

Kids Can Drown Without a Sound

FINAL REPORT



Kids Health, The Children's Hospital at Westmead
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Table of Contents

	<i>Pages</i>
1. Background Information	1
1.1 Data on Swimming Pools	1
1.2 Data on Portable Swimming Pools	2
1.3 Pool Fencing Legislation in NSW	3
1.4 Safety Issues Associated with Portable Pools	4
1.5 Recent changes to the legislation.....	5
2. The SCHN Portable Pool Safety Working Group	6
3. Kids Can Drown Without a Sound Project Plan.....	7
3.1 Goal.....	7
3.2 Project objectives	7
4. Language Data	7
5. Kids Can Drown Without a Sound Campaign	8
5.1 Methods	8
5.2 Results	11
6. Discussion	20
7. Conclusions and Recommendations	21
8. Budget.....	21
9. References	21

Appendices

Appendix A: Project Plan – Portable Pool Safety Campaign	23
Appendix B: Media Release.....	25
Appendix C: Paid Media Schedule.....	27
Appendix D: Campaign Resources	29
Appendix E: Campaign Budget	32

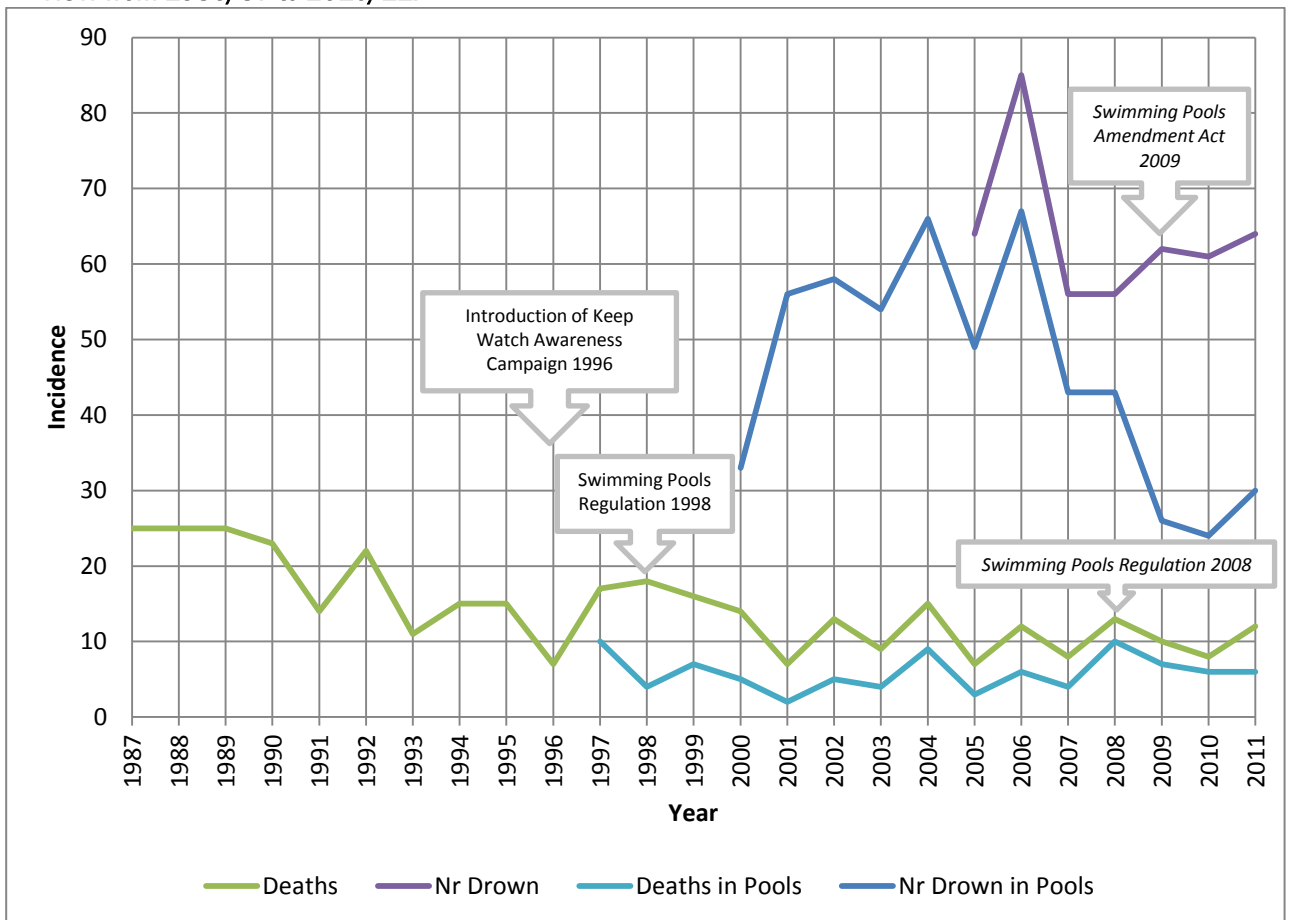
1. Background Information

1.1 Data on Swimming Pools

Drowning is a leading cause of death among children under five years of age. In NSW, from 1 July 2010- 30 June 2011, 12 children under five years of age died as a result of drowning,¹ with a further 64 children being hospitalised for near drowning from 1 July 2010- 30 June 2011 (see graph 1).² This equates to 4-5 children being hospitalised for every child death in this age group. This represents the highest drowning rate out of any age group, with an average of 53% of the drowning deaths occurring in swimming pools over the past five years.^{1,3,4,5,6}

According to unpublished data from the Injury Risk Management Research Centre (IRMRC), there were 30 near drowning incidents among children under the age of five that occurred in swimming pools in 2010/11 (see graph 1).²

Graph 1: Drowning and near drowning among children under the age of five in swimming pools in NSW from 1986/87 to 2010/11.



The Division of Local Government (DLG) estimated approximately 10% of all non-fatal admissions result in permanent brain damage based on data from various sources.⁷⁻⁹ More recent data suggests that of all near drowning incidents, 22.3% will experience some form of permanent brain damage, leading to the need for long term care, as a result of persistent and ongoing disability.¹⁰ This of course does not include the emotional impact that a drowning death or disability has on families and the community. DLG has estimated the total cost to NSW of child immersions in home swimming pools per year to be approximately 23 million, based on 5 drowning deaths and 3 near drowning incidents that result in severe brain damage.⁷

Near drowning figures are currently not discussed as part of the overall statistical reporting on drowning and a large bank of knowledge about the circumstances of the non-fatal drowning is absent from the evidence base for prevention programs.

Consistent reporting of all drowning death and near drowning incidents using a standard drowning form would enable the general public and policy decision makers in government to access the full impact of drowning and near drowning in NSW.

1.2 Data on Portable Swimming Pools

A portable swimming pool has been defined by the Australian Competition and Consumer Commission (ACCC)¹¹ as:

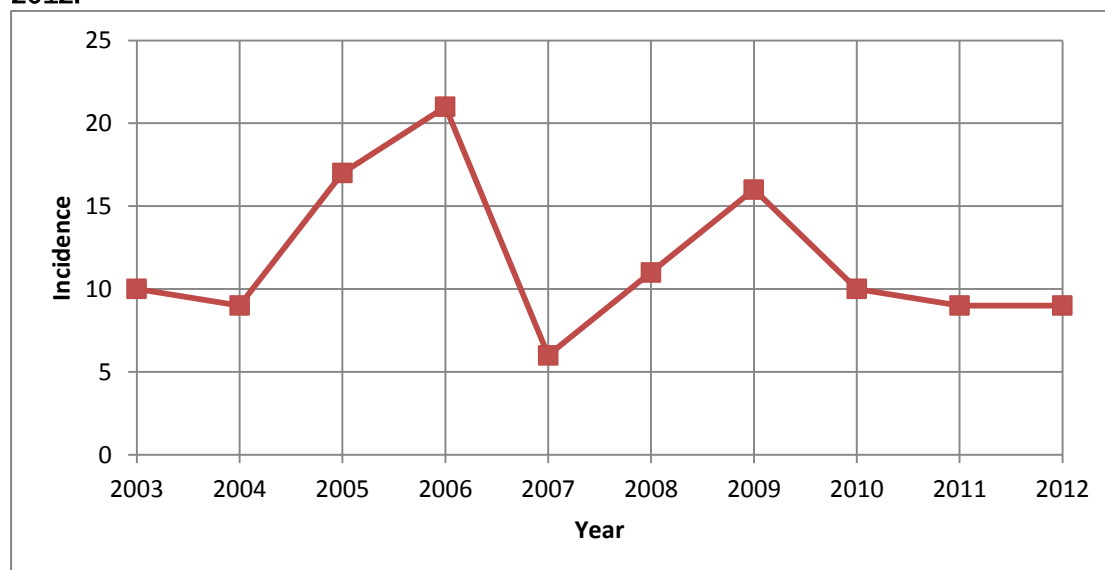
“A swimming or wading pool that is intended for domestic use and is:

- assembled by hand and readily carried by hand by an adult when empty without disassembly; or
- pre-moulded and readily carried by hand by an adult when empty; or
- inflatable and readily carried by hand by an adult when inflated and empty.”

There are over 340,000 swimming pools in NSW¹² with approximately 5,000 new swimming pools being installed per year (Division of Local Government, written communication 18th June 2010). There is no hard data on the number of portable swimming pools in existence in NSW; however the Swimming Pool and Spa Association of NSW (SPASA NSW) estimates there are in excess of 100,000 portable swimming pools in NSW.¹³ Clark Rubber also estimated there are approximately 100,000 portable swimming pools being sold per year in Australia (Clark Rubber, written communication 28th June 2013).

In America, 118 drowning deaths have been confirmed as occurring in portable pools from 2003-2012, but this could be higher as a large number of incidents are classified as occurring in above ground pools (unknown whether portable or permanent) or type of pool unknown (see Graph 2).¹⁴⁻¹⁷ The large majority of these incidents were among children under the age of five.

Graph 2: Drowning deaths in portable swimming pools among children in America from 2003-2012.



Data in NSW is available for swimming pools but has not been available specifically for portable pools. The International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) codes drowning while in or after a fall into a portable swimming pool under the category of “swimming pool” (W67, W68). This does not allow for the breakdown of drowning death and near drowning incidents specifically in portable pools.

In 2012, the NSW Child Death Review Team examined child deaths in private swimming pools, including portable pools (see Table 1).¹⁸ Over a quarter (29.0%) of the drowning deaths in the 38 pools where the information was known were in above ground portable pools between 2007 and 2011 (average of 2.2 per year). Eight (72.7%) of the portable pools did not have a fence which was required under *the Act*.

Table 1: Examination of drowning deaths in private swimming pools in NSW, 2007-2011

	In-ground or semi-in-ground pools	Portable swimming pools	Total
Drowning deaths	27 (71.1%)	11 (29.0%)	38 (100%)
Unfenced pools	1 (11.1%)	8 (88.9%)	9 (100%)
Rental properties	2 (33.3%)	4 (66.7%)	6 (100%)

In total, six children drowned in rental properties, four (66.7%) of which were in above ground, portable pools. There were 72.7% of portable pool cases where the portable pools were known not to have fences around them. The highest number of drowning deaths in portable pools was observed in 2011 (NSW Ombudsman's Office, written communication 26th June 2013). The Child Death Review Team also found that 32.5% of all incidents in above ground portable and in-ground pools occurred in a family friend or relative's swimming pool.¹⁸

1.3 Pool Fencing Legislation in NSW

The pool fencing legislation in NSW includes the *Swimming Pools Act 1992* (NSW) ("the Act"), the *Swimming Pools Regulation 2008* (NSW), the *Swimming Pools Amendment Act 2009* (NSW) and the *Swimming Pools (Amendment) Act 2012* (NSW). Other pieces of legislation that relate to swimming pools include the *Conveyancing (Sale of Land) Regulation 2010* (NSW), *Residential Tenancies Regulation 2010* (NSW), *Building Professionals Act 2005* (NSW), *Environmental Planning and Assessment Act 1979* (NSW) and the Building Code of Australia.

The definition of a swimming pool under the Act is outlined below.

"Swimming pool" means an excavation, structure or vessel:

(a) that is capable of being filled with water to a depth greater than 300 millimetres, and
(b) that is solely or principally used, or that is designed, manufactured or adapted to be solely or principally used, for the purpose of swimming, wading, paddling or any other human aquatic activity, and

includes a spa pool, but does not include a spa bath, anything that is situated within a bathroom or anything declared by the regulations not to be a swimming pool for the purposes of this Act.

Clause (a) is consistent with the legislation in every state and territory in Australia and includes portable swimming pools.

The legislation states all pools must comply with the Australian Standard AS1926-2007: *Fences and Gates for Private Swimming Pools* (AS1926-2007) and requires the owner of the residence on which an outdoor swimming pool is located, to make sure that a child resistant barrier surrounds the pool. Local councils may grant exemptions however, in cases where barrier requirements are impracticable or unreasonable. The *Environmental Planning and Assessment Act 1979* outlines approval of development proposals and building certification, the *Environmental Planning and Assessment Regulation 2000* outlines critical stage inspections to be carried out by the Principal Certifying Authority (PCA) and the *Local Government Act 1993* gives councils the power to make orders requiring the owner of swimming pool to bring it into compliance with the Act.

According to Subdivision 30 of the *State Environmental Planning Policy (Exempt and Complying Development Codes) 2008*, portable swimming pools do not require a development application from local councils if the pool does not exceed 2000L in capacity and does not require structural work for installation. There is no requirement for a Private Certifying Authority (PCA) to inspect the final pool fence to make sure it is safe and compliant with the legislation, as is done with permanent swimming pools. Many cheap portable swimming pools are widely available from most major department stores and online stores and local councils are not notified when these pools are purchased or installed. Therefore the fencing requirements under the Act cannot be adequately enforced.

The portable nature of these products provides concern as pool owners may empty the pool and store it out of sight upon inspection, misleading the PCA that they no longer have the pool, but can later use the product without the required fencing and without the knowledge of the local council. There are also issues if the pool owner moves into a different property as the pool owner can take the portable pool with them, thereby making enforcement even more difficult for local councils.

1.4 Safety Issues Associated with Portable Pools

Portable swimming pools are increasing in popularity due to their easy set up and affordability, especially among low socioeconomic communities who may not be able to afford a permanent swimming pool and the costs associated with installing a permanent child-resistant fence. It is not well known among the community and retail sector that portable swimming pools that are capable of being filled with more than 300mm of water are required by law to be surrounded by a four sided fence. Under *the Act* spas are permitted to have a lockable child safe lid instead of a fence. Some of the other states in Australia allow the walls of an above ground pool to constitute a fence. However, this is not allowed for swimming pools in NSW, including portable pools, and a four sided fence must be installed.

In 1998 in NSW warning labels were developed and have since been updated as follows for all portable pools capable of being filled with more than 300mm of water:^{19,20}


- “Pool fencing laws affect this product. Before you buy this pool you should consult your local council.”
- “Pool owners, parents and carers need to be aware of the potential for drowning even in shallow water. You should ALWAYS SUPERVISE CHILDREN when they are using these products.”
- “Ensure that the water is kept pure. Water left in inflatable pools for periods of time can become contaminated and cause illness.”
- “Empty the pool and store it safely (away from young children) when it is not in use.”

The above warning labels are now mandatory, although most products seemed to comply previously when this requirement was voluntary.²¹ There are concerns however, that consumers may not be aware of these warning labels and legislative requirements when purchasing portable pools due to the warning labels’ limited visibility and small text, including on the packaging and on the actual product after it is erected. In addition, the availability of these products online through websites such as eBay, can affect whether consumers are being fully informed of their legislative requirements prior to purchase. Anecdotal evidence also tells us that many retail staff selling portable swimming pools are not aware themselves of the fencing requirement for all pools capable of being filled with more than 300mm of water.

When portable pools can cost as little as \$50, it is unreasonable to think pool owners are going to spend thousands of dollars installing a pool fence, especially when buyers may not be aware of fencing requirements, despite the above warning labels, or do not have the money to install a fence. There are concerns that it is not physically possible for many portable pool owners to install a fence around these pools as it would require a hard surface. Many backyards do not have hard surfaces already present which would require pool owners to spend additional money on not only the fence but installing a hard surface as well. The installation of a hard surface would require approval from the landlord in cases where the property is being rented, which are properties that are of concern when looking at the available drowning death data for portable pools. In addition, many pool owners prefer to erect the portable swimming pools on a grassed area where the base of the pool is softer. Drowning death and near drowning incidents among Culturally and Linguistically Diverse (CALD) communities are also of concern, especially those that have low English proficiency and are unable to read the warning labels on the product. The pool fencing legislation was established to protect young children from drowning; however portable swimming pools are easily accessible to young children and unsafe because people are failing to ensure the pool is fenced.

Children are being placed at a very high risk of drowning and near drowning when portable pools are erected without fencing, usually for the warmer months of the year in spring and summer. Many of these pools are not taken down over this period, often due to the size and quantity of water present in the pool, which can also pose hygiene and water contamination issues especially when a filter is not used with the pool.

A study in America, found portable swimming pools are potentially more dangerous than permanent swimming pools.²² This is because they don’t generate the same perception of risk among owners and many of the safety features, such as pool fencing, are too expensive or not easily available for those that purchase the cheap portable swimming pools.



Dr Gary Smith, lead author of this study, recommended that fencing be included at point of sale as fencing is often not purchased as it can cost more than the pool itself.²³ Feedback from parents also highlighted their belief that fencing was not needed with these pools as it hasn't been included with the pool.²²

1.5 Recent changes to the legislation

1.5.1 The Division of Local Government

In December 2012, DLG released the *Swimming Pools Amendment Act 2012* (NSW) and made changes to the *Swimming Pools Act 1992* (NSW). A summary is outlined below:


- Establishment of an online state-wide swimming pool register through DLG and require all pool owners to register their pool by 29 October 2013 to avoid a fine
 - Pool owners will also need to undertake a “self-certification” process of their pool and declare that their pool complies to the best of their knowledge.
- Councils will need to develop a swimming pool barrier inspection program in consultation with the community that is acceptable and affordable to their community. The inspection program commences no later than 29 October 2013.
- Mandatory inspections every three years of tourist and visitor accommodation and other multi-occupancy developments commence from 29 April 2014.
- Mandatory inspections at point of sale or lease commences 29 April 2014. Compliance certificates will be valid for three years.
- Councils may charge an inspection fee; up to \$150 for the initial inspection and up to \$100 for one additional re-inspection but no more for further inspections.
- Councils report annually on compliance and number of inspections undertaken.
- If an exempt pool is fenced voluntarily, it must comply with the new legislation requiring four sided fencing.
- Council powers of entry to inspect private pools.
- Definition of swimming pool as “greater than 300mm” and other minor word changes.

There is a concern that the area of portable pool safety is not being addressed in the legislation and these types of pools are continuing to pose a major risk of drowning and near drowning for young children. Further work needs to be done to strengthen the legislation and enforcement of portable swimming pools.

1.5.2 Australian Competition and Consumer Commission

In January 2013, the Australian Competition and Consumer Commission (ACCC) released a mandatory standard, *Consumer Goods (Portable Swimming Pools) Safety Standard 2013* (Cth), prescribing warning label requirements on all portable swimming pools, commencing 30 March 2014. In the Regulatory Proposal released in mid-2011 regarding mandating warning labels on portable pool products,¹¹ the ACCC did not propose that the Minister imposes an interim or permanent ban on this particular consumer good which would be available under subsection 109(1) and subsection 114(1) of the Australian Consumer Law (ACL) if the consumer good may cause injury to any person or where there may be a reasonably foreseeable misuse of the consumer good.

The ACCC stated in the Regulatory Proposal that portable swimming pools provide “a source of enjoyment” and a “significant benefit to many consumers”. However, to enjoy the use of these products and ensure the safety of young children consumers need to ensure large portable pools are fenced. Mandating warning labels may assist purchasers in making an informed decision. However, voluntary warning labels on small and large portable pools were in place for a number of years in NSW and there is concern that warning labels do not go far enough to reduce the risk of children drowning in large portable swimming pools especially considering most products already displayed warning labels and consumers were still not ensuring their swimming pools were fenced according to the legislation. In addition, these types of swimming pools appeal to lower socioeconomic communities and renters who may not be able to install a “permanent swimming pool” or the required fencing, despite being aware of the warning labels and dangers associated with these products. This may also be because parents or carers have an “it won't happen to me” mentality.



The ACCC stated “competent supervision of children while they use portable swimming pools mitigates the drowning risk”. However, some large portable swimming pools, because of their size and quantity of water that can be held, are not able to be emptied after use. In addition, it is only human for adults to sometimes lapse in their supervision of children in the home or while out and about. There will be times when parents and carers are unable to actively supervise for every minute of the day. This is why secondary barriers, such as pool fencing, are extremely important in providing a secondary layer of protection. Pool fencing significantly reduces the chance of drowning, with four sided isolation fencing being superior to fencing enclosing the property and pool.^{23,24} Not being able to empty portable swimming pools means they pose the same drowning hazard as a “permanently installed pool”, if not more of a risk as a large proportion of portable swimming pools are not fenced.

CHW recommended the following to the ACCC in October 2012. Despite their not being included in the revised laws, CHW still believes children would be better protected if they were to be implemented.

1. More specific wording to emphasise the legal requirement for fencing. The statement “Pool fencing laws affect this product. Before you buy this pool you should consult your local council” is too vague and a lot of consumers may not realise fencing is required around these types of pools. If the requirements are exactly the same in all states and territories in Australia, then it should be acceptable to state “the law requires this pool to have fencing” OR “by law, all pools capable of being filled with more than 300mm of water require fencing, including portable pools”.
2. A large warning notice should be printed on the base of the pool, considering the portable nature of the product and ensuring all people using the pool know the requirements even if they have not seen the packaging.
3. There is also a need to provide warning notices online when consumers are purchasing portable swimming pools. This could simply be done through a pop up message that informs consumers of the fencing requirements as they click on the product, similar to the warning notices that are displayed when consumers purchase some designer brands on eBay and other online websites. Warning notices regarding fencing requirements should also be required in magazines or whenever these products are advertised.
4. The ACCC should consider mandating the registration of portable swimming pools capable of being filled with more than 300mm of water at point of retail sale in order to reduce child drowning and near drowning. This would be similar to the current requirement for pre-paid mobile phones and the information collected at point of retail sale. Mandating this registration process could inform how many portable pools are sold in NSW and would also allow all consumers to be educated on the safety issues and legislative requirements associated with these products at point of retail sale.
5. CHW is happy with the wording proposed by the ACCC but would like them to consider the following additional warning that is currently recommended in NSW: “Ensure that the water is kept pure. Water left in inflatable pools for periods of time can become contaminated and cause illness”.

Point four above would also tie in with the recent changes introduced by the Division of Local Government, making it mandatory for all pools to be registered on the state-wide swimming pool register, including portable pools.

2. The SCHN Portable Pool Safety Working Group

The Sydney Children’s Hospitals Network (SCHN) has coordinated a Working Group with key stakeholders to address child drowning and near drowning in portable swimming pools. Representatives include The Children’s Hospital at Westmead (CHW), Sydney Children’s Hospital (SCH), Australian Medical Association NSW (AMA), Royal Life Saving Society NSW (RLSSA NSW), Samuel Morris Foundation, Ambulance NSW, NSW Police, Fair Trading, Local Councils, Local Government and Shires Association of Australia (LGSA), Swimming Pool and Spa Alliance (SPASA), Coroner’s Office and Kidsafe NSW. This working group is working together towards a plan to prevent further drowning incidents in portable swimming pools in NSW and beyond.

3. Kids Can Drown Without a Sound Project Plan

In 2011-12, the SCHN co-ordinated a portable pool safety campaign which included the dissemination of resources to all local councils and GP Divisions in NSW, the development of community service announcements (CSAs) for radio and advertisements in print media to raise awareness among the community of the safety issues and fencing requirements for portable pools.

The 2012-13 portable pool safety campaign extended the work already undertaken by the SCHN with a focus on promoting the issue to CALD communities. CALD groups with low English proficiency are a group at high risk of drowning, particularly those with low English proficiency as they are unable to read the warning labels on the portable pool product. The goal, objectives and action plan as outlined in the application for funding are included below.

3.1 Goal

To reduce the incidence of drowning and near drowning in portable swimming pools in NSW.

3.2 Project objectives

1. To raise awareness of the safety issues associated with portable swimming pools and the legal requirement for fencing to English and non-English speaking community groups.
2. To research community knowledge, awareness and behaviour change regarding the purchase of portable swimming pools.

The original action plan for the project is attached (Appendix A).

The following modifications were made to the original action plan during the life of the project:

- An A5 booklet was developed instead of a flyer allowing multiple images to be included.
- The top five languages targeted in the campaign were Arabic, Mandarin, Cantonese, Vietnamese and Korean. The money allocated to Greek and Italian was instead used to translate the resources in an additional 11 languages including Tamil, Sinhala, Tagalog, Hindi, Urdu, Bengali, Punjabi, Persian, Dari, Turkish and Spanish.
- Fewer brochures were printed for Korean and Vietnamese due to lower population figures for these groups based on Census data for NSW.

4. Language Data

Kids Health consulted with Multicultural Health Communication Service (MHCS) on appropriate languages for the campaign, how best to reach the target groups and assistance with the development of a communication strategy. MHCS is a state-wide service funded by the NSW Ministry of Health to provide health information to CALD communities. MHCS have extensive experience conducting focus groups, consulting and developing state-wide campaigns for CALD communities.

According to the 2011 Census, there were 573,102 parents of children under 5 years of age and 458,735 total children under 5 years of age.^{26,27} The following languages spoken at home had the lowest rates of English proficiency; speaking English not well or not at all:²⁷

- Mandarin (36,599)
- Cantonese (36,280)
- Vietnamese (29,086)
- Arabic (28,477)
- Korean (15,826)
- Greek (13,801)
- Italian (11,081)

Although Greek and Italian have high rates of low English proficiency, when looking at the country of birth data, only 5.2% of the Greek and 7.2% of the Italian population fit into the target group of 25-44 year olds (parents and carers of children under the age of five).²⁷

14 of the languages presented in Table 2 were among the top 17 languages that required health care interpreters at CHW for the period 01/12/2011 - 30/11/2012. Arabic, Korean and Vietnamese are also among the highest languages that have presented to CHW as a result of drowning and near drowning.

Table 2: Language data from the 2011 Census for NSW

Language	Total population	Total Low English Proficiency	% Low English Proficiency
Korean	47,422	15,826	33.4%
Vietnamese	87,500	29,086	33.2%
Simplified Chinese (Mandarin)	136,373	36,280	26.6%
Traditional Chinese (Cantonese)	139,824	36,599	26.2%
Dari	6,693	1,625	24.3%
Turkish	22,271	4,420	19.9%
Farsi/ Persian	17,039	3,297	19.4%
Arabic	184,253	28,477	15.5%
Spanish	55,627	7,181	12.9%
Urdu	17,741	1,974	11.1%
Punjabi	21,539	2,074	9.6%
Bengali	21,485	1,926	9.0%
Tamil	21,528	1,740	8.1%
Hindi	52,781	2,810	5.3%
Sinhala	9,387	425	4.5%
Tagalog	37,116	1,199	3.2%

Source: ABS (2011a) and ABS (2011b)

The population figures for NSW for the languages targeted in the campaign, as well as low English proficiency rates are evident in Table 2. These languages were chosen for the campaign based on Census data, MHCS advice and CHW Interpreter data. The languages highlighted in yellow were those chosen to produce printed resources for based on high population and low English proficiency levels.

5. Kids Can Drown Without a Sound Campaign


5.1 Methods

5.1.1 Resource and message development

The need for this campaign and the resources was not only identified in the literature review undertaken by Kids Health, but also by MHCS at a planning meeting with Kids Health. MHCS contacted bilingual workers or key informants who work with CALD parents and carers of children under the age of five and gaps in knowledge of drowning prevention, CPR, swimming pool and portable pool safety were identified. To further analyse community knowledge, receptiveness to the campaign resources and their ability to influence target audience behaviour, Kids Health engaged MHCS to conduct focus groups with English, Arabic, Cantonese, Mandarin, Korean and Vietnamese communities.

Each focus group consisted of five to ten parents or carers of children under the age of five. Each participant was given a \$50 supermarket gift voucher as an incentive to participate in the focus group. MHCS organised the venues for the focus groups, which were based on existing playgroups. Insurance to cover the participants and their children as well as CHW and MHCS was sought and obtained from the Treasury Managed Fund.

Five images were tested to: 1) determine if the various images successfully told the right story; 2) whether it was believable; 3) whether it raised the concern of the participants to the potential danger of portable pools; 4) whether it encouraged them to action to find further information and 5) whether the add was overall effective. Images number one, two and three were sketches of an image to test the concept before organising a photo shoot to capture the real images while images four and five were existing materials with images from previous photo shoots.



This was explained to the focus group participants and that if a particular image was popular, then real images will be obtained for the campaign resources. Two radio messages were also produced in script form to test: 1) the ease of understanding; 2) whether they responded to the spokesperson used; 3) whether it raised the concern of the participants to the potential danger of portable pools; 4) whether it encouraged them to action to find further information and 5) whether the add was overall effective.

There were also a number of questions being determined to test the effectiveness of a brochure and to raise awareness of the dangers of drowning and near drowning. The brochure was tested on: 1) the ease of understanding; 2) the way the brochure was designed; 3) whether the participants learnt something new from the information in the brochure; 4) whether it raised the concern of the participants to the potential danger of portable pools and 5) whether it prompted them to act on the information provided.

Each focus group participant was first asked to fill out a translated feedback form so the researchers could examine each individual's response without being persuaded by any dominant individuals. The group discussion expanded on their answers on the written form and why they answered the way they did. The following participant information was collected through the individual feedback forms: age, gender, suburb, number of children caring for under five years of age and ownership of a small or large portable pool, permanent pool or no pool. To provide an indicator of perceived risk of various locations, participants were also asked to rank from 1 (the most dangerous) to 9 (the least dangerous) the following locations: permanent swimming pool, large/portable pool, small inflatable pool, bath, beach/ocean, pond, bucket, river and dam.

The resources were translated into the various languages in order to conduct the focus groups. As part of the planning for these focus groups, facilitators were chosen who were bilingual and were supplied with a facilitators guide on how to run the focus groups, translated into their language. The use of a bilingual facilitator to run the group in the target language and the use of an interpreter to simultaneously translate the discussions into English (and onto a recorder), allowed Kids Health and MHCS staff that were present to understand what was happening and control the discussion if it went off track. A translated permission form consenting to participation and recording of the focus groups was signed by all of the participants.

Kids Health used notes gathered from the focus groups from Kids Health and MHCS as well as responses from the focus group feedback forms to revise the portable pool safety resources to ensure the key messages were communicated effectively. Although some resources received positive feedback, the final versions were based on what would achieve the aim of increasing knowledge and promoting portable pool safety.

A photo shoot was organised to capture new images for the campaign resources. Once the new designs were developed by the CHW Public Relations graphic designers using the images from the photo shoot, the resources were re-translated into the top five languages and translated into an additional 11 community languages. The resources and advertisements were then promoted as part of a paid media campaign over the summer period of 2012-13.

The radio script was revised to incorporate a real life story and professional advice, as suggested in the focus groups. Professionals from the Australian Medical Association of NSW, Vietnamese-Australian Medical Association, Australian Chinese Medical Association, Australian Arabic Medical Association, Australian Indian Medical Graduates Association and the Korean Society of Sydney were identified as suitable spokespeople for the campaign and were used to record voiceovers for the radio advertisements in house.

The campaign brochure, poster, radio advertisement and example of a print advertisement developed for the campaign is available in Appendix B.

5.1.2 Resource and message dissemination

To coincide with the launch of the campaign, Kids Health organised a mail out of resources to the swimming pool division of 152 local councils including extra resources for those council areas identified as having a higher proportion of Arabic, Chinese, Korean and Vietnamese communities, 186 contacts from the community services division and local libraries of NSW local councils, 454 community health centres and 20 Medicare Locals in NSW.

Translated information was made available through Kids Health at CHW. A PDF of the poster, brochure and checklist in English and 16 community languages was available on the Kids Health website and hard copies were available free of charge using the order form on the website. An email was sent to all stakeholders to inform them of the project, provide them with a PDF copy of the poster, brochure and checklist and encourage them to put a link on their website. Stakeholders included other injury prevention and water safety organisations, health professionals throughout NSW, real estate agents, local councils, primary schools, swim schools, community health centres and CALD organisations. A message was also sent through several mailing lists including CommunityNet and the Injury mailing list.

Professionals from the Australian Medical Association of NSW, Vietnamese-Australian Medical Association, Australian Chinese Medical Association, Australian Arabic Medical Association, Australian Indian Medical Graduates Association and the Korean Society of Sydney assisted Kids Health with promoting the messages to non-English speaking groups. A message was sent through several mailing lists including the Community Relations Commission's EmailLink. An all user email and a message on the SCHN intranet promoted the resource and campaign messages to staff. A message was also included on the Bandage Bear Facebook page. MHCS assisted Kids Health in promoting the resource to CALD communities at key festivals and events, including the Chinese New Year Festival celebrations at Belmore Park on Friday 8th to Sunday 10th February 2013 and at Hurstville on Saturday 2nd February 2013 and the Vietnamese TET Festival at Fairfield from 1st to 3rd February 2013.

Leba Ethnic media sent the print and radio advertisements and an additional Hindi CSA to the ethnic media with a letter from the SCHN Chief Executive to encourage them to use them should they have space available. The English CSAs were sent to English media via Adstream. Adstream also sent the English CSA to QLD regional despatch free of charge and at a small cost was also distributed to 8HA, Sun FM Alice Springs, plus Victorian Regional Stations, plus Regional WA, SA and rest of the stations in NT, thereby capturing the regional stations Australia Wide.

The distribution of resources, number of hits received on the CHW website, resource downloads and the paid media circulation and readership figures allowed us to examine the reach of the project and the effectiveness of the media campaign.

5.1.3 Project launch

The Minister for Health launched the campaign on Thursday 6 December 2012. The media release was coordinated by the Minister's media officers as well as the Public Relations department at CHW. The translated media releases were sent to ethnic media via CHW as well as through Leba Ethnic Media who coordinated the paid media placements on our behalf.

5.1.4 Paid advertising

Paid media was organised on radio and in print, as identified through focus groups and interviews with key informants, to communicate the campaign messages. Spokespeople were identified for Arabic, Cantonese, Mandarin, Korean and Vietnamese and were used to record the radio advertisements based on focus group feedback. The spokespersons included representatives from the Medical Associations, where available. An additional advertisement was created in Hindi and was sent around as a CSA.

Below were the spokespeople used for the campaign.

- **English:** Dr Brian Owler, President of the Australian Medical Association of NSW
- **Arabic:** Dr Ziad Fashka, President of the Australian Arabic Medical Association
- **Cantonese and Mandarin:** Dr Danforn Lim, President of the Australian Chinese Medical Association
- **Korean:** Mr Byung Il Kim, President of the Korean Society of Sydney
- **Vietnamese:** Dr Vinh Binh Lieu, President of the Vietnamese-Australian Medical Association
- **Hindi:** Dr Shailja Chaturvedi, President of the Australian Indian Medical Graduates Association.

The English print advertisement was distributed to 55 media outlets across Australia via Adstream which included monitoring of whether any radio stations utilised them. A further 92 regional media outlets throughout Australia were sent the advertisement, as well as 70 media outlets from QLD who received the advertisement free of charge, as many expressed an interest in airing it. Monitoring was not available for the regional stations. Leba Ethnic media sent the translated print and radio advertisements and the Hindi CSA to the ethnic media with a letter from the SCHN Chief Executive to encourage them to use them should they have space available.

The radio stations that included paid advertisements included 2Day FM 104.1 (English), Radio 2ME Frequency 1638 AM (Arabic), Radio 2Moro Frequency 1620 AM (Arabic), Muslim Community Radio 2MFM - 92.1FM (Arabic), 2CR China Radio Network (Chinese), Chinese Radio 2AC (Chinese), 2KBA Korea Broadcasting Australia (Korean), Vietnamese Radio in Australia (Vietnamese) and SBS Radio (all languages).

The newspapers that included paid print advertisements included Sunday Telegraph (English), Sun Herald (English), Practical Parenting (English), Sydney's Child (English), Aussie Kids (English), El Telegraph (Arabic), Annahar (Arabic), Australian Chinese Daily (Chinese), Chinese Weekly (Chinese), Hoju Dong-A Il Bo (Korean), Sydney Korean Herald (Korean), Van Nghe (Vietnamese), and Chieu Duong (Vietnamese). A full list of the paid advertising schedule is evident in Appendix C.

5.1.4 Online survey

An online survey was conducted to gather further information on portable pool safety knowledge and behaviours, recall of the Kids Can Drown Without a Sound campaign and whether the campaign influenced the community in any way. The survey was available in English, Arabic, Korean, Traditional Chinese and Vietnamese and was accessible from Monday 8th July to Sunday 28th July. The survey was promoted via the Community Relations Commission's Emailink, emails to key stakeholders and through advertisements in the following publications over a two week period:

- El Telegraph (Arabic)
- Annahar (Arabic)
- Australian Chinese Daily (Chinese)
- Chinese Weekly (Chinese)
- Hoju Dong-A Il Bo (Korean)
- Sydney Korean Herald (Korean)
- Van Nghe (Vietnamese)
- Chieu Duong (Vietnamese)

The above methods of communication were also used to promote the campaign from 1 December 2012 – 30 April 2013.

5.2 Results

5.2.1 Focus group results

Details of the focus group venues, dates and times, attendees and average number of children each participant cared for are evident in Table 3.

Table 3: Focus Group Summary

Focus Group	Venue	Date	Time	Attendees	Children under five (average)*
English	Nuwarra Public School, Moorebank	Fri 19 th Oct	9.30am – 11.00am	10	2.0
Korean	Korean Society of Sydney member's house, Normanhurst	Mon 22 nd Oct	6.00pm – 7.30pm	8	1.3
Mandarin	Burwood Park Community Centre	Mon 29 th Oct	10.00am – 12noon	5	1.0
Vietnamese	Lansvale Public School	Tues 30 th Oct	12noon – 1.30pm	10	1.4
Arabic	Arab Council, Bankstown	Wed 31 st Oct	10.30am – 12noon	10	3.2
Cantonese	Ashfield Public School	Thurs 1 st Nov	10.00am – 12noon	6	1.0
			TOTAL	49	Average 1.9

*The average number of children looked after by the participants is based on the 47 responses that were received for this question.

Most respondents had one child in their care (55.3%) and did not own a pool (69.4%), whether that be permanent or portable. Of those that owned pools, 16.3% were small portable pools, 12.3% were permanent pools and 2.0% were large portable pools.

When asked to rank how dangerous a small or large portable pool was in order from 1-9 (with 1 being the most dangerous) against other locations, including permanent swimming pool, bath, beach/ocean, pond, bucket, river, dam:

- Most respondents ranked small portable pools as 7th (36%) or 8th (23%)
- Most respondents ranked large portable pools as 6th (36%).

The focus group participants were asked to look at the brochure text and associated images and were asked to provide feedback on whether: 1) the brochure was easy to read and understand; 2) they liked the way the information was presented; 3) they learnt something new; 4) it made them feel more concerned about their child's safety in and around inflatable pools; and 5) after reading the information whether they would buy a large portable pool, fence a large portable pool if they owned one, buy a small portable pool, or empty and store away after use a small portable pool after use if they owned one.

Table 4: Combined brochure feedback from focus groups

Question	Strongly disagree or disagree	%	Neither	%	Strongly agree or agree	%	TOTAL
Understanding	1	2.1%	4	8.5%	42	89.4%	47
Presentation	1	2.1%	4	8.3%	43	89.6%	48
Learn	1	2.1%	1	2.1%	46	95.8%	48
Concerned	2	4.2%	5	10.4%	41	85.4%	48
Buy large inf.	23	59.0%	6	15.4%	10	25.6%	39
Fence large inf.	2	4.8%	2	4.8%	38	90.5%	42
Buy small inf.	7	18.9%	12	32.4%	18	48.7%	37
Empty small inf.	0	0.0%	2	4.4%	44	95.7%	46

After reading the portable pool safety brochure:

- 59.0% of respondents strongly disagreed or disagreed and 15.4% undecided that they would buy a large portable pool
- 90.5% of respondents agreed or strongly agreed that they would fence a large portable pool if they owned one
- 48.7% of respondents would purchase a small portable pool
- 95.7% of respondents agreed or strongly agreed that they would empty and store away a small pool after use

The feedback forms regarding the brochure highlighted the participants understanding of the importance of supervision and fencing around portable pools. They recommended more visual images to communicate the safety messages.

The focus group participants were also asked to read two radio scripts; one read by a medical professional and the other read by parent whose child experienced a near drowning. The participants were asked whether the scripts: 1) were easy to understand; 2) used appropriate spokespeople; 3) made them feel more concerned about their child's safety in and around inflatable pools; 4) made them want to look up further information on this issue; and 5) whether the add was overall effective.

Table 5 is the feedback regarding the radio script read by a medical professional and Table 6 is the more popular script which was the personal story read by a parent whose child experienced a near drowning.

Table 5: Combined focus group feedback for Radio Script 1

Question	Strongly disagree or disagree	%	Neither	%	Strongly agree or agree	%	TOTAL
Understanding	0	0.0%	7	14.9%	40	85.1%	47
Spokesperson	4	8.7%	12	26.1%	30	65.2%	46
Concerned	3	6.5%	10	21.7%	33	71.7%	46
Action	2	4.3%	11	23.4%	34	72.3%	47
Effective	5	10.9%	8	17.4%	33	71.7%	46

Table 6: Combined focus group feedback for Radio Script 2

Question	Strongly disagree or disagree	%	Neither	%	Strongly agree or agree	%	TOTAL
Understanding	1	2.1%	0	0.00%	47	97.9%	48
Spokesperson	2	4.2%	4	8.3%	42	87.5%	48
Concerned	0	0.0%	4	8.3%	44	91.7%	48
Action	0	0.0%	4	8.7%	42	91.3%	46
Effective	1	2.1%	1	2.1%	45	95.7%	47

Overall, a much higher percentage of participants (95.7%) thought the second radio ad was an effective advertisement than the first one (71.7%). The feedback form comments and focus group discussion from participants supported this finding with most preferring the emotional and real story that they can relate to. The participants suggested combining the two advertisements together somehow.

Finally, the participants were shown five separate images and were asked whether each image: 1) told them a story about how a child can drown in an inflatable pool; 2) was believable; 3) made them feel more concerned about their child's safety in and around inflatable pools; 4) made them want to look up further information on this issue; and 5) whether the ad was overall effective.

Table 7: Combined focus group feedback for Image number 1 – Man hanging up washing

Question	Strongly disagree or disagree	%	Neither	%	Strongly agree or agree	%	TOTAL
Story	2	4.1%	4	8.2%	43	87.8%	49
Believable	2	4.2%	3	6.3%	43	89.6%	48
Concerned	1	2.0%	3	6.1%	45	91.8%	49
Action	3	6.3%	6	12.5%	39	81.3%	48
Effective	3	6.1%	4	8.2%	42	85.7%	49

The first image was a similar concept to image number five. The image was of a man hanging up washing while a young child in the background reached for a ball in the pool and is about to fall in. The feedback was very positive for this image; however some participants thought they would be able to hear their child if they fell in the pool in this scenario and that the focus was on the man hanging up the washing rather than the child in the background. In addition, the participants thought it was important to highlight how quickly a child can drown.

Table 8: Combined focus group feedback for Image number 2 - Toddler face down (drowned) in pool

Question	Strongly disagree or disagree	%	Neither	%	Strongly agree or agree	%	TOTAL
Story	0	0.0%	6	12.5%	42	87.5%	48
Believable	1	2.1%	4	8.3%	43	89.6%	48
Concerned	1	2.1%	5	10.4%	42	87.5%	48
Action	2	4.0%	5	10.0%	43	86.0%	50
Effective	4	8.2%	9	18.4%	36	73.5%	49

The second image was the least popular but still received positive feedback overall. Although the image was more emotional, there was no story on how the child ended up in the pool, unlike the first image that portrayed a lack of supervision, and there was some concern with the shock value of the image. Some participants suggested combining the first and second images.

Table 9: Combined focus group feedback for Image number 3 – Family who've lost a child

Question	Strongly disagree or disagree	%	Neither	%	Strongly agree or agree	%	TOTAL
Story	3	6.5%	14	30.4%	29	63.0%	46
Believable	0	0.0%	8	17.0%	39	83.0%	47
Concerned	2	4.1%	7	14.3%	40	81.6%	49
Action	2	4.1%	9	18.4%	38	77.6%	49
Effective	3	6.3%	9	18.8%	36	75.0%	48

The third image was of a family with a blank outline of a missing child and a portable pool. The participants found this image confusing and did not understand that it was an image of a family who have lost a child as a result of drowning without having clear, accompanying text to explain it. There was a recommendation to focus more on the process of how a child can drown rather than the outcome to communicate the safety messages.

Table 10: Combined focus group feedback for Image number 4 – Existing CPR image

Question	Strongly disagree or disagree	%	Neither	%	Strongly agree or agree	%	TOTAL
Story	2	4.3%	1	2.1%	44	93.6%	47
Believable	2	4.3%	4	8.5%	41	87.2%	47
Concerned	1	2.1%	7	14.9%	39	83.0%	47
Action	1	2.1%	7	14.9%	39	83.0%	47
Effective	1	2.2%	6	13.0%	39	84.8%	46

The fourth image was of a mother performing cardiopulmonary resuscitation (CPR) on her child with a portable pool behind them and a smaller comparison image of a portable pool with a fence around it and a child unable to get through the fence. Although this advertisement was rated highest with telling a story of how a child can get into trouble, the participants received stronger messages about the need to learn CPR rather than the importance of supervision and pool fencing around portable pools. The comparison image did provide the participants with some understanding that a child would be safer with fencing around the portable pool.

Table 11: Combined focus group feedback for Image number 5 – Existing pool safety image of a child climbing a chair to open a pool gate

Question	Strongly disagree or disagree	%	Neither	%	Strongly agree or agree	%	TOTAL
Story	2	4.3%	1	2.1%	41	87.2%	47
Believable	1	2.1%	4	8.3%	46	95.8%	48
Concerned	2	4.3%	7	14.9%	40	85.1%	47
Action	2	4.4%	7	15.2%	39	84.8%	46
Effective	2	4.4%	6	13.0%	41	89.1%	46

The most effective advertisement rated among participants was image number five, which is an image used for an existing pool safety campaign “Protect Your Pool, Protect Your Kids”. It shows how a child can get into trouble and was the most believable advertisement as people could relate to the image and see their kids doing the same thing. Although it is not specific to portable pools, it tested the concept of what to include in an advertisement. A large majority of participants felt that an image using people from their own cultural background wasn’t essential in order to communicate the messages in their language.

The findings of the focus groups highlighted the following considerations

- Combination of a real life story and medical professional advice in the radio ads, ensuring the real life story is clearly explained so it has an emotional connection with the public.
- Use of a real life situation in an image that parents can relate to. Combine images one and two to portray how a child can get into trouble and the severity of what can happen. The focus should be on the child getting into trouble rather than the adult hanging the washing on the line.

- Inclusion of other objects to communicate the concept of 30cm such as a ruler, common children's toys etc. and include a smaller comparison image of a safe option that would protect a child from drowning in a portable pool.
- New slogan to communicate how quickly and quietly a child can drown.

5.2.2 Reach of media campaign

The reach of the CALD newspapers and radio stations targeted in the paid media campaign are evident in Table 12.

Table 12: Circulation and readership figures for selected CALD newspapers and radio stations

Community	Publication Name	No. of listeners	Circulation National	Circulation NSW	% NSW	Readership
Arabic	An-Nahar		30,375	20,800	68%	48,000
Arabic	El Telegraph		35,000	24,500	70%	45,000
Arabic	Muslim Community Radio 2MFM - 92.1FM	42,000 listeners/wk			N/A	N/A
Arabic	Radio 2ME Frequency 1638 AM	350,000 listeners/wk		N/A	N/A	N/A
Arabic	Radio 2Moro Frequency 1620 AM	150,000 listeners/wk		N/A	N/A	N/A
Chinese	Australian Chinese Daily		20,000	20,000	100%	26,000
Chinese	Chinese Weekly		31,142	29,684	95%	38,000
Chinese	2CR China Radio Network	20,000 listeners/day		N/A	N/A	N/A
Chinese	Chinese Radio 2AC	75,000 listeners/day		N/A	N/A	N/A
Korean	Hoju Dong-A Il Bo		8,700	8,000	92%	15,000
Korean	Sydney Korean Herald		10,000	9,000	90%	18,000
Korean	2KBA Korea Broadcasting Australia	Over 8,000 households		N/A	N/A	N/A
Vietnamese	Chieu Duong (the Sunrise Daily)		30,000	16,200	54%	37,000
Vietnamese	Van Nghe		19,000	8,550	45%	23,000
Vietnamese	Vietnamese Radio in Australia	20,000 listeners/day		N/A	N/A	N/A
Arabic, Chinese, Korean and Vietnamese	SBS Radio	Unknown		N/A	N/A	N/A

The daily and weekly newspapers and radio stations were chosen based on their popularity among the key community groups targeted in this campaign and our aim to distribute the campaign messages as widely as possible.

As a result of our activities, we received promotion of the campaign through social media, newspapers and key stakeholder websites. This included Local Area Command Facebook pages, parenting websites, local council websites, Medicare Local websites and other websites, Channel 10 News and local newspapers including the Daily Telegraph, Illawarra Mercury Newspaper, NT News, Mt Druitt Standard, Newcastle Star, Parramatta Sun, Mid-Western Regional Council Community News, AAP Newswire – National, Southern Courier and Forbes Advocate. The media release that was distributed is available in Appendix D.

Adstream monitored whether any radio stations utilised the English CSAs for evaluation purposes. It was found that 2GO FM on the Central coast played the CSA 178 times, Sea 101.3 on the Central Coast played the CSA 139 times and 2SM in Sydney played the CSA 72 times (a total of 389 instances).

5.2.3 Distribution of campaign resources

The following quantities of the campaign resources were printed:

- 450,000 English brochures
- 5,000 English posters
- 100,000 each of the Arabic, Traditional Chinese and Simplified Chinese brochures
- 50,000 each of the Korean and Vietnamese brochures
- 2,500 each of the Arabic, Traditional Chinese, Simplified Chinese, Korean and Vietnamese posters.

The pool division of 152 local councils and 454 Community Health Centres were sent 300 English brochures, 100 of each Arabic, Traditional Chinese and Simplified Chinese brochure, 50 of each Korean and Vietnamese brochures, 4 English posters, 2 of each language poster and a small amount of Protect Your Pool, Protect Your Kids resources. The Community Services Division of all 152 local councils and 20 Medicare Locals in NSW were sent a sample of the above mentioned resources.

In addition to the mail out, Kids Health received a number of orders for resources. A summary of the resources distributed is evident in table 13.

Table 13: Campaign resources distributed in 2012-13

Resource	Mail out	Orders	Total	Leftover
ENGLISH poster	2,690	810	3,500	+1,500
ARABIC poster	1,448	119	1,567	+933
TRADITIONAL CHINESE poster	1,452	100	1,552	+948
SIMPLIFIED CHINESE poster	1,452	72	1,524	+976
KOREAN poster	1,448	49	1,497	+1,003
VIETNAMESE poster	1,448	92	1,540	+960
ENGLISH brochure	183,806	15,202	199,008	+250,992
ARABIC brochure	62,006	1,164	63,170	+36,830
TRADITIONAL CHINESE brochure	62,206	1,124	63,330	+36,670
SIMPLIFIED CHINESE brochure	62,206	761	62,967	+37,033
KOREAN brochure	31,706	491	32,197	+17,803
VIETNAMESE brochure	31,706	703	32,409	+17,591
Protect Your Pool, Protect Your Kids ENGLISH checklist	612	N/A	612	0
Protect Your Pool, Protect Your Kids ENGLISH poster	1,424	396	1,820	+55,044
Protect Your Pool, Protect Your Kids ENGLISH flyer	61,106	2,750	63,856	+7,784

Kids Health has sufficient resources leftover to re-promote the Kids Can Drown Without a Sound campaign in 2013-14.

5.2.4 Other evaluation

The number of hits on the portable pool safety website from 1 December 2012 – 30 April 2013 was 2,284, an increase of 897.4% from the previous year. During the same time period hits on the pool fencing website was 3,314, an increase of 59.6% from the previous year.

Most of the hits on the campaign website occurred within the first week after the launch (32.0%) when the resources were distributed and when the campaign and web links were promoted via email. The top traffic sources were direct access to the website (34.4%), through the CHW website (21.7%), Google (13.9%) and Facebook (13.6%). There were 525 views of the Protect Your Pool, Protect Your Kids online video, which was a small decrease from the previous year (583) which is when the online video was launched.

There were a total of 333 downloads of the campaign poster (76.3% English), 282 downloads of the campaign brochure (78.4% English) and 336 downloads of the Protect Your Pool, Protect Your Pools checklist (95.5% English).

After the campaign was launched, Kids Health was contacted by SCARF, a Non-Government organisation who agreed to fund the translation of the Kids Can Drown Without a Sound brochure into Burmese, a priority community in their local area.

5.2.4 Online survey results

5.2.4.1 English Survey

There were a total of 202 people that started the survey and 155 completed English surveys.

Although only 33.0% of respondents were parents and carers of children under the age of five, 72.5% of respondents had children under the age of five visit their household in the previous six months.

With respect to pool ownership, 17.6% owned a permanent swimming pool, 8.5% owned a small portable pool <30cm and 3.7% owned a large portable pool >30cm.

The portable pool safety behaviours of respondents are outlined in Table 14. Based on the 160 responses received for this question, the majority would not purchase a small or large portable pool (74.4% and 90.0% respectively) or a permanent swimming pool (80.6%). Most participants would not empty and store away a small pool after use (55.6%) or install fencing around a large portable pool (73.1%).

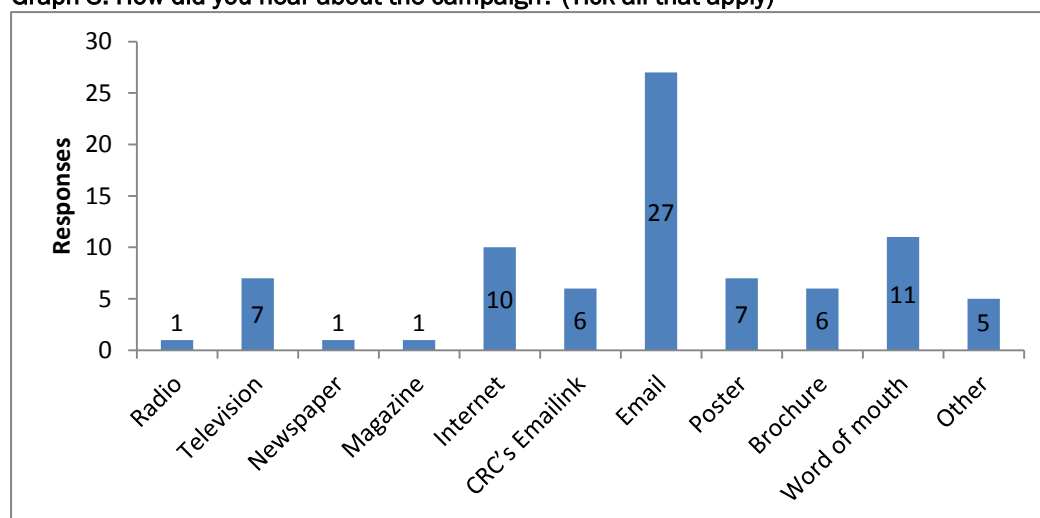
Table 14: Would you? (Tick all that apply)

Question	No.	%
Purchase a small portable pool <30cm?	41	25.6%
Purchase a large portable pool >30cm?	16	10.0%
Empty and store away after use a small portable pool <30cm high if you owned one?	71	44.4%
Install fencing around a large portable pool >30cm high if you owned one?	43	26.9%
Purchase a permanent swimming pool?	31	19.4%
None of the above	52	32.5%
TOTAL	160	100.0%

Just over half of all respondents (58.1%) were aware that all swimming pools, including portable pools, that can be filled with more than 30cm of water, require fencing in NSW.

Most of the respondents (65.8%) had not heard of the Kids Can Drown Without a Sound campaign. Of the 52 respondents that had heard about the campaign, the means of how they heard about it are identified in Graph 3. Email (51.9%), word of mouth (21.2%) and the internet (19.2%) were the most common responses.

Graph 3: How did you hear about the campaign? (Tick all that apply)



*CRC = Community Relations Commission

Table 15 outlines the results on whether the Kids Can Drown Without a Sound campaign influenced the respondents in any way. Only a small number of respondents were influenced regarding the different safety messages promoted in the campaign with a large number not being influenced by anything at all (40.4%).

Table 15: Did this campaign affect behaviour in relation to any of the following? (Tick all that apply)

Question	No.	%
Whether you would purchase a small portable pool <30cm	6	11.5%
Whether you would purchase a large portable pool >30cm	3	5.8%
If you owned a small portable pool, whether you would you empty it and store it away after use	15	28.8%
If you owned a large portable pool, whether you would you install fencing around it	11	21.2%
Whether you would purchase a permanent swimming pool	6	11.5%
None of the above	21	40.4%
Other	6	11.5%
TOTAL	52	100.0%

Despite this, 39 respondents (73.6%) said the campaign increased their awareness of the importance of supervision and portable pool safety issues.

5.2.4.2 Other Language Surveys

Only a small number of people completed the surveys in Arabic, Korean, Traditional Chinese and Vietnamese, as evident in Table 16.

Table 16: Respondents to the other language surveys

Language	Started the survey	Completed the survey
Arabic	4	2
Korean	3	3
Traditional Chinese	13	7
Vietnamese	5	3
TOTAL	25	15

The responses for the other language surveys have not been detailed due to the small response rate received.

6. Discussion

There is a lack of data on the number of portable pool drowning deaths and near drowning incidents in NSW and Australia. Although the Child Death Review Team provided information on deaths in portable pools over a five year period in NSW, there are many more near drowning incidents that occur. SCHN is trying to address this issue by undertaking a comprehensive study for all drowning death and near drowning incidents that present to CHW, SCH and John Hunter Children's Hospital (JHCH) with funding received from The Ministry for Police and Emergency Services. The three paediatric children's hospitals in NSW capture the majority of drowning death and near drowning incidents, but comparison to state-wide data will establish whether data collection beyond these hospitals is needed.

Although the focus groups provided positive feedback regarding portable pool safety behaviours, this feedback was limited to parents and carers of children under the age of five. As we know from the Child Death Review Team analysis, 32.5% of drowning deaths in above ground portable and permanent pools occur in a family or friend's pool. In addition, the majority of focus group participants (69.4%) did not own a swimming pool and of those that did, only one person owned a large portable pool. It has been estimated that there are over 100,000 portable pools in existence in NSW and it is likely that a large amount of owners do not have children under the age of five based on the focus group feedback. The majority of people that do not have children under the age of five living at their household still have children in this age group visit their household.²⁸ It is unknown how the rest of the community feel that don't have children under the age of five, but as they are likely to be the main consumer group, it can be assumed they either don't know about the safety issues associated with portable pools or don't think it is important.

It was hoped that the respondents from the online survey would include those that were not parents or carers of children under the age of five and those that owned portable pools so that more complete data would be collected on what the whole community thinks about this issue. Unfortunately only a small number of responses were received that do not provide a good representation of the groups mentioned above, especially for the CALD community. Unlike the focus groups, the online survey results found that although the campaign increased most respondents awareness of the importance of supervision and portable pool safety issues, for most people it did not influence their behaviour in relation to emptying and storing away small portable pools after use and fencing large portable pools. Most respondents however, would not purchase a small or large portable or permanent pool in the first place. Unfortunately the method of promoting the online survey within the CALD newspapers and via the CRC's Emailink was not successful in securing a large number of responses for the online survey.

For those that choose not to comply with current legislative requirements, not much can be done unless a complaint is made to the local council. However, due to the portable nature of these products, enforcement can be difficult. Mandatory warning labels will not make much of an impact on the current situation as most products complied previously when the warning labels were voluntary. There is a need to address the legislative issues associated with portable swimming pools, especially when other changes are made regarding permanent pools.

Raising awareness of the safety issues and fencing requirements with portable pools is essential due to the ineffectiveness of the current legislation. The Kids Can Drown Without a Sound campaign was successful in distributing messages to the community via Community Health Centres, Medicare Locals, Local Councils and the media. The campaign demonstrated best practice in resource development by involving the community through focus groups and making sure the materials were culturally appropriate and the messages were understood. The use of a bilingual facilitator to run the group in the target language and the use of an interpreter to translate the discussions to the researchers, allowed the researchers to understand what was happening and control the discussion if it went off track. The use of individual feedback forms prior to the group discussion allowed the researchers to examine each individual's response without being persuaded by any dominant individuals.

The campaign not only had an impact in NSW, but Australia wide through the large distribution of resources and media coverage, particularly for Arabic, Chinese, Korean and Vietnamese communities.

7. Conclusions and Recommendations

Although the focus group findings provided us with an indication that parents and carers of young children that have access to the Kids Can Drown Without a Sound resources will act upon the safety messages, it is unknown whether portable pool owners have the same views and further research is required in this area. It is important to target not only parents and carers of young children but also portable pool owners as young children under the age of five are still likely to visit their household and thereby gain access to the portable pool.

CHW believes in swimming pool fencing and the need to fence all pools capable of being filled with more than 300mm of water, including portable swimming pools. Further research is needed on better fencing alternatives for portable pools to make the fencing of pools feasible. The Portable Pool Safety Working Group has made the following recommendations that they feel will address some of the current issues being faced with portable swimming pools.

1. Ongoing education campaigns promoting portable swimming pool safety.
2. Mandate the registration of portable swimming pools capable of being filled with more than 300mm of water at point of retail sale. This would be similar to the current requirement for pre-paid mobile phones and the information collected at point of retail sale. Mandating this registration process could inform how many portable pools are sold in NSW and would also allow all consumers to be educated on the safety issues and legislative requirements associated with these products at point of retail sale.
3. Clarity is required regarding the definition of a spa pool under the Act. The Working Group has become aware of portable swimming pools being sold as “spa pools” which allows for a lockable lid instead of a four sided fence under the Act. The definition of a “spa pool” under the Act is not clear and is defined as “any excavation, structure or vessel in the nature of a spa pool, floatation tank, tub or the like”.
4. Inclusion of a large warning on the base of all portable swimming pools and more specific wording about the legal requirement for fencing around all pools capable of being filled with more than 300mm of water. Due to the portable nature of these products, large warnings on the base of all portable pools would enable consumers to be aware of the safety issues and fencing requirements at all times when using these products. More specific wording would more clearly communicate pool owner’s responsibilities.
5. Portable pools should not be included in the Toys Standard. The Working Group has identified portable pools as a dangerous product and as such should not be defined as a toy, especially considering the major drowning risk that is posed by these products.

The above recommendations are an alternative to simply banning portable pools. Review of the effectiveness of the above would be required after implementation.

There is a need to be proactive with the issue of portable swimming pools; otherwise there is potential for increased drowning death and near drowning incidents, especially with increasing costs to the community, inability for a lot of families to afford the costs associated with permanent swimming pools and portable pools being a more affordable option.

8. Budget

The Ministry for Police and Emergency Services provided SCHN \$201,047 funding to conduct the portable pool safety campaign. An additional \$29,234 was spent on the campaign from other donations made to Kids Health from the employees and contractors of the Shell Clyde Refinery and Gore Bay Terminal (Parramatta/Greenwich). A detailed budget can be found in Appendix E.

9. References

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Appendix A: Project Plan – Portable Pool Safety Campaign

Task/Strategy	Timeframe		Performance Measure/Milestones
	Start date	Completion date	
List the project activities to be undertaken in the order they will be done.			State how the results (outcomes/outputs) will be measured.
Development of a portable pool safety A5 flyer based on the portable pool poster and general pool safety flyer already developed.	June 2012	June 2012	
Translation of the portable pool poster and flyer.	June 2012	July 2012	
Source voiceovers and re-record the radio CSAs in Arabic, Cantonese, Mandarin, Korean, Italian, Greek and Vietnamese.	June 2012	July 2012	
Printing of a small number of translated portable pool posters and flyers for use in the focus groups.	July 2012	July 2012	
Research companies to conduct the focus groups with a range of groups, including people who speak Arabic, Cantonese, Mandarin, Korean, Italian, Greek and Vietnamese.	June 2012	July 2012	
Develop questions and an outline for the focus groups.	June 2012	July 2012	
Conduct focus groups to test themes, slogans, key messages of the portable pool poster, flyer and CSAs and their effectiveness in changing behaviour.	July 2012	Sept 2012	Feedback from focus groups on the key messages within the campaign, increase in awareness and likely behaviour change as a result of the campaign and resources.
Collate feedback from focus groups and make changes to the resources if applicable.	Sept 2012	Sept 2012	
Arrange printing of campaign resources.	Oct 2012	Oct 2012	
Secure advertising space on radio and in print.	July 2012	Oct 2012	Representation of the feedback received from the focus groups and how this can predict behaviour change within the community based on the reach of the campaign.
Develop media releases.	July 2012	Sept 2012	

Translate media releases for distribution to the Arabic, Chinese, Korean, Italian, Greek and Vietnamese media.	Sept 2012	Oct 2012	
Plan launch.	Sept 2012	Oct 2012	
Distribute media releases.	Oct/Nov 2012	Oct/Nov 2012	
Send CSAs to radio stations throughout NSW to try and extend the reach of the campaign.	Oct/Nov 2012	Oct/Nov 2012	
Send print advertisements to newspapers and magazines in addition to the paid media to extend the reach of the campaign.	Oct/Nov 2012	Oct/Nov 2012	
Mail out to community health centres in NSW a sample of our resources and request their assistance in promoting them.	Oct/Nov 2012	Oct/Nov 2012	
Mail out to all 152 local councils in NSW a sample of our resources and request their assistance in promoting them	Oct/Nov 2012	Oct/Nov 2012	
Mail out to all 33 GP Divisions in NSW a sample of our resources and request their assistance in promoting them.	Oct/Nov 2012	Oct/Nov 2012	
Email stakeholders with a sample of our resources and request their assistance in promoting them.	Oct/Nov 2012	Oct/Nov 2012	Number of orders and enquiries received.
'Status update' on the Bandage Bear Facebook page	Oct/Nov 2012	Oct/Nov 2012	
Include a message in the CHW Fact sheet distribution email, Injury list serve, CommunityNet, Network News (CHW and SCH), Bandage Bear Bulletin (CHW) and an all user email (CHW and SCH).	Oct/Nov 2012	Oct/Nov 2012	
Include a message on the front page of the Kids Health website.	Oct/Nov 2012	Oct/Nov 2012	Number of hits on the Kids Health website.
Record data on the reach of the campaign through radio and print and apply the evaluation results from the focus groups to the reach of the campaign.	Nov 2012	Mar 2013	Number of articles published, number of CSAs aired, readership information from paid media advertisements.
Final report.	Mar 2013	May 2013	

Appendix B: Media Release

Page 1

Media Release



Kids Can Drown Without A Sound Thursday 13 December 2012

NSW Minister for Health, Jillian Skinner, visited The Children's Hospital at Westmead today to help launch The Sydney Children's Hospitals Network's latest safety campaign, *Kids Can Drown Without A Sound!*

The *Kids Can Drown Without A Sound!* campaign aims to raise pool-safety awareness and encourage families to take appropriate precautions when children are in or near water.

In particular, the campaign focuses on portable and inflatable pools which account for one quarter of all child deaths and near drownings in pools.

By law, inflatable or portable swimming pools capable of being filled with more than 30cm of water require a four-sided fence. Fines apply for unfenced pools.

The perceived safety of shallow, portable pools heightens the danger.

Mrs Skinner said: "Inflatable pools are increasing in popularity due to their easy set-up, low cost and affordability but they present the same drowning hazards as large pools.

"Even in small or large pools, kids can drown in seconds without a sound."

AMA (NSW) President, A/Prof Brian Owler said: "Drowning is a very quick and quiet event as water in the airway can block any sound from being heard.

"Drowning can result in death or lifelong brain damage for the child.

"It is not just in traditional large swimming pools where children are at risk, but also in inflatable and portable pools."

Children under five are overrepresented in the statistics of drowning deaths and near drowning incidents in swimming pools.

In 2010-2011 six children under the age of five drowned in NSW swimming pools and there were 30 near drowning incidents.

Media Release



Erin Simmonds, Health Promotion Officer at The Children's Hospital at Westmead, said inflatable and portable pools holding less water than permanent swimming pools are wrongly considered to be less dangerous.

The community are being reminded of the safety issues with inflatable and portable pools.

- Small pools should only be used if you will empty and store them away after each use.
- Use larger portable pools only if you are willing to fence them.
- Fines apply if you do not have a four sided fence around any pool that can be filled with more than 30cm of water (the size of an average ruler).
- Inflatable and portable pools are not toys and children under the age of five should be supervised by a responsible adult at all times.

The Sydney Children's Hospitals Network's Inflatable and Portable Pool Safety Campaign: **Kids Can Drown Without a Sound!** provides resources for pool owners and parents in 16 different languages.

For more information on the campaign visit <http://kidshealth.chw.edu.au>

SCHN would like to acknowledge funding provided for this campaign by the NSW State Government.

ENDS

For more information, please contact Kate Jacka at kate.jacka@health.nsw.gov.au or on (02) 9845 3586.

Appendix C: Paid Media Schedule

Booked through Leba Ethnic Media - Print ads

Community	Publication Name	Weeks	1st insertion	2nd insertion	3rd insertion	4th insertion	5th insertion	6th insertion	7th insertion	8th insertion	9th insertion	10th insertion	11th insertion	12th insertion	13 th insertion
Arabic	El Telegraph	6 weeks	Fri Jan 18	Fri Jan 25	Fri Feb 1	Fri Feb 8	Fri Feb 15	Fri Feb 22							
Arabic	An Nahar	12 weeks	Tue Dec 11	Tue Dec 18	Tue Jan 8	Tue Jan 15	Tue Jan 22	Tue Jan 29	Tue Feb 5	Tue Feb 12	Tue Feb 19	Tue Feb 26	Tue Feb 26	Tue Mar 5	Tue Mar 12
		12 weeks	Thu Dec 13		Thu Jan 10	Thu Jan 17	Thu Jan 24	Thu Jan 31	Thu Feb 7	Thu Feb 14	Thu Feb 21	Thu Feb 28		Thu Mar 7	Thu Mar 14
Chinese	Australian Chinese Daily	12 weeks	Mon Dec 10	Tues Dec 18	Wed Dec 26	Thu Jan 3	Fri Jan 11	Mon Jan 14	Tue Jan 22	Wed Jan 30	Thu Feb 7	Fri Feb 16	Mon Feb 18	Tue Feb 26	
		12 weeks	Sat Dec 15	Sat Dec 22	Sat Dec 29	Sat Jan 5	Sat Jan 12	Sat Jan 19	Sat Jan 26	Sat Feb 2	Sat Feb 9	Sat Feb 16	Sat Feb 23	Sat Mar 2	
Chinese	Aust Chinese News Weekly	12 weeks	Fri Dec 14	Fri Dec 21	Fri Dec 28	Fri Jan 4	Fri Jan 11	Fri Jan 18	Fri Jan 25	Fri Feb 1	Fri Feb 8	Fri Feb 15	Fri Feb 22	Fri Mar 1	
Vietnamese	Chieu Duong - Sunrise Daily	12 weeks	Sat Dec 15	Sat Dec 22	Sat Jan 5	Sat Jan 12	Sat Jan 19	Sat Jan 26	Sat Feb 2	Sat Feb 9	Sat Feb 16	Sat Feb 23	Sat Mar 2	Sat Mar 9	
		12 weeks	Wed Dec 12	Wed Dec 19		Wed Jan 9	Wed Jan 16	Wed Jan 23	Wed Jan 30	Wed Feb 6	Wed Feb 13	Wed Feb 20	Wed Feb 27	Wed Mar 6	Wed Mar 13
Vietnamese	Van Nghe / Entertainment Wkly	12 weeks	Thurs Dec 13	Thu Jan 10	Thu Jan 17	Thu Jan 24	Thu Jan 31	Thu Feb 7	Thu Feb 14	Thu Feb 21	Thu Feb 28	Thu Mar 7	Thu Mar 14	Thu Mar 21	
Korean	Sydney Korean Herald, The	12 weeks	Fri Dec 14	Fri Dec 21	Fri Jan 11	Fri Jan 18	Fri Jan 25	Fri Feb 1	Fri Feb 8	Fri Feb 15	Fri Feb 22	Fri Mar 1	Fri Mar 8	Fri Mar 15	
Korean	Hoju Dong-A Pty Ltd	12 weeks	Fri Dec 14	Fri Dec 21	Fri Jan 4	Fri Jan 11	Fri Jan 18	Fri Jan 25	Fri Feb 1	Fri Feb 8	Fri Feb 15	Fri Feb 22	Fri Mar 1	Fri Mar 8	

Booked through Leba Ethnic Media - Radio ads

Community	RADIO	Frequency	COMMENTS	Weeks	1st wk of airing	2nd wk of airing	3rd wk of airing	4th wk of airing	5th wk of airing	6th wk of airing	7th wk of airing	8th wk of airing	9th wk of airing	10th wk of airing	11th wk of airing	12th wk of airing
Arabic	2MORO	72 x 30sec		6	Mon Jan 14	Mon Jan 21	Mon Jan 28	Mon Feb 4	Mon Feb 11	Mon Feb 18						
Arabic	2MFM	3 x 30sec	3 languages: English, Arabic and Urdu. 1 ad/day for 6wks	6	Mon Jan 14	Mon Jan 21	Mon Jan 28	Mon Feb 4	Mon Feb 11	Mon Feb 18						
Arabic	2ME	504 x 30sec		12	Mon Dec 10	Mon Dec 17	Mon Dec 24	Mon Dec 31	Mon Jan 7	Mon Jan 14	Mon Jan 21	Mon Jan 28	Mon Feb 4	Mon Feb 11	Mon Feb 18	Mon Feb 25
Chinese	2CR	108 x 30sec		12	Mon Dec 10	Mon Dec 17	Mon Dec 24	Mon Dec 31	Mon Jan 7	Mon Jan 14	Mon Jan 21	Mon Jan 28	Mon Feb 4	Mon Feb 11	Mon Feb 18	Mon Feb 25
Chinese	2AC	9 x 30sec	Both channels	12	Mon Dec 10	Mon Dec 17	Mon Dec 24	Mon Dec 31	Mon Jan 7	Mon Jan 14	Mon Jan 21	Mon Jan 28	Mon Feb 4	Mon Feb 11	Mon Feb 18	Mon Feb 25
Vietnamese	2VNR	3x 30sec	3 ads/wk for 12 weeks (2 nights and 1 morning)	12	Mon Dec 10	Mon Dec 17	Mon Dec 24	Mon Dec 31	Mon Jan 7	Mon Jan 14	Mon Jan 21	Mon Jan 28	Mon Feb 4	Mon Feb 11	Mon Feb 18	Mon Feb 25

Booked direct

Community	RADIO	Frequency	Weeks	1st wk of airing	2nd wk of airing	3rd wk of airing	4th wk of airing	5th wk of airing	6th wk of airing	7th wk of airing	8th wk of airing	9th wk of airing	10th wk of airing	11th wk of airing	12th wk of airing
Korean	KBA	30sec	12	Mon Dec 10	Mon Dec 17	Mon Dec 24	No ads	Mon Jan 7	Mon Jan 14	Mon Jan 21	Mon Jan 28	Mon Feb 4	Mon Feb 11	Mon Feb 18	Mon Feb 25

Booked direct through SBS Radio

SYDNEY; 30 secs commercial	Frequency	Time	Channel	Weeks	Week Commencing (Sun-Sat)						TOTAL SPOTS	
					10-Dec	17-Dec	24-Dec	31-Dec	7-Jan	14-Jan		
ARABIC												
Sun, Mon, Tue, Wed, Thu, Fri, Sat	30 seconds	0700-0800	97.7 FM	6	7	7	7	7	7	7	7	84
Sun, Mon, Tue, Wed, Thu, Fri, Sat		1900-2000	97.7 FM	6	7	7	7	7	7	7	7	
CANTONESE												
Sun, Mon, Wed, Thurs	30 seconds	1000-1100	1107 AM	6	4	4	4	4	4	4	4	54
Fri		1400-1500	1107 AM	6	1	1	1	1	1	1	1	
Mon, Tue, Fri, Sat		2000-2100	1107 AM	6	4	4	4	4	4	4	4	
MANDARIN												
Tue, Fri, Sat	30 seconds	1000-1100	1107 AM	6	3	3	3	3	3	3	3	42
Mon		1100-1200	1107 AM	6	1	1	1	1	1	1	1	
Sun, Wed, Thu		2000-2100	1107 AM	6	3	3	3	3	3	3	3	
KOREAN												
Sun	30 seconds	1500-1600	1107 AM	6	1	1	1	1	1	1	1	24
Tue, Fri		2200-2300	1107 AM	6	2	2	2	2	2	2	2	
Thu		1400-1500	1107 AM	6	1	1	1	1	1	1	1	
VIETNAMESE												
Sun, Mon, Tue, Wed, Thu, Fri, Sat	30 seconds	0900-1000	1107 AM	6	7	7	7	7	7	7	7	84
Sun, Mon, Tue, Wed, Thu, Fri, Sat		1900-2000	1107 AM	6	7	7	7	7	7	7	7	

English advertisements booked direct

Community	Radio station / Publication	Comments	1st week of airing / print	2nd week of airing / print	3rd week of airing / print	4th week of airing / print	5th week of airing / print	6th week of airing / print
English	2Day FM 104.1	Live reads by Kyle and Jackie O 8am	Fri Jan 25	Fri Feb 1	Fri Feb 8	Fri Feb 15	Fri Feb 22	Fri Feb 29
English	Sun Herald	T24 (92x260mm)	Mon Jan 7	Wed Jan 9	Thurs Jan 10			
	Sunday Telegraph Shop Smart	180mm x 130mm	Sun Dec 9					
	Practical Parenting	1/3pg vertical in the Jan edition	Wed Dec 19					
	Sydney's Child	1/4pg Dec/Jan combined issue	First week of Dec					
	Aussie Kids	1/3pg Dec and Feb editions	Dec	Feb				

Appendix D: Campaign Resources

Brochure – Front

For large inflatable and portable pools that can hold **less than 30cm** of water (the size of an average ruler)

- **Always empty the pool** when it is not in use. You may wish to recycle the water for use in the garden or other areas around the home. Leaving water in the pool is not only a drowning risk but water left in the pool can become unclean and cause ill health.
- **Always store the pool away** from young children when it is not in use. Storing the pool upright will prevent small amounts of water being collected in the pool as a result of rain or nearby sprinklers.

Always remember to:

- **Always supervise children** from within arm's reach when they are in and around the water.
- **Older siblings should not be relied upon** to supervise younger children, no matter how confident you are about their ability to watch the younger child. Children are not capable of such responsibility.
- **Learn Infant and Child Cardio-pulmonary Resuscitation (CPR).**
- **Familiarise your children with water** and teach them to swim, but never assume that they are not likely to drown.



It can only take seconds for a child to drown.

kids health
the childr^{en}'s hospital at Westmead
Child Health Promotion Unit

If you need an interpreter and want to contact a service please ring the Translating and Interpreting Service (TIS) on 131 450. For more information, please call Kids Health at The Children's Hospital at Westmead on (02) 9845 3585 or please visit <http://kidshealth.scmh.health.nsw.gov.au/projects/drowning-prevention/inflatable-and-portable-pools>



Kids can drown without a sound!

Even in small or large portable pools, kids can drown in seconds!



kids health
the childr^{en}'s hospital at Westmead
Child Health Promotion Unit

ctcper
the childr^{en}'s hospital at Westmead
The Centre for Patient Care, Prevention, Education and Research



the childr^{en}'s hospital at Westmead

Brochure – Back

Kids can drown without a sound!

Drowning is a leading cause of death for children under five years of age.

Pools are an obvious risk but children can also drown in baths, dams, rivers, creeks, garden ponds and even nappy buckets. Once a young child's face is underwater, the child is unable to pick themselves up as their head is heavier than their bodies. Most parents and carers believe they will be able to hear if their child is drowning. This, however, is not true as water in the airway can block any sound from being heard. Drowning is a very quick and quiet event.

- Over a quarter of all drowning deaths among children in backyard swimming pools occur in inflatable or portable pools.
- There are many more near drowning incidents that occur, some of which result in lifelong brain damage for the child.

Inflatable and portable pools are a popular option for a lot of families. But, there are dangers that all pool owners should be aware of.

Inflatable and portable pools are said to be more of a risk to children than pools that have been built with fences. This is because many people are not aware that these pools may need to have fences and some are not able to be emptied after use due to their size. Because of this, children have easy access to the water in the pool, placing them at a very high risk of drowning.

Inflatable and portable pools are dangerous!

There will be times when parents and carers are unable to actively supervise young children for every minute of the day. A large majority of children who drown in backyard swimming pools do so without the knowledge of the parent or carer. Supervision of children around water is the best protection for children against drowning. However, it is easy for parents and carers to be distracted by everyday tasks such as hanging the washing on the line or answering the telephone.

This is why pool fencing can be a very important second layer of protection to stop children gaining access to the water in the pool. For tips on how to make sure your pool fence is safe and complies with the legislation, please refer to the Protect Your Pool, Protect Your Kids checklist, available on the Kids Health website. This checklist is available in a number of community languages.

For large inflatable and portable pools that can hold **more than 30cm** of water (the size of an average ruler)

- Only use large inflatable or portable pools if they are able to be fenced.
- Fines apply if you do not have a four-sided fence around inflatable and portable pools that can be filled with more than 30cm of water (the size of an average ruler).



Poster

Kids can drown without a sound!



Even in small or large portable pools, kids can drown in seconds!

- Small pools should only be used if you will empty and store them away upright after each use.
- Use larger portable pools only if you are willing to fence them.
- Fines apply if you do not have a four sided fence around any pool that can be filled with more than 30cm of water (the size of an average ruler)

Visit: kidshealth.chw.edu.au



kids health
the children's hospital at Westmead
Child Health Foundation Unit

ctcper
the children's hospital at Westmead
The Centre for Trauma Care, Prevention, Education and Research



the children's hospital at Westmead

Print Advertisement Example



Kids can drown without a sound!

Even in small or large portable pools, kids can drown in seconds!

Visit: kidshealth.chw.edu.au





Radio script - English

1. I'm Dr Brian Owler, President of the NSW Australian Medical Association. Too many children are drowning each year in Australia. Samuel Morris was 2 when he nearly drowned in the family pool and now has a permanent disability from a serious brain injury.
2. Even in small or large pools, kids can drown in seconds and without a sound!
3. Small pools should be emptied and stored away after each use. Larger portable pools that can hold more than 30cm of water should only be used if you are willing to fence them, as required by law.
4. Authorised by The Children's Hospital at Westmead

Appendix E: Campaign Budget

Item	Quantity	Price total
Project Coordinator		In house
Graphic design and development of campaign resources		In house
Focus group testing of campaign resources among the English, Arabic, Chinese, Vietnamese, Korean, Italian and Greek community		\$23,064
Translation of campaign materials, radio scripts, media release, focus group materials and focus group feedback forms		\$35,251
Printing of English, Arabic, Traditional Chinese, Simplified Chinese, Korean and Vietnamese Kids Can Drown Without a Sound posters	17,500	\$3,745
Printing of English, Arabic, Traditional Chinese, Simplified Chinese, Korean and Vietnamese Kids Can Drown Without a Sound brochures	850,000	\$31,458
Printing of English Protect Your Pool, Protect Your Kids checklists		\$449
Printing of English Protect Your Pool, Protect Your Kids posters and flyers		\$4,537
Photo shoot		\$1,289
Email and mail out to local councils pool division and community services division, community health centres and Medicare Locals		\$10,526
Recording of radio advertisements		In house
Voiceovers for the radio advertisements		In house
Distribution of English CSAs throughout NSW		\$257
Distribution of English CSAs to regional areas throughout Australia		\$139
Print and radio advertisements: English		\$29,165
Print and radio advertisements (1-2months): Arabic, Cantonese, Mandarin, Korean and Vietnamese		\$89,931
Monitoring of placement of CSAs		\$470
	TOTAL	\$230,281