car restraints when they are over 10 years old (post 88% and pre 13%), or when they have been in a crash (post 65% and pre 23%). See figure 3.

**Figure 3. Pre and post differences in child car restraint information recalled**



On average, overall recall of child car restraint safety information increased by 36% post-evaluation, indicating that the intervention was successful at increasing parental/caregiver knowledge of their responsibilities concerning the safety of preschoolers in vehicles, and the importance of ensuring children are safely restrained.

**Behaviour change – use and installation of child car restraints**

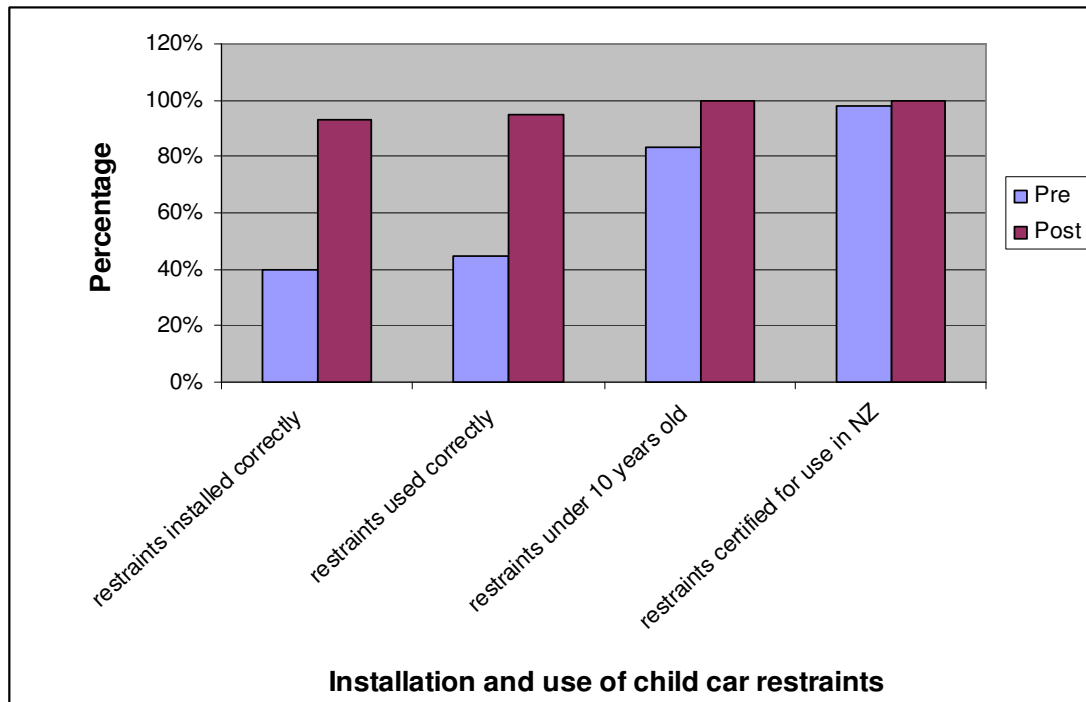
Overall, increases were observed post-intervention in both parental installation and use of child car restraints.

All 40 participants (100%) post-intervention reported using child car restraints to ensure the safety of their children aged 0-4 years in vehicles, compared to 80% pre intervention.

A post-intervention vehicle based Safe2Go check of parental owned or borrowed child car restraints also revealed increases in the number of restraints that were under 10 years old (post 100% and pre 83%) and were approved for use in New Zealand (post 100% and pre 98%). See figure 4.

Similarly, following one-on-one instruction in correct installation and use of child car restraints, increases were also observed post-intervention in the number of parents who had correctly installed their child car restraints (post 93% and pre 40%), and were using them according to relevant Safe2Go recommendations (post 95% and pre 45%). See figure 4.

**Figure 4. Pre and post differences in child car restraint installation and use**



## 4.0 Discussion

Overall, parental/caregiver knowledge of the benefits of engaging children in play/physical activities and the importance of supervising those activities in the home environment increased following the intervention. Awareness of parental responsibilities concerning the safety of preschoolers in vehicles, and the importance of ensuring children are safely restrained, also increased.

Similarly, the amount of parents/caregivers who engaged and monitored their preschool children in a range of play/physical activities, and correctly installed and used child car restraints increased following the intervention.

These results suggest that the Kawerau Home Health for Preschoolers Project was successful at increasing and improving parent/caregiver knowledge and behaviour surrounding safe play/physical activity among preschoolers and child car restraints.

Overall, a number of factors were identified as enhancing the process of the Kawerau Home Health initiative and overall project development and delivery. These are described below:

### 4.1 Aspects of the Kawerau Home Health project that worked and how this was achieved

- Enhanced cooperation between project members and improved creative interaction during project development. This was attained through continuity of project members from the previous project (the Kawerau Home Safety project), which served to strengthen collaborative relationships and enhance participation and commitment to project development and delivery.
- Home visitor proficiency in project delivery, which was achieved through adequate training in use of the Home Visitor Manual, as well as appropriate training in correct installation and use of child car restraints (Safe2Go).
- Overall management of available home visitor resources. This was attained through careful consideration of the number of survey questions asked during each home visit and the focusing of each visit on only one safety issue/topic.
- The ability of home visiting agencies (Safe Kawerau Kids Injury Prevention Project and Plunket) to incorporate evaluation of injury prevention activities into their existing health programme. This was achieved through the willingness of agencies to engage in activities that enhance programme development and community outcomes.

Although many factors contributed to the projects overall success in terms of process, there were aspects of the Kawerau Home Health project that could be improved upon.

## **4.2 Aspects of the Kawerau Home Health project that could be improved**

- To ascertain sustainability of the intervention this project could incorporate a fourth home visit to gather medium-term outcome data. This would provide a more accurate indication of whether or not the Kawerau Home Health model resulted in any enduring changes in safe play/physical activity and child car restraint knowledge and behaviour.

## 5.0 Conclusion

On a community level, this study revealed that home visiting could effectively increase and improve parent/caregiver knowledge and behaviour surrounding safe play/physical activity among preschoolers and child car restraint safety. The improvements found may be contextualised within a range of supportive influences, such as deployment of experienced home visitors, home visitor preparation, and utilisation of existing partnerships.

Although this study employed a small sample size and moderate study period, the findings of this project indicate that the majority of households benefited from the intervention.

Thus, the processes used and the positive impact of the intervention on participating families indicate that home visits by trained health workers who provide non-threatening in-home support, education and practical assistance may be a viable approach for encouraging parents to engage and supervise preschool children in play/physical activities, and correctly installing and using child car restraints.

This project has further demonstrated that continuity of working partnerships can enhance project delivery and lead to greater operational efficiencies. This strengthens public health theoretical thinking in relation to the importance of sustained community participation for preserving active and effective relationships with community groups and health related organisations, and enhancing shared goals that contribute to improving health outcomes for high-need populations.

## 6.0 Recommendations

**It is recommended that:**

- Toi Te Ora – Public Health Service support home visitation as a method for improving health outcomes of communities comprising high-need populations in Western Bay of Plenty, Eastern Bay of Plenty, and Lakes Districts
- Toi Te Ora – Public Health Service build and preserve working relationships with home visiting agencies who work alongside high-need communities
- the concept of “partnership” be supported when working alongside community groups and health related organisations serving high-need populations in order to achieve shared goals through the pooling of resources and participation throughout project development and delivery.

## 7.0 Appendices

### 7.1 Appendix 1 – Information Sheet

#### Kawerau Home Health for Preschoolers Project

##### ***Information Sheet***

Kia ora. Toi Te Ora - Public Health in partnership with Plunket and Safe Kawerau Kids Injury Prevention Project (SKKIPP) are currently doing a project on home health to enhance the well-being of preschoolers in the home environment:

This is a very exciting project that is carried out over three home visits, over the next five months. Home Visit One is on the topic of safe play/physical activity. It consists of a small survey and providing information on activities for preschoolers to aid their learning and development. Home Visit Two is on the topic of car restraints. It also consists of a small survey, as well as providing information on how to correctly install and use car restraints, and a free car restraint check. Finally, Home Visit Three consists of another small survey.

We are hoping to introduce this intervention to 40 families in Kawerau, and would really like your help.

**Your responses are confidential.** Your name and any other identifying information received will remain confidential at all times. Your name will not be used in any report. You will also have the right to withdraw from the research at any stage without penalty or prejudice.

A summary of the findings from this project will also be made available to you.

This research project is dedicated to upholding high ethical standards. To ensure that your rights are protected, this project has been approved by the Plunket Ethics Committee.

For assistance or further information about this project, please contact:

Carmen O'Meeghan  
Health Promoter  
Toi Te Ora - Public Health  
Level 4, Westpac Trust Building  
2 Devonport Road  
Tauranga  
Ph: 07 5773785/Email: carmen.o'meeghan@bopdhb.govt.nz.

Thank you very much.

7.2 Appendix 2 – Home Visitor Manual



### **Working with your Parents/Caregivers**

We have endeavoured to keep this project as simple and straight forward as possible. Please use this booklet to work through this home health intervention with your Parents/Caregivers.

At all stages please respect the values, beliefs and culture of participants. It may be difficult to work with the parents/caregivers due to the fact that most will have young children around at the same time, which is why we have included all your documentation in this book. Just complete it and return the entire book back to Toi Te Ora - Public Health in the prepaid envelope attached.

We have included record/comment boxes for each home visit of this project to gain your thoughts, opinions and ideas about how the project is progressing. There are 3 home visits in total. Please let us know what you think we could do to help make it easier. We are also available anytime to support and assist you throughout this project.

Please ensure that you have read all of the resources thoroughly and understand them fully. You will need to go through all of the educational/intervention resources with each parent/caregiver.

We appreciate your time and also that of your client and we hope that this project will fulfil the goal of improving the health and wellbeing of our children under 5.

### **IMPLEMENTATION PLAN (in brief)**

#### **HOME VISIT 1: Safe Play/Physical Activity**

**Explain project to parent/caregiver and get them to sign the consent form.**

- **Administer small survey.**
- **Provide information on safe play/physical activities.**
- **Encourage parents to engage children in safe play/physical activities.**
- **Make appointment for next home visit.**

#### **HOME VISIT 2: Car**

- **Administer small survey.**
- **Provide information on installation and use of car restraints.**
- **Use Safe 2 Go training to check car restraints.**
- **Enquire about use of SPARC book to engage children in physical activities from home visit one.**
- **Make appointment for next home visit.**

#### **HOME VISIT 3: Evaluation Visit**

- **Administer evaluation survey.**
- **Thank participant for taking part in the project.**
- **Return completed manuals to Toi Te Ora Public Health.**

## HOME VISIT 1: SAFE PLAY/PHYSICAL ACTIVITY

Home visit one consists of the following five key components:

- 1) Describe the project to your parent/caregiver to see if they would be interested in taking part by going over the information sheet attached to this booklet. Give your parent/caregiver the information sheet to keep.
- 2) If they are interested in taking part, please get them to sign the consent form on p.5 of this manual.
- 3) Once the consent form is signed, please administer the small survey from p.6 through to p.9 of this manual.
- 4) Once the survey is completed, please complete Steps 1-7 on p.9 through to p.11 of this manual.
- 5) Provide any feedback in the box required on p.12 of this manual.

## PARENT/CAREGIVER CONSENT FORM

### Kawerau Home Health for Preschoolers Project

I am happy to participate in this home health project. I am aware that any answers I give will only be used to evaluate how effective this project has been.

Any personal details identifying myself or my Whanau will not be used in any part of the project evaluation.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

***Once your parent/caregiver has signed the consent form you can administer the survey on pages 6 through to 9 of this manual***

## Parent/Caregiver Safe Play/ Physical Activity Baseline Survey

Age of children: \_\_\_\_\_ Sex: M F  
 \_\_\_\_\_ M F  
 \_\_\_\_\_ M F  
 \_\_\_\_\_ M F  
 \_\_\_\_\_ M F

This information is gathered for collective analysis only.

As part of your agreement to participate in our Home Health for Preschoolers Project, this is a very small survey for us to work through together.

This should take about 5 minutes. I would really appreciate it if you could answer the questions honestly – **don't tell me what you think I want to hear**. All of your answers will be kept anonymous and confidential.

- 1) Please read out each of the questions below and tick the appropriate 'yes' or 'no' box.

Question	Yes	No
Do you know that safe play/physical activity is just as important for infants, toddlers, and preschoolers as it is for older children (i.e. children over 5)?		
Do you know that when infants, toddlers and preschoolers are being active, they need to be supervised by an adult to keep them safe?		
Have you received information in the past about the importance of safe play/physical activity for infants, toddlers and preschoolers?		

- 2) Can you recall from that information, or do you know why safe play/physical activity is important for children under 5?  
***(do not read the list below to your parent/caregiver. Wait for a response and tick the appropriate boxes)***

**Safe play/physical activity is important because it helps to develop:**

- a life-long interest in being physically active
- an understanding of the body and how to move
- bones and muscles
- confidence and self-esteem
- memory
- the eyes
- willingness to try challenging activities
- the ability to work with others
- speech and language
- the brain

3) Please read out each of the questions below and tick the appropriate 'yes' or 'no' box.

Question	Yes	No
Do you know that safe play/physical activity is just as important for infants, toddlers, and preschoolers as it is for older children (i.e. children over 5)?		
Have you received the "Active Movement: activity guides for under fives" pack by SPARC?		
Do you incorporate safe play/physical activities into your infant/toddler's /preschooler's lives right now?		

4) What kinds of safe play/physical activities do you do with your infant/toddler/preschooler right now?

- a) .....
- b) .....
- c) .....
- d) .....
- e) .....
- f) .....
- g) .....
- h) .....
- i) .....
- j) .....

5) How often do you or another adult supervise these activities?

- very often
- often
- now and then
- never

Comment: .....

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**The End. Please thank your parent/caregiver for completing this survey and continue with the steps below to complete this home visit.**

**Step 1)** Please provide your parent/caregiver with the "Active Movement" pack by SPARC.

**Step 2)** Please open the pack and take out the first brochure titled "Active Movement: An Introduction".

**Step 3)** Please point out the following key points from the Introduction brochure:

**A)** Babies and children today are generally less active than their parents and grandparents were. They are being carried more (i.e. car seat, backpacks, highchairs, bouncers and supermarket trolleys), and technology such as computer games, TV, and video is a big part of their lives. These activities encourage children to remain seated and quite still. Encouraging active movement among our Children from a young age, therefore, is very important.

**B)** Physical activity is just as important for newborns and toddlers as it is for older children as it help to develop:

- a life-long interest in being physically active
- an understanding of the body and how to move
- bones and muscles
- confidence and self-esteem
- memory
- the eyes
- willingness to try challenging activities
- the ability to work with others
- speech and language
- the brain

**C)** Physical activity is important for brain development because:

- your child's brain develops very fast in early childhood.
- the way the brain develops depends on your child's genes and the experiences they have.
- moving helps the brain to make connections between the different parts of the brain.

**D)** As Whanau, we need to provide a supportive Environment for our children to grow and develop in their own time. What's important is the order that the skills develop rather than when they develop.

**Step 4)** Show your parent/caregiver the 14 brochures containing a range of physical activities they can do with their children.

**Step 5)** Inform your parent/caregiver that it is important that they stay around children when they are being active to **keep them safe**.

**Step 6)** Encourage your parent/caregiver to do some of the safe play activities with their children.

Statements to encourage change could include:

- "Do you think you could do some of these safe play activities?"
- "Could you try some of these activities over the next few weeks?"

**Step 7)** Thank your parent/caregiver for their time, and make another home visit date to see how they are going with doing some of these activities as well as talk about car restraints.

**Home Visit 1 Completed**

**Next Home Visit:** \_\_\_\_\_

**Home Visitor/Provider Feedback**

**Comment:**

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**HOME VISIT 2: CAR SEATS/RESTRAINTS**

**Home Visit Two consists of the following three key components:**

- 1) Please administer the small survey from p.14 through to p.15 of this manual.
- 2) Once the survey is completed, please complete Steps 1-5 from p.16 through to p.19 of this manual.
- 3) Provide any feedback in the box required on p.19 of this Manual.

**Parent/Caregiver Car Restraint Baseline Survey**

This information is gathered for collective analysis only.

As part of your agreement to participate in our Home Health for Preschoolers Project, this is a very short survey for us to work through together.

This should take about 5 minutes. I would really appreciate it if you could answer the questions honestly – **don't tell me what you think I want to hear.** All of your answers will be kept anonymous and confidential.

**Lead in: A child restraint can be either a capsule, car seat, harness or booster seat.**

- 1) Why is wearing a safety belt or child restraint so important? **(do not read the answer below to your parent/caregiver. Wait for a response and tick the box if they give you the correct answer)**
- ( ) because it greatly reduces the chance of injury in a crash
- 2) Whose responsibility is it to see that children are restrained in a vehicle? **(do not read the answer below to your parent/caregiver. Wait for a response and tick the box if they give you the correct answer)**
- ( ) the driver of the vehicle
- 3) In New Zealand, it is **compulsory** for children to be in an **approved** child restraint (capsule, car seat, harness or booster seat) until what age?
- ( ) 5 years of age.
- 4) When should you stop using, or not buy a car restraint? **(do not read the list below to your parent/caregiver. Wait for a response and tick the appropriate boxes)**
- ( ) when it is over 10 years old  
 ( ) when it has been in a crash  
 ( ) when it is not approved for use in New Zealand  
 ( ) when it is damaged in some way such as cracking in the restraint's shell or fraying of the harness.
- 5) Do you use a child restraint (capsule, car seat, harness or booster) to ensure the safety of your children aged 0-4 years in a vehicle? **(Circle the appropriate answer)**

YES  
(always)

SOMETIMES

NO  
(never)

- 6) Are any of the child restraints you use now, borrowed from someone you know, or bought second-hand? **This question does not include child restraints rented from an approved rental agency such as Plunket or SKKIPP. (Circle the appropriate answer)**

YES

NO

- 7) Please read out each of the questions below and tick the appropriate 'yes' or 'no' box.

Question	Yes (all of them)	Not all of them	No (none of them)	Not sure
If you do use borrowed or second-hand child restraints now for any of your children under 5 years of age, do you know how old they are?				
If you do use borrowed or second hand child restraints now for your children under 5 years of age, do you know if they are certified for use in New Zealand?				
Do you know how to <b>install</b> the car restraints you have now, correctly?				
Do you know how to <b>use</b> the child restraints you have now, correctly?				

**The End. Please thank your parent/caregiver for completing this survey and continue with the steps below to complete this home visit.**

**Step 1)** Please provide your parent/caregiver with a copy of the LTNZ Factsheet on Child Restraints.

**Step 2)** Please point out the following key points from the Factsheet:

**A)** As a driver, you must make sure that any child **under five years** is properly restrained by an approved child restraint.

**B)** The type of child restraint you need to use depends on the **age** and **size** of the child.

**-Infant restraint:** Birth to 9 kg (or up to 13.5 kg)  
(approx. 6 months)

**-Convertible (baby to child) restraint:** Birth to 18kg  
(approx. 4 years)

**-Front-facing child restraint:** 9-18 kg (6 months to approx. 4 years)

**-Booster seat:** 14-26 kg (approx. 4 years to 7 years)

**-Child harness:** 14-32 kg (approx. 4 to 7 years)

As a general rule, if your child's head is higher than the back of the child restraint, it's time to move them into the next type of child restraint. (A child can wear an adult safety belt when the belt crosses their pelvis, not their tummy.)

**C)** A child restraint must meet an approved standard. Child restraints certified for use in New Zealand will show an 'S' mark (New Zealand Standard NZS 1754), or a tick (Australian Standard AS 1754), or an 'E' mark (European Standard ECE 44). Restraints that comply with the United States Standard (FMVSS 213) must, in addition to any other markings, display the New Zealand Standard 'S' mark, to show they have been certified for use in New Zealand.

**D)** Don't use or buy a second hand child restraint:

- if it has been in a crash. It won't be safe.
- if it is over 10 years old.
- if it is not certified for use in New Zealand.
- if it is damaged in some way such as cracking in the child restraints shell or fraying of the harness

**E)** Many injuries occur because child restraints are not installed or used correctly. It is important, therefore, to ensure that you do know how to install and use your child restraint correctly.

**Step 3)** Ask your parent/caregiver if she would like advice on how to install and use child restraints correctly.

Please check the date and certification of child restraints. Please show the parent/caregiver where to look for the date and certification. If child restraints are out of date or uncertified, please provide contact details and support for purchasing or renting a child restraint. WINZ can provide financial assistance for renting child restraints.

Checklist	Yes (all of them)	Not all of them	No (none of them)
Are the car restraints under 10 years old?			
Are the car restraints certified for use in NZ?			
Are the car restraints currently in the vehicle installed correctly?			
Does the parent/caregiver know how to use the child restraint correctly?			

**Step 4)** Ask your parent/caregiver how they are going with doing some of the safe play/active movement activities with their infant/toddler/preschooler. A statement for inquiry could include:

“have you found the SPARC activity guides useful?  
Are you using them?”

Please praise your parent/caregiver if they are utilising the SPARC activity guides. Encourage further change by supporting your parent/caregiver to use the activity guides to engage in more active movement.  
Statements to encourage change can include:

“Do you think you might be able to try some of the activities over the next few weeks?”

**Step 5)** Thank your parent/caregiver for their time, and make A final home visit date to see how they are going with initiating the SPARC activities and correct child restraint installation and use.

**Home Visit 2 Completed**

**Next Home Visit:** \_\_\_\_\_

***Home Visitor/Provider Feedback***

***Comment:***

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## HOME VISIT 3: EVALUATION VISIT

### Home visit one consists of the following three key components:

- 1) Please administer the small survey from p.21 through to p.26 of this manual.
- 2) Once the survey is completed, please thank your parent/caregiver for participating in this project.
- 3) Provide any feedback in the box required on p.27 of this Manual.

### Parent/Caregiver Evaluation Survey

This information is gathered for collective analysis only.

As part of your agreement to participate in our Home Health for Preschoolers Project, this is a survey for us to work through together.

This should take about 20 minutes. I would really appreciate it if you could answer the questions honestly – **don't tell me what you think I want to hear.** All of your answers will be kept anonymous and confidential.

- 1) Please read out each of the questions below and tick the appropriate 'yes' or 'no' box.

Question	Yes	No
Do you know safe play/physical activity is just as important for infants, toddlers, and preschoolers as it is for older children (i.e. children over 5)?		
Do you know that when infants, toddlers and preschoolers are being active, they need to be supervised by an adult to keep them safe?		

- 2) Can you recall from the information provided during this project, or do you know why safe play/physical activity is important for children under 5? (***do not read the list below to your parent/caregiver. Wait for a response and tick the appropriate boxes***)

#### **Safe play/physical activity is important because it helps to develop:**

- a life-long interest in being physically active
- an understanding of the body and how to move
- bones and muscles
- confidence and self-esteem
- memory
- the eyes
- willingness to try challenging activities
- the ability to work with others
- speech and language
- the brain

3) Please read out each of the questions below and tick the appropriate 'yes' or 'no' box. **(If your parent/caregiver answers 'no' to the last question, please probe them for a reason)**

Question	Yes	No	Reason for no answer
Have you received the "Active Movement: activity guides for under fives" pack by SPARC?			
Do you incorporate safe play /physical activities into your infant/toddler's/preschooler's lives right now?			

4) What kinds of safe play/physical activities do you do with your infant/toddler/preschooler right now?

- a) .....
- b) .....
- c) .....
- d) .....
- e) .....
- f) .....
- g) .....
- h) .....
- i) .....
- j) .....
- k) .....
- l) .....

5) How often do you or another adult supervise these activities?

- very often
- often
- now and then
- never

**Reason for 'now and then' or 'never' answer**

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6) Why is wearing a safety belt or child restraint so important? **(do not read the answer below to your parent/caregiver. Wait for a response and tick the box if they give you the correct answer)**

- because it greatly reduces the chance of injury in a crash

7) Who's responsibility is it to see that children are restrained in a vehicle? **(do not read the answer below to your parent/caregiver. Wait for a response and tick the box if they give you the correct answer)**

- the driver of the vehicle

8) In New Zealand, it is **compulsory** for children to be in an **approved** child restraint (capsule, car seat, harness or booster seat) until what age?

( ) 5 years of age.

9) When should you stop using, or not buy a car restraint? (**do not read the list below to your parent/caregiver. Wait for a response and tick the appropriate boxes**)

- ( ) when it is over 10 years old
- ( ) when it has been in a crash
- ( ) when it is not approved for use in New Zealand
- ( ) when it is damaged in some way such as cracking in the restraints shell or fraying of the harness

10. Do you use a child restraint (capsule, car seat, harness or booster) to ensure the safety of your children aged 0-4 years in a vehicle? (**Circle the appropriate answer**)

YES (always)                      SOMETIMES                      NO (Never)

**Reason for 'sometimes' for 'no' answer**

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 .....  
 .....  
 .....

11) Are any of the child restraints you use now, borrowed from someone you know, or bought second-hand? **This question does not include child restraints rented from an approved rental agency such as Plunket or SKKIPP. (Circle the appropriate answer)**

YES    NO

12) Please read out each of the questions below and tick the appropriate 'yes' or 'no' box. (**If your parent/caregiver answers 'not all of them', 'no' or 'not sure' to any of the questions, please probe them for a reason**)

Question	Yes (all of them)	Not all of them	No (none of them)	Not sure	Reason for no answer
If you do use borrowed or second-hand child restraints now for your preschoolers do you know how old they are?					
If you do use borrowed or second hand child restraints now for your preschoolers do you know if they are certified for use in New Zealand?					
Do you know how to install the car restraints you have now, correctly?					
Do you know how to use the child restraints you have now, correctly?					

13) Please complete a Safe 2 Go check. **(If your parent/caregiver answers 'not all of them' or 'no' to any of the questions, please probe them for a reason.**

Checklist	Yes	Not all of them	No	Reason for no answer
Are the car restraints under 10 years old?				
Are the car restraints NZ certified?				
Are the car restraints currently in the vehicle installed correctly?				
Does the parent/caregiver know how to use the child restraint correctly?				

**FINAL QUESTION:**

14) Thinking about all the questions we've just asked, is there anything else you would like to add?

**Home Visitor/Provider Feedback**

**Comment:**

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**Home Visitor Support:**

**For assistance and support at any time, please contact:**

**Carmen O'Meeghan from Toi Te Ora - Public Health on 07 5773785 or 021 1018034, or [carmen.o'meeghan@bopdhb.govt.nz](mailto:carmen.o'meeghan@bopdhb.govt.nz)**

**Thank you very much for helping out  
with this project.**

**Your contribution is important to the  
development of injury prevention  
programmes to keep NZ children safe.**

**NOTES:**

To the home visitor:

Thank you for contributing to this project. Your enthusiasm, support and help has been the key to this project's success. Please send this completed manual in the prepaid envelope supplied, or mail to:

**Toi Te Ora - Public Health  
PO Box 2121  
TAURANGA**

**ATTN: Carmen O'Meeghan**

### 7.3 Appendix 3 – Summary of Survey Results

#### Home Safety Injury Prevention - Comparison Stage 1 & Stage 3

Summary Table

	Pre	Post		Pre	Post	Post difference
	Stage 1	Stage 2		Stage 1 %	Stage 2 %	
Do you know that safe play/physical activity is just as important for infants, toddlers, and preschoolers as it is for older children (i.e. children over 5)?	32	40		80%	100%	
Do you know that when infants, toddlers and preschoolers are being active, they need to be supervised by an adult to keep them safe?	33	40		83%	100%	
Have you received information in the past about the importance of safe play/physical activity for infants, toddlers and preschoolers?	22			55%		
a life-long interest in being physically active	9	22		23%	55%	22%
an understanding of the body and how to move	10	26		25%	65%	40%
bones and muscles	25	38		63%	95%	32%
confidence and self-esteem	9	17		23%	43%	20%
memory	8	13		20%	33%	13%
the eyes	12	32		30%	80%	50%
willingness to try challenging activities	2	10		5%	25%	20%
the ability to work with others	12	19		30%	48%	18%
speech and language	17	33		43%	83%	40%
the brain	30	37		75%	93%	18%
				38%	62%	24%
Have you ever received information in the past that gives you a range of safe play activities that you can do with your children from ages 0-5 years of age.	18			45%		
Have you received the "Active Movement: activity guides for under fives" pack by SPARC?	15	40		38%	100%	
Do you incorporate safe play/physical activities into your infant/toddler's/preschooler's lives right now?	29	40		73%	100%	

**What kinds of safe play/physical activities do you do with children?**

	<b>Pre</b>	<b>Post</b>	<b>Post difference</b>
ball games/ play	45%	90%	45%
reading	43%	68%	25%
walking	40%	63%	23%
tummy time	23%	25%	3%
water play	23%	53%	30%
singing	20%	53%	33%
swimming	18%	25%	8%
TV	18%	18%	0%
floor play	18%	48%	30%
play park	15%	20%	5%
dancing	15%	25%	10%
bikes	13%	18%	5%
blocks play	10%	8%	-3%
jolly jumper	10%	20%	10%
music	10%	13%	3%
hide n seek	5%	38%	33%
crafts	3%	28%	25%
running	10%	25%	15%
jumping	10%	20%	10%
play dough	3%	15%	13%
puzzles	5%	15%	10%
baby play gym	13%	15%	3%
gardening	3%	13%	10%
frisbee	0%	13%	13%
sand play	5%	13%	8%
crawling	3%	10%	8%
outside play	8%	10%	3%
games	0%	10%	10%
threading	0%	8%	8%

climbing	0%	8%	8%
hand movements	3%	8%	5%
bubble fun	0%	5%	5%
talking	5%	5%	0%
obstacle course	0%	5%	5%
cooking	5%	5%	0%
trampoline	3%	5%	3%
exploring	0%	5%	5%
play centre	0%	5%	5%
mirror play	0%	5%	5%
clapping	0%	5%	5%
baby massage	0%	3%	3%
standing	0%	3%	3%
indoor games	0%	3%	3%
blind mans bluff	0%	3%	3%
tickles	0%	3%	3%
card games	0%	3%	3%
smelling & touching	3%	3%	0%
golf	0%	3%	3%
bouncing on knee	0%	3%	3%
physical play	0%	3%	3%
movement	3%	3%	0%
making faces	3%	3%	0%
walker	0%	3%	3%
exer saucer	0%	3%	3%
reaching	5%	8%	3%

	Pre	Post		Pre	Post	Post difference
	Stage 1	Stage 2		Stage 1 %	Stage 2 %	
How often do you or another adult supervise these activities?	25	38		63%	95%	
Why is wearing a safety belt or child restraint so important? - because it greatly reduces the chance of injury in a crash	26	38		65%	95%	30%
Whose responsibility is it to see that children are restrained in a vehicle? - the driver of the vehicle	35	40		88%	100%	12%
In New Zealand, it is <b>compulsory</b> for children to be in an <b>approved</b> child restraint (capsule, car seat, harness or booster seat) until what age? - 5 years of age.	26	40		65%	100%	35%
<b>When should you stop using, or not buy a car restraint?</b>						
when it is over 10 years old	5	35		13%	88%	75%
when it has been in a crash	9	26		23%	65%	42%
when it is not approved for use in New Zealand	1	15		3%	38%	35%
when it is damaged in some way such as cracking in the restraint's shell or fraying of the harness.	19	29		48%	73%	25%
				44%	80%	36%
Do you use a child restraint (capsule, car seat, harness or booster) to ensure the safety of your children aged 0-4 years in a vehicle?	32	40		80%	100%	
Do you know how to <b>install</b> the car restraints you have now, correctly?	38	40		95%	100%	
Do you know how to <b>use</b> the child restraints you have now, correctly?	38	40		95%	100%	
Are the car restraints under 10 years old?	33	40		83%	100%	
Are the car restraints certified for use in NZ?	39	40		98%	100%	
Are the car restraints currently in the vehicle installed correctly?	16	37		40%	93%	
Does the parent/caregiver know how to use the child restraint correctly?	24	38		45%	95%	

## 8.0 References

- Land Transport New Zealand. (2005). *Child restraints: Factsheet 7*. New Zealand Government.
- Safekids New Zealand (2005). *Unintentional Childhood Injury*. Retrieved 15 June, 2005, from <http://safekids.org.nz>.
- Swart, L., Van Niekerk, A., Seedat, M. & Jordaan, E. (2008). Paraprofessional home visitation program to prevent childhood unintentional injuries in low-income communities: a cluster randomized controlled trial. *Injury Prevention Online*, (14): 164-169. Retrieved 11 November, 2008 from <http://injuryprevention.bmj.com/cgi/content/14/3/164#BIBL>.
- O'Meeghan, C. (2007). *Kawerau Home Safety for Preschoolers Pilot Project*. Toi Te Ora Public Health: Whakatane. (copies available upon request by emailing the author at [carmen.o'meeghan@bopdhb.govt.nz](mailto:carmen.o'meeghan@bopdhb.govt.nz)).

### Approved



Graeme Savage  
**Regional Manager**  
Toi Te Ora – Public Health Service

4 June 2009