

Barriers to addressing child and youth injury prevention in Nova Scotia

ENGAGEMENT PROJECT REPORT
FEBRUARY 2021



“Engagement: an important motivator for action.”¹

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Child Safety Link also wishes to express sincere thanks to members of their Advisory Council for their continued commitment to children's injury prevention.

Executive Summary

As a program of the IWK Health Centre, Child Safety Link (CSL) is dedicated to reducing the incidence and severity of unintentional injuries among children 0-14 years of age. To support this mandate, CSL embarked on a local research project to understand the barriers service providers face when supporting vulnerable families to prevent unintentional injuries. CSL focused on this audience because we know that families living in more vulnerable situations (e.g. poverty, low literacy) tend to experience higher rates of unintentional injury.

After six engagement sessions with more than 45 service providers, it became evident that more can be done to support children's injury prevention including a more unified approach to CSL's work across three portfolios – In the Home, On the Road, and At Play. This report presents a summary of the findings and recommendations from the engagement sessions.

Summary of Findings

Overall, the findings from the engagement sessions can be categorized into three areas: Family and community impacts of injury; Barriers to injury prevention; and Recommendations for possible next steps for CSL. Participants identified a number of impacts due to unintentional injuries that they have witnessed within their respective communities. This included parental impacts such as guilt and fear, to more system impacts such as overburdened staff and agencies. Participants also identified several positive impacts due to unintentional injuries within their communities. Because of heightened awareness of particular risks associated with injuries, there seems to be increased support for and development of policy and an increased desire and willingness of staff and families to actively seek out prevention training such as first aid.

Although participants expressed a keen desire to learn how to mitigate the incidence and severity of unintentional injuries among the families they support, many barriers to do so were identified. Participants outlined several barriers including their challenges in building and maintaining trust with families, ensuring access to sustainable and equitable resources and services, and the availability of culturally competent and relevant information for all populations.

Participants were also asked to identify next steps for CSL specifically. Overarching themes included: Establishing open and efficient communication with service providers and families, establishing an injury prevention community of practice for service providers to link with CSL more formally and for the regular distribution of information, and a focus on the general culture of safety and how to specifically support more vulnerable families.

Recommendations

Several recommendations are provided and they are divided by the planning pillars of CSL that include: Capacity Building & Partnerships, Communications & Public Relations, Advocacy & Healthy Public Policy, and Research & Evaluation. Several of these high-level recommendations include:

- Establishing a community of practice
- Offering resources that are culturally safe
- Increasing the profile of injury prevention and policy within schools
- Determine how injury prevention is currently funded and advocate for support

Purpose

The purpose of this initiative was to engage with service providers across Nova Scotia to determine the barriers and challenges to preventing unintentional injuries among children and youth (ages 0-14) among diverse populations.

Overview of Report

This report presents the findings from these discussions with service providers who work with vulnerable families in diverse communities.

CSL values the insight from our partners and the community to inform our injury prevention work. Seeking and receiving this feedback from service providers remained the focus throughout this engagement project.

Background and Context

CSL is a Maritime-wide child and youth injury prevention program of the IWK Health Centre in Halifax. CSL focuses on the prevention of unintentional injuries to children and youth ages 0-14 years in three main priority areas: In the Home, on the Road, and at Play. CSL works continuously to ensure that injury prevention is a priority for our partners, parents and families and does this by developing and implementing initiatives through our organizational vision which includes four pillars of focus: Capacity Building & Partnerships, Communications & Public Relations, Research & Evaluation, and Advocacy & Healthy Public Policy.

Capacity Building & Partnerships

CSL collaborates with communities, partners and across sectors to facilitate mobilization and capacity building in order to enhance the impact and sustainability of shared health priorities.

Communications & Public Relations

CSL communicates evidence-based information and engages with diverse audiences using effective approaches, mediums and technologies.

Advocacy & Healthy Public Policy

CSL creates social action to influence healthy public policy within various sectors by gaining support for a particular health goal or initiative to reduce inequities and enhance the health of the population.

Research & Evaluation

CSL draws upon a multi-disciplinary base of core concepts, principles, theory and research to understand health issues and inform health promotion action. Through this pillar, CSL strives to achieve measurable health promotion goals and objectives by way of monitoring and evaluating health promotion actions and initiatives.

CSL recognizes that many factors can have a direct influence on the overall health and safety of children, youth, and families. This specific group of factors, known as the social determinants of health (SDOH), include education, income, and employment among others, and CSL recognizes that certain SDOH make families more

Key Terms

ENGAGEMENT is an ongoing process of sharing information with a community and seeking feedback.

The purpose of engagement is to involve members of a particular community or organization in the process of future decision making.²

SERVICE PROVIDERS is used throughout this report as a collective way to address those individuals who work closely with and to support families.

PARTICIPANTS is used throughout this report to refer to service providers who attended and offered their feedback during each engagement session.

vulnerable to unintentional injuries. To gain a better understanding of these and other barriers to preventing injury among children and youth, specific to Nova Scotia, CSL embarked on this engagement project as the first phase of developing a comprehensive plan to better support vulnerable families. This first step was to explore the barriers local service providers experience when addressing child and youth injury prevention across Nova Scotia.

CSL has a history of supporting families who may have language and literacy barriers through the provision of educational materials in several languages and mediums. In 2012, CSL conducted the following research project: *Challenges for Safety and Injury Prevention for Families in Low-rental Housing*. In 2018, CSL conducted an analysis activity among members of its Advisory Council. This activity identified and further analyzed current Strengths, Weaknesses, Opportunities, and Threats (SWOT) of the CSL program.

From this analysis, two main approaches to further the work of CSL were identified as follows:

- 1) To develop a unified approach to reaching and remaining engaged with our partners who work closely with families in the area of injury prevention at home, on the road, and while at play, and;
- 2) To determine specific barriers to addressing child and youth injury prevention among specific populations across Nova Scotia.

In late 2019, CSL received funding from an external donor granting CSL the ability to conduct a series of in-person meetings with staff from Family Resource Centres, New Immigrant Associations, and First Nations Health Centres across Nova Scotia. The purpose of these meetings was to determine the current barriers experienced by these service providers in addressing child and youth injury prevention among the families they support, and how CSL could best support them and the agencies/centers they work for. These engagement meetings were set to begin in May 2020.

However, in March 2020, the response to the COVID-19 pandemic resulted in drastic changes to the operations and work environments for these organizations as well as our own. This meant that CSL was no longer able to host in-person meetings. Through these challenges, CSL adapted the approach of this project to be entirely virtual, ensuring the important objectives of this work could still be met, while keeping stakeholders and staff safe.

Building on past projects and research among populations across the Maritime Provinces, this approach to engaging with service providers was well received.

Methodology

This engagement project was developed by CSL's Health Promotion Specialist staff, with collaborative influence from colleagues and partners. The design plan and facilitator guides were developed by the Health Promotion staff of CSL. Engagement session discussions were facilitated by CSL staff and student intern.

A total of six (6) 90-minute engagement sessions were conducted during the month of October 2020. Each session included a different number of participants, with a cumulative total of 45 (out of 62 official registrants) who actively participated and offered their feedback. Included in this participant list were individuals from Family Resource Centres (FRCs), First Nations Health Centers, Immigrant Services Association of Nova Scotia (ISANS) staff, and other partners and professionals from across Nova Scotia.

Initial correspondence of these sessions was sent out in August 2020 to partners who had been originally selected in specific communities for an in-person session before the pandemic led to changes in the way the project would be delivered. CSL had originally chosen locations in and around HRM, Truro, Millbrook, Sydney, Membertou and Eskasoni in an effort to include diverse community service providers who support Mi'kmaq families, newcomer families, and Black Nova Scotian families as well as families from both rural and urban communities.

Participants were invited to register for one of the six virtual sessions via email or phone in September 2020. Upon registering, participants were sent a follow-up email with an overview of the session structure, as well as a question to reflect on ahead of their respective session. Each of the six engagement sessions occurred over Zoom for Healthcare.

CSL began each session with the Indigenous Land Acknowledgement, followed by brief introductions of hosts, facilitators, and participants. A series of three questions, discussed in detail in each of three assigned breakout rooms then occurred. A design plan as well as power point slides and a facilitator's guide for each breakout room was developed to ensure consistency in both the approach and delivery of material during each engagement session. This also ensured the information collected was relevant.

Participants were informed that their session was a safe space to explore thoughts, reactions, worries, and/or opportunities. Anonymity was ensured, and group guidelines were identified to encourage respectful dialogue and sharing. This also allowed participants to feel safe and to engage in the session without fear of judgement.

Engagement sessions were not recorded, therefore hosts and facilitators used only the notes taken during each session. Facilitators captured details of all discussions (including larger group reflections and breakout room conversations) using a white board (note-taking) feature. This feature allowed participants to see what was being shared verbally, documented in real-time.

Pre-session Reflection

Prior to each session, participants were asked to reflect on the following question: *What are some of the impacts of unintentional injuries on you, on others, on/in your communities?* During each engagement session, this question was re-visited and participants were invited to share a word or phrase to describe what this impact meant to/for them, or the areas they felt were impacted by unintentional injuries in the work that they do.

Breakout Rooms Structure

Participants were divided into three groups who met in virtual breakout rooms to further discuss a series of three questions pertaining to children's injury prevention, barriers preventing effective injury prevention efforts, and next steps required to prevent children's injuries in the home, on the road, and at play. Each virtual breakout room was led by a facilitator who posed the questions, encouraged on-task discussion among group members, and took notes of what was shared on the breakout room whiteboard. A total of ten (10) minutes for each question was given before returning to the larger group, where the group facilitator succinctly shared the themes discussed.

Breakout Room Questions:

The three questions posed to participants included:

1. How do you currently address children's injury prevention with the families you support and work with?
2. When it comes to injury prevention:
 - A) What barriers exist among the families you work with or support that put their children at higher risk for unintentional injury?
 - B) What barriers are currently preventing you from better addressing children's injuries with these families?
3. What do our next steps need to be/focus on in order to address the prevention of children's injuries in the home, on the road, and at play?

Data Analysis

The notes from each breakout room session were collated, then coded into key words. Together, the collated data and key words were categorized, with the overarching themes highlighted. The themes from each discussion question were then synthesized and compiled into this report, and further used to inform next step recommendations for CSL.

Social policy initiatives can reduce injuries by improving social and economic conditions, enabling individuals to increase control over, and to improve various aspects of their health.¹ This can increase the effectiveness of other public health/injury prevention and health-care strategies. For example, individuals will be more receptive to education programs about an injury issue if their basic needs are being met (i.e. they have safe housing or are receiving a liveable income).²

Results

Results are outlined below by pre-session reflection and then by each question.

Pre-session reflection: Impacts of unintentional injuries

Participants shared similar thoughts on the impacts of unintentional injuries on themselves, on others, and/or in their respective communities. Some of these impacts included:

- Emotions: Parental guilt, shame, stress, fear of judgement;
- Culture of safety: Reminded of the impact(s) of just one single injury on the greater community;
- System level impacts: Overburdens the current healthcare system, reduces availability for others to access help/support/treatment;
- Child development: Increases awareness of ages and stages of development, children's readiness for activities and ability to assess risk;
- Awareness of *who* is most vulnerable and what (else) is needed to support families;
- Financial stress for families: Whether or not families can afford safety devices to prevent injuries in the home;

- Increased familial stress: Additional stress on larger families and/or families with extended family living in the same household who may have differing beliefs and approaches to safety.

Additionally, participants in the engagement session groups shared several positive impacts on service providers as a direct result of unintentional injuries. These included:

- Increased policy development: Creation of and better support for policies post-injury;
- Willingness to learn more: Increased desire to seek out and participate in trainings (i.e. first aid);
- Heightened awareness of risks associated with/to injury, thus leading to better prevention measures in place.

Breakout Room Discussions

Several common overarching themes emerged during each breakout room discussion, including:

- Building and maintaining trust with families;
- Ensuring appropriate, sustainable and equitable access to resources and services for families; and
- Establishing communication channels that are open, honest, and timely with parents and families.

Discussion Question # 1:

How do you currently address children’s injury prevention with the families you support and work with?

“We are here to help – we are not here to judge them (parents).” – Participant

Overall it was noted that parents and caregivers require robust social supports to help manage the stress of raising children. For service providers, the most common approaches they use to address children’s injury prevention for families was providing educational resources and various training opportunities, and demonstrating healthy behaviours. Approaches that are interdisciplinary and innovative are favored.

Participants identified specific approaches used to address children’s injury prevention among the families they support. Examples of these include:

- Educational resource distribution: Resources disseminated through various communication channels including (but not limited to) websites, social media and toll-free phone lines;
- Supportive environments: A coordinated, well-established approach to creating a safe space for conversation sharing, leading to increased trust between family member and service provider;
- Education/Learning opportunities: Extensive injury prevention education for parents and caregivers; and
- Community strengths: Identifying strengths, as well as risks and how to mitigate these within respective communities

Discussion Question # 2:

When it comes to injury prevention:

Part A - What barriers exist among the families you work with or support that put their children at higher risk for unintentional injury?

Financial Barriers

Participants identified the financial barrier as one of the most common and difficult barriers to overcome in the work that they do. It was often indicated that some injury prevention best practice advice is costly, and therefore hard to recommend. There also exists a disconnect between giving this safety/prevention messaging and being able to support this with the actual tools required, oftentimes due to decreased funding and budget issues.

One example given included a free bike program made available to community members, but without offering a helmet or accompanying safety information about their necessity and importance to preventing potential injury.

Cultural Barriers

Issues of racism, lack of diversity and the relevance of information for the population in focus were highlighted as specific cultural barriers identified by service providers as experienced by the families they currently support. In some cases, issues of personal bias have occurred. That is, in some cases *how* a family conducts their safety measures to prevent injury can draw more (or less) attention, participants felt that this happens most frequently among the Newcomer population. A direct result of this perceived judgement is parental fear and worry among the family in question.

System - level Classification Barriers

System-level classifications, mainly between the health sectors vs. the education sector, and a lack of identification and/or understanding what these are can lead to a delayed or complete lack of approval to conduct important prevention work, depending on which sector the work is classified under.

Other barriers to injury prevention that were mentioned include:

- **Social Determinants of Health (SDOH):** Including education, language and literacy;
- **Accessibility:** Issues of urban vs. rural community access and sustainability;
- **Affordable, accessible housing:** An inability to install necessary safety equipment such as stair gates, cupboard locks, etc. particularly in rental units. Another issue included mention of a lack of landlord responsiveness to request(s) to do so.
- **Technology:** Everything has gone virtual, and in many cases, families do not have the speed of and accessibility to reliable internet sources for important information retrieval.

When it comes to injury prevention:

Part B - What barriers are currently preventing you from better addressing children's injuries with these families?

"Digging for this info is overwhelming when actively supporting families." – Participant

- **Lack of safety information, and the ability to then engage in conversations about injuries:** It was noted that information can be too issue-specific and thus difficult to prepare and discuss in more general terms with parents and families, when it comes to preventing injuries among children. In most cases, the discussion aligns with the/a specific safety device that is available to support the issue at hand (i.e. car seat specific to the children's age and stage, helmet for the specific wheeled activity, etc.). While this approach is helpful to prevent that specific injury, it was suggested that general prevention information would be useful and help to bring these discussions to the table without instilling additional fear or presenting too much information which can be overwhelming.
- **Lack of reliable access to educational materials:** Not everyone has access to reliable internet, or knows where to go to get this access. Furthermore, charges associated with accessing the internet are difficult for some parents and families to afford. As a service provider, suggesting accessing information on a website is not ideal.
- **Timing:** Conversations about injury prevention – the importance of and 'how-to' prevent injury - need to occur sooner, before an injury (actual or potential) occurs rather than afterward when the conversation also includes future prevention of similar or other injuries.
- **Inconsistent laws:** A lack of consistent laws protecting children from injury across countries, and how to best explain the importance of laws in Canada without increasing fear or worry.
- **Capacity to Advocate:** Uncertainty about how to effectively advocate for policies and how to effectively influence/implement the change(s) that may result.

Discussion Question # 3:

What do our next steps need to be/focus on in order to address the prevention of children's injuries in the home, on the road, and at play?

"You need to recognize the systemic barriers and determine how WE can address them". – Participant

Some common themes from this discussion question included building trust, providing thorough and efficient communication, listening, encouraging, and offering understanding, and establishing a community of safety. Another important point shared was the need to meet parents where they are – listening to them and addressing their questions.

Other points of discussion from this question included:

- **Comprehensive education for parents** including information on how different developmental stages in children relate to injury;
- **Simplified messages** in a clear, non-judgmental way;

- A focused approach to injury prevention (i.e. examining the perception(s) of risk for parents, families, and caregivers);
- Communication that is respectful of different cultures and communities, and free from presenter bias; and
- Support for interactive (visual and other) learning for families with literacy and learning challenges.

“We need to help parents and providers understand the balance between “kids being kids” and injury prevention.” – Participant

Conclusion

This report presents findings from the engagement sessions that explored the barriers and challenges to preventing unintentional injuries among children and youth in communities across Nova Scotia. The findings indicate that while there are a variety of resources in place to support those who work closely with families to prevent injuries among children, many service providers and families continue to face a number of challenges. The desire to remain connected through conversation and to receive support through resource sharing from CSL remains high. However, this can be challenging due to particular barriers directly related to the SDOH. While CSL focuses on unintentional injury prevention among children and youth across the Maritime Provinces, we are committed to continued learning alongside those families, service providers and/or other professionals who require support, to ensure that trust is established and well-maintained across these communities, their partners, and within the larger health sector.

A series of recommendations for CSL to consider are outlined below.

Recommendations

This section outlines recommended next steps for CSL to investigate further in order to continue to best support their partners and service providers who work with families. Recommendations are defined based on CSL’s current pillars.

CAPACITY BUILDING & PARTNERSHIPS

“There is a strong desire to stay connected with Child Safety Link – and to each other – to best support families and each other.” - Participant

- 1. Build capacity among service providers to further support families to navigate injury prevention.**
CSL should further build the capacity to navigate injury prevention among service providers. Possible next steps could include: Developing a community of practice focused on the prevention of unintentional injuries among children, for service providers to access and share evidence-based information, knowledge and best practices.

Additional considerations may include: Appointing community point persons to represent specific communities, hosting an ongoing speaker series, expanding current resources, etc.

2. Develop an integrated approach to current training(s), including specific injury prevention information for service providers.

CSL should work closely with service providers (e.g. Family Resource Centres, First Nations Health Centers, ISANS, etc.) across communities in NS to integrate injury prevention and safety information specific to in the home, on the road and at play into existing training and other programming. Immediate next steps could include consulting with service providers in specific sectors to identify what training currently exists as well as opportunities to embed and incorporate information into current trainings or programs to ensure families are well supported. CSL could consider aspects of the Canadian Injury Prevention curriculum in these efforts.

3. Support injury prevention work focused on across the lifespan approaches.

Partner with organizations who currently focus on social determinants of health and injury, and bring CSL’s child and youth lens to this work (i.e. how unintentional injuries sustained in childhood may affect lifelong health; links between injury and chronic disease, etc.)

COMMUNICATIONS & PUBLIC RELATIONS

“Often parents are aware of the resources needed but do not have access or means to get it”
- Participant

1. Identify opportunities to share prevention information through new and existing community support channels.

CSL should assess how prevention information and/or resources are currently shared, how efficient this is and identify and/or advocate for other ways in which to disseminate this information across communities, particularly those with limited access to internet, etc.

2. Ensure current and future resources are culturally competent.

CSL should continue to develop resources in different languages and should also incorporate visual and interactive learning component(s) into future resource development, to support service providers who work with families who experience literacy and other learning challenges.

ADVOCACY & HEALTHY PUBLIC POLICY

1. Support existing policies related to injury prevention issues in Nova Scotia.

CSL can ensure they have the evidence to support and link policies to injury prevention – existing policies and policies being developed – by writing briefings, letters of support, being up to date on the literature and gathering information to help influence legislation changes, across the program’s three portfolio areas.

2. Increase the profile of injury prevention and the importance of policy within schools.

CSL should explore possible connections as well as current curriculum opportunities between injury prevention and service providers in school settings. Additionally, CSL can continue to connect directly with Early Childhood Educators and the students studying this program through the Nova Scotia College of Early Childhood Education.

3. Advocate for funding approaches that provide equitable and sustainable access to supports within communities addressing specific social determinants of health (SDOH) and injuries.

CSL can identify which SDOH issues are most relevant to their portfolio work (i.e. housing, literacy) and determine their role in reducing injury (i.e. advocating for safer housing, providing safety equipment - funding for car seats, safety plugs, window locks, and safety gates, etc.). Considerations to these approaches should include evidence-based solutions to best support vulnerable populations.

RESEARCH & EVALUATION

“There is always new families - they are just now at a place to learn and accept this information.” - Participant

1. Conduct further consultative research.

CSL should continue to support current service provider partners through enhanced and collaborative interdisciplinary approaches. This can be expanded through engagement work that includes further in-depth consultations with service providers across the Maritime Provinces in the areas of developmental stages and their relation to unintentional injuries, or the perception(s) of risk related to unintentional injuries among service providers, parents and caregivers, for example. CSL can devise and implement a comprehensive evaluation component to address the effectiveness of this in-depth consultation work with service providers.

2. Identify relevant government agencies and determine their role in injury prevention.

Define how injury prevention works across levels of government in Nova Scotia, and the language/terminology used to define these roles, how they conduct their work, level(s) of influence, etc. Determine current gaps and possible approaches or opportunities to better support service providers to work with these agencies towards addressing these barriers.

About Us

Child Safety Link (CSL) is an injury prevention program of IWK Health dedicated to reducing the incidence and severity of unintentional injury to children and youth in the Maritimes. CSL is committed to working with community organizations, governments, and other partners to ensure children are as safe as necessary at home, on the road, and at play.

www.childsafetylink.ca



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