

# SUPPORTING STRONG SKIN HEALTH IN THE KIMBERLEY

The See, Treat, Prevent Skin Sores and  
Scabies (SToP) Trial Story




2019 TO 2023

This booklet tells the journey of the SToP Trial for the Kimberley region between 2019 to 2023.



**Cover artwork 'Gathering Circles' by Luke Riches, 2020.**

Gathering Circles:  the story of the SToP (See, Treat, Prevent) Skin Sores and Scabies Trial.

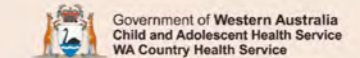
The circles represent the nine Aboriginal communities working with the SToP Trial. In Riches' words "The circles vary in colour and composition, just as the communities hold their own unique identities".

"The backdrop of pindan orange and coastal blues convey the land and sea setting that makes the Kimberley so beautiful. The dot painted trails show a connection between the communities, of both foot trails and song lines that unite the people".

The SToP Trial Investigators and Collaborators. Supporting Strong Skin Health in the Kimberley; The See, Treat and Prevent Skin Sores and Scabies (SToP) Trial Story. Telethon Kids Institute, Perth, 2024.

# WALKING TOGETHER ON THIS JOURNEY

This booklet has been codesigned with the nine Kimberley communities who have partnered with the SToP Trial, which is supported by the Kulunga Aboriginal Unit at the Telethon Kids Institute.



# 2013-2014 WHY DID WE START THE STOP TRIAL

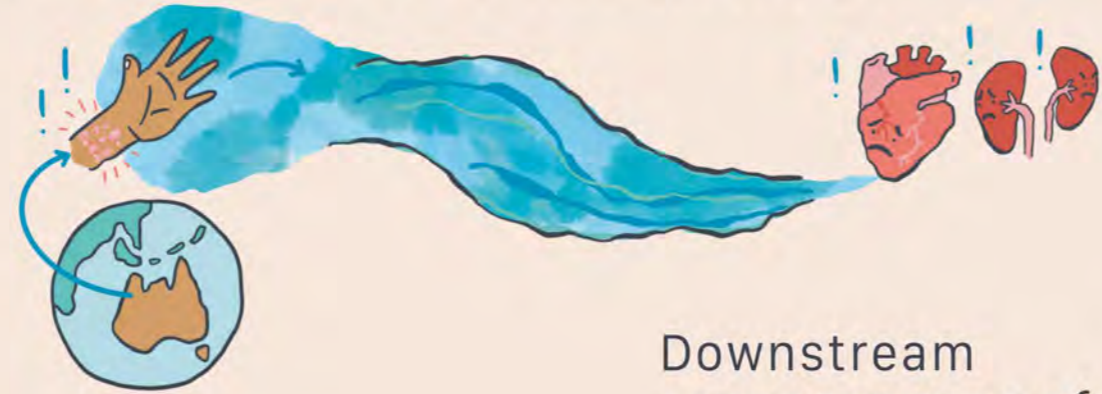
**Skin infections** were identified by Kimberley leaders as a **priority in remote communities**.

The **skin is the largest organ of the body**, and it is always on show.

The **Kimberley had high rates of skin infections with Strep A bacteria** in children, with remote-living Aboriginal kids having the **highest rates in the world**.

There were many **competing priorities in community**:

- Sometimes clinics and hospitals **normalised** sores,
- Sometimes families got used to them so they **didn't look for treatment**.

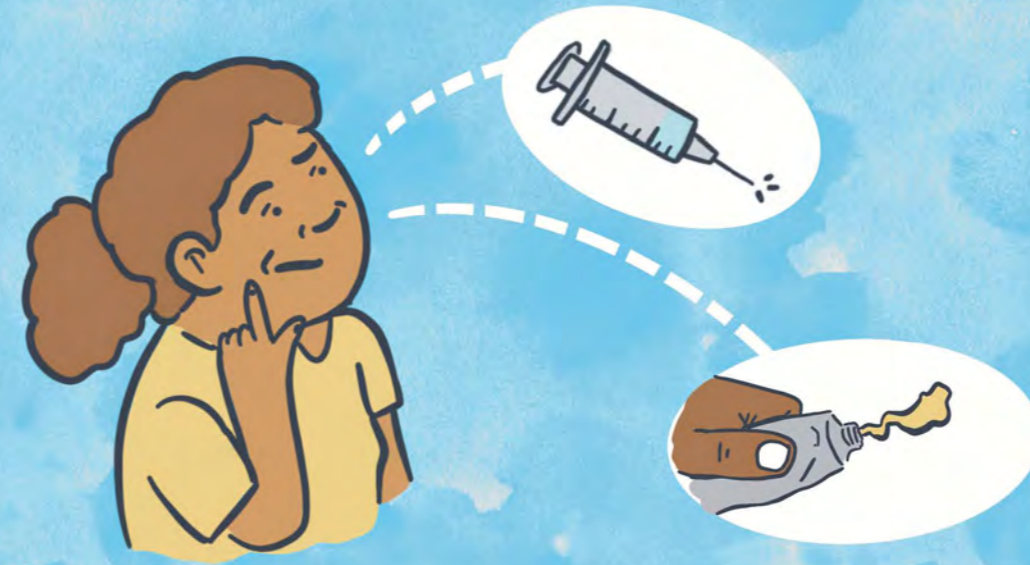


Downstream consequences of skin infections, like **Rheumatic Heart Disease (RHD)** and a **kidney disease called APSGN**, are preventable.



There was **research** happening around the world that showed there were **different ways of looking after skin**.

The main treatment options were:



**Painful needle for skin sores.**

**Oily cream for scabies.**

Research showed:

Having an **option or choice** for treatment is important.

For skin sores there was a **drink or tablet medicine that works just as good as the needle**.

For scabies, you could take a **tablet instead of an oily cream**.



# KIMBERLEY ABORIGINAL LEADERS WERE CALLING FOR A CHANGE

Nirrumbuk Environmental Health & Services (NEHS) were working across the Kimberley to support **healthy living through healthy home environments.**



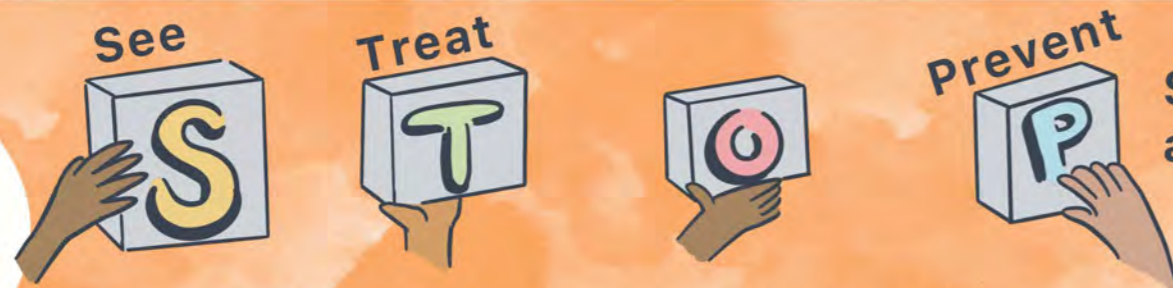
There was a **APSGN (kidney disease) outbreak in 2013** and everyone took more notice, including State Ministers.

Kimberley leaders knew and told researchers:



**We need prevention not just new medicines!**

**WE NEEDED A NEW WAY TO SUPPORT HEALTHY SKIN.**



**Skin Sores and Scabies**

So researchers and Kimberley partners came together and **designed the SToP Trial.**



# SETTING UP THE SToP TRIAL

Together, we aimed to **reduce the number of Kimberley Aboriginal kids with skin sores by half.**



**INCREASE HEALTHY SKIN**

It took us a couple of years to **design the SToP Trial**, consult with communities, establish partnership agreements and get all the right approvals (funding, ethics and governance).

This included applying to the Kimberley Aboriginal Health Planning Forum (KAHPF). We got approvals from schools and health services too.

Whilst we were waiting for approvals, **we interviewed 60 staff across the Kimberley** to understand what was already happening for Environmental Health and skin health.



**9 COMMUNITIES**

We didn't start until we had the support of communities, and in the end, **nine Kimberley communities chose to participate.**

We decided on **three areas of activity** to support skin health:

## SEEING



## TREATING



## PREVENTING



**Checking skin at schools** three times a year.

**Training** schools, clinics and community members **to look out for skin infections.**

**Providing different medicines in the clinic** for skin sores (drink and tablet) and scabies (tablet).

Training clinics for the **new treatments and prioritising them.**

Working with communities to **codesign healthy skin promotion resources.**

**Illustrating the importance of environmental health activities** and advocating for increased funding and support.

The SToP Trial ran from the start of 2019 until the end of 2022.

In response to community feedback, all communities had the See, Treat and Prevent activities, but **some communities started before others.**

**This was so that no one missed out,** but we could still measure if these things helped increase healthy skin.

**When COVID happened in 2020, all the activities couldn't continue the normal way for a while.** We connected virtually to keep working on Prevent activities, and we reconnected and restarted See and Treat activities at the end of 2020.



DOING THINGS DIFFERENTLY

COVID



# WE COLLECTED A LOT OF INFORMATION

The information **helps us understand if the SToP Trial was helping**, and in this book we get to show that to you. We hope you will help us understand what this means.



Some of the information is **numbers** (e.g. how many kids had skin sores, how much different treatments were being used).



We also yarned with lots of **people** along the way to understand how communities felt about the SToP Trial.



# WHAT HAPPENED WHEN THE SToP TRIAL BEGAN

First, Nirrumbuk Environmental Health (NEHS) staff members gained **consent from families**.



**Eight trained staff members from NEHS** asked families if they would like their children to participate in the SToP Trial.

The families of

**915 CHILDREN**

**SAID YES**



We asked 6 community members and 6 involved staff members **how they felt about the consent process**, and they said:

The consenting staff **spoke appropriately, they weren't pushy, and they used a great visual tool** to explain the project.

It was good that consent was **conducted by Aboriginal people** who families already knew.

This was a new way of consenting that these kinds of research projects hadn't used before, and **families felt that it was a strong way**.

## Next we had a **yarn with the families.**

We wanted to **understand what people already knew about skin infections**, and what communities would like to gain out of the SToP Trial.

**We talked to 56 people** (made up of 16 community members, 18 clinic staff and 22 school staff), and these were the main things they told us:

Communities already had a **general understanding of skin infections**, but some people didn't know that skin sickness can lead to RHD heart sickness.

Families were mostly getting the **needle for skin sores** and the **cream for scabies**.

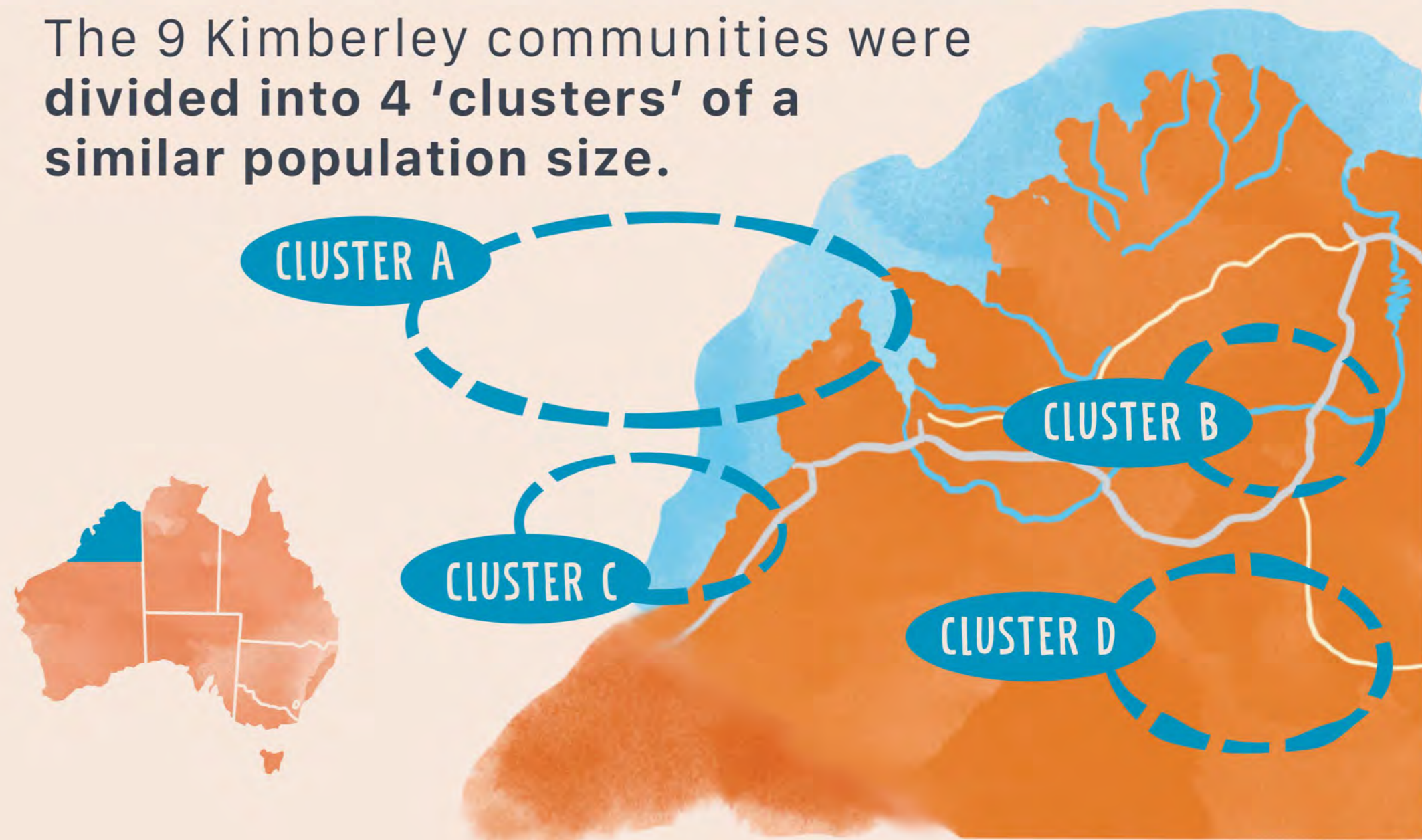


There were **limited healthy skin promotion resources** in each community. Elders and community members thought that **using language and local cultural context was the most appropriate way** to develop new resources, and recommended employing local people to work on this.

**Sometimes the needle stopped kids going to the clinic** because it was painful.

# WORKING IN CLUSTERS

The 9 Kimberley communities were **divided into 4 'clusters' of a similar population size.**





# WHAT HAPPENED FOR SEEING ACTIVITIES ACROSS THE CLUSTERS

**915 kids** were consented to have skin checks in the Kimberley.  
**3084 skin checks** were completed.

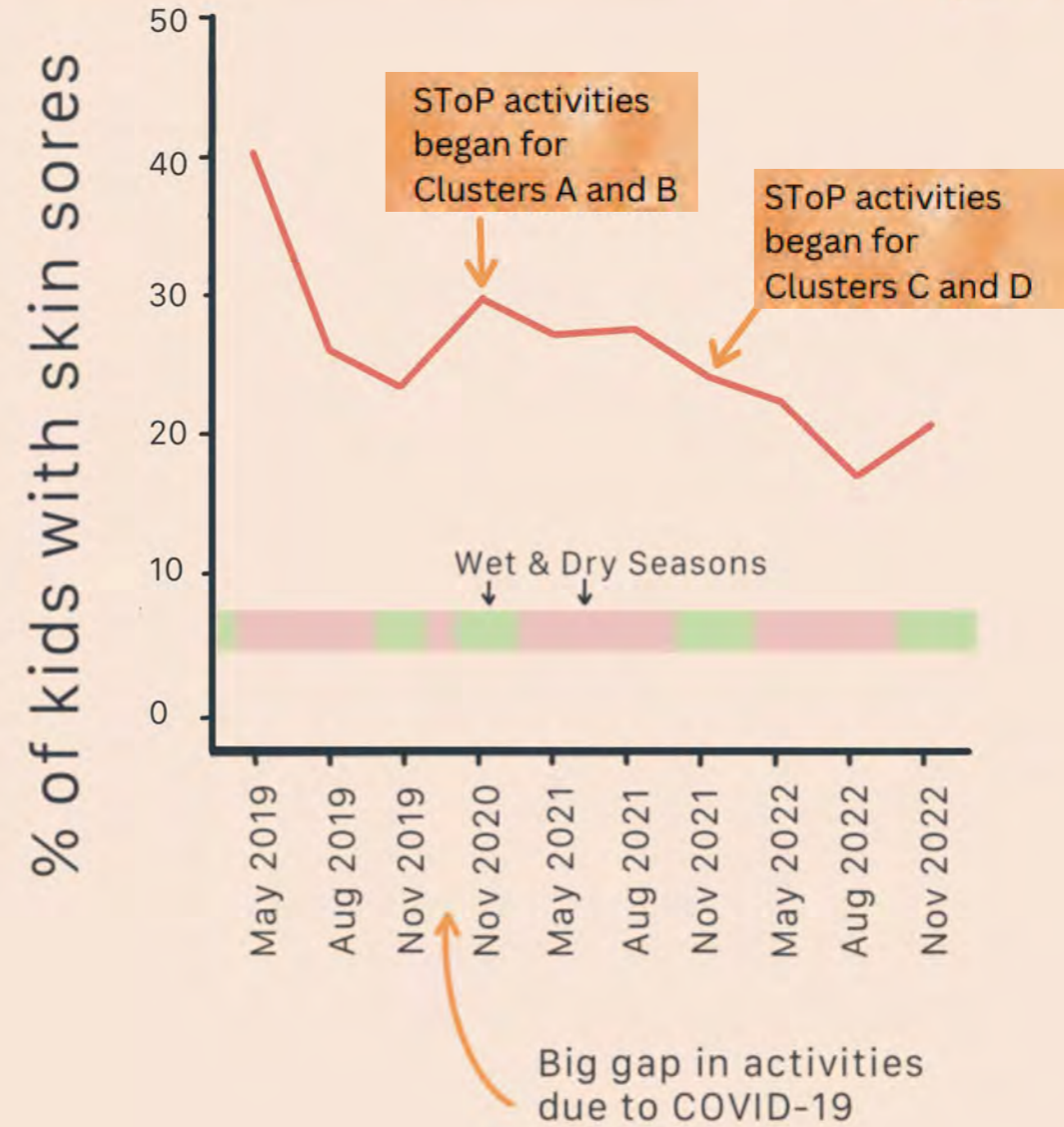
**155 clinic staff** completed skin identification and treatment training.



**245 school staff** completed skin infection identification training.

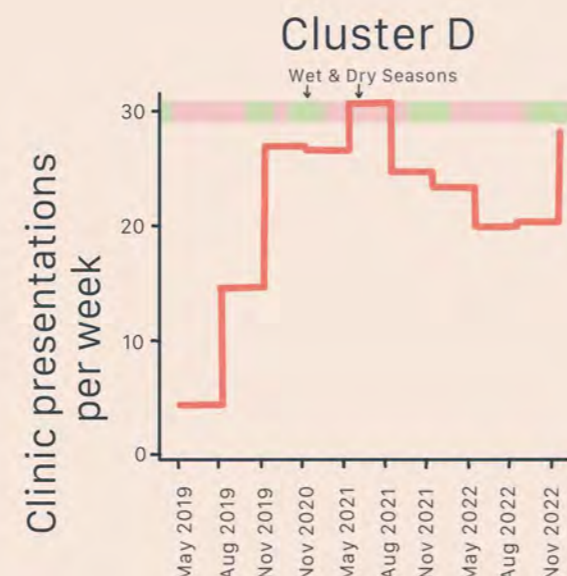
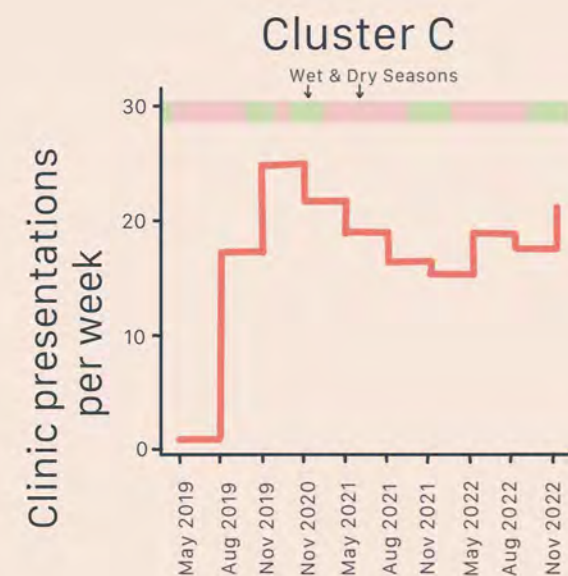
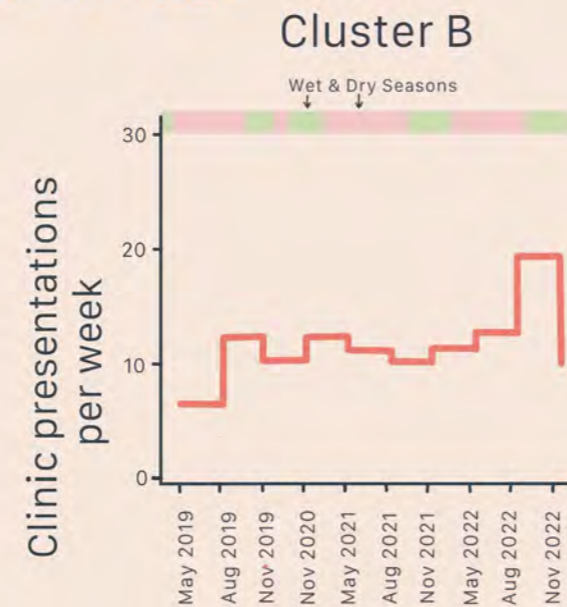
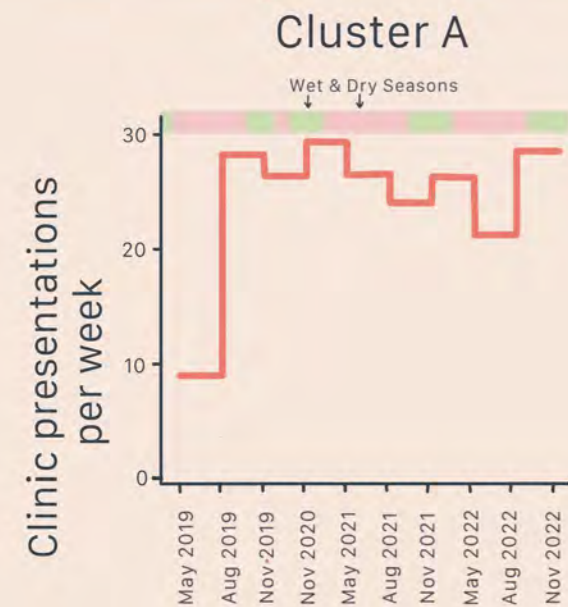
**126 kids** participated in school workshops.

At the start of the SToP Trial, 4 in 10 kids had a skin sore. By the end of the SToP Trial, this was down to almost 2 in 10 kids.





At the start of the SToP Trial, not many people were going to the clinic for their skin. This increased when we started checking skin and stayed about the same for the rest of the Trial



## People we spoke to said:

School staff said that **going back to schools lots of times was good**, because it built relationships with staff and children.

People described **increased skin health awareness** because of the trainings and the school workshops:

- Clinic and school staff said a **consistent presence** meant kids were more aware,
- Community members said **families understood more the link between skin infections and RHD** and, therefore, the importance of skin health.

**Training resources were helpful** to increase awareness:

- Clinic staff said **showing dark toned skin** was accurate and helpful,
- Community members said the **visual resources helped** them feel more educated and understand about the sores.

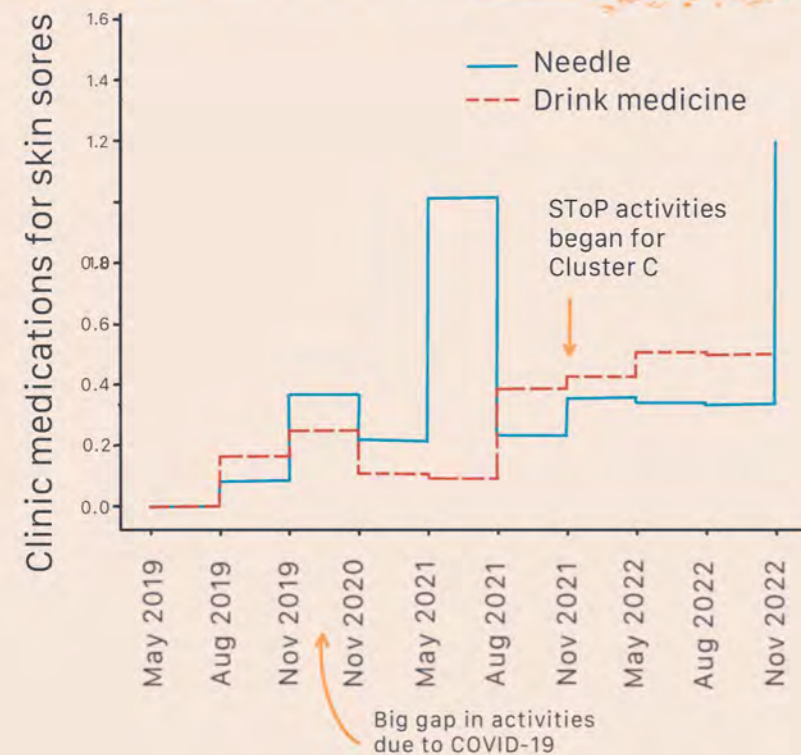




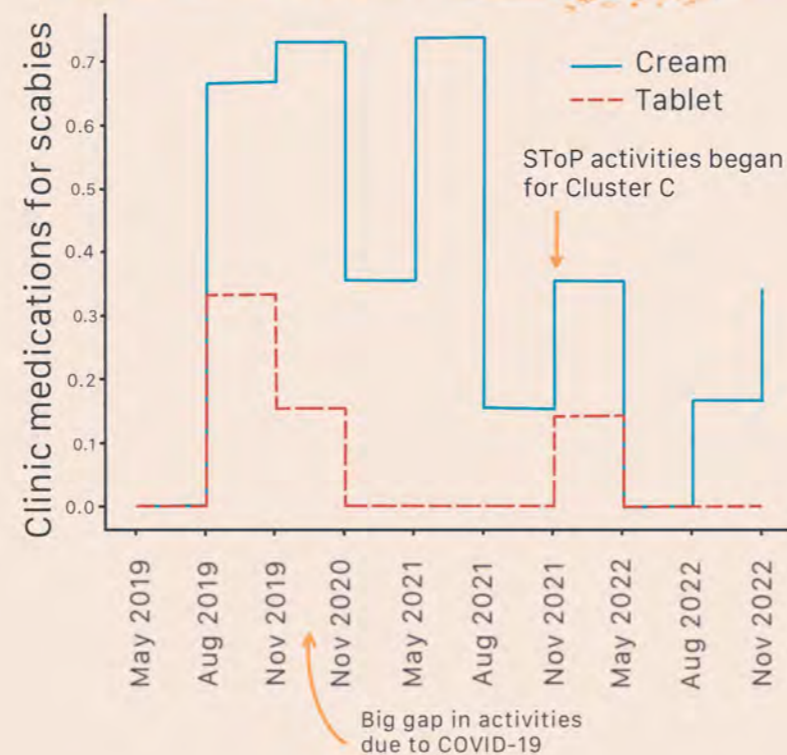
# WHAT HAPPENED FOR TREATING ACTIVITIES IN CLUSTER C

During the trial, different clusters collected data in different ways. Here is how medication was prescribed in Cluster C:

The needle and the drink or tablet medicine were used about the same for skin sores throughout the SToP Trial.



The cream was prescribed more than the tablet for scabies throughout the SToP Trial.



# REFLECTING ON TREATING ACTIVITIES

Clinic staff we spoke to said:

- They think **most people now know there are different treatment options for skin sores and scabies.**
- **Some clinic staff have changed their practice, and offer the drink medicine for skin sores when they used to offer the needle.**

Community members we spoke to said:

- **Trust is important in the relationship** between them and the person treating them.
- **Staff turnover is a barrier to that being consistent,** which discourages people from seeking treatment.
- If there was a **consistent nurse,** it would build trust and relationships.

People said a **school health nurse is really important**

- Community members said even though they were more aware of importance of treatment, a **lack of consistent nurses made it hard to get that treatment.**
- School staff said that skin checks are good, but it would be **better if kids could receive treatment quickly and at school.**
- Clinic and school staff agreed that a **consistent school nurse could be this person,** would close the loop and enable children to receive treatment easier.



# WHAT HAPPENED FOR PREVENTION ACTIVITIES ACROSS THE CLUSTERS

Kimberley partners recommended including prevention in the Trial, such as **health promotion and environmental health**.

When we yarned with people early in the Trial, they recommended **culture, language, and bush medicines to be included in health promotion resources**. Elders in each community decided which languages and traditional information to include in the resources.

So far, **eight health promotion resources** have been codesigned with SToP Trial communities, all **containing local languages, art and culture**.

## HIPHOP2STOP VIDEO

**A song written about healthy skin by kids** in partnership with WAAPI navigators in 2020 over **7 hip hop song writing workshops via Teams**.

**40 young people attended the WAAPI leadership camp and filmed the video on country**.

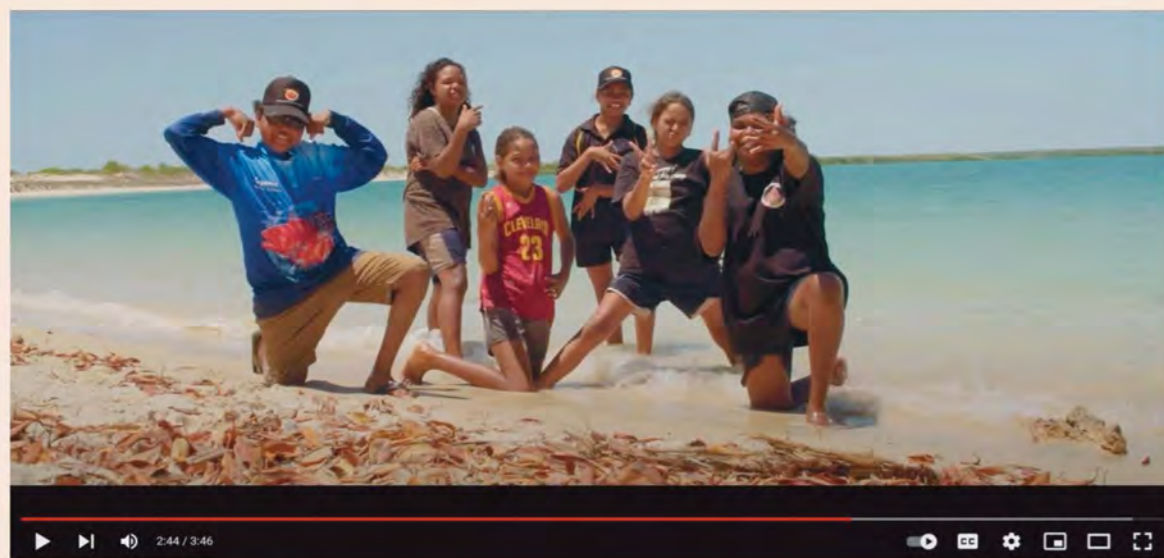
The hip hop video was filmed and produced by Kimberley company Goolarri. **Almost 5000 people have watched the video on YouTube**.



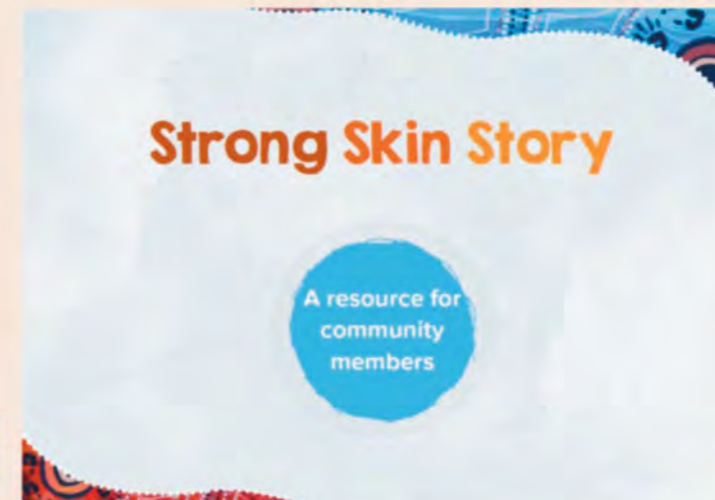
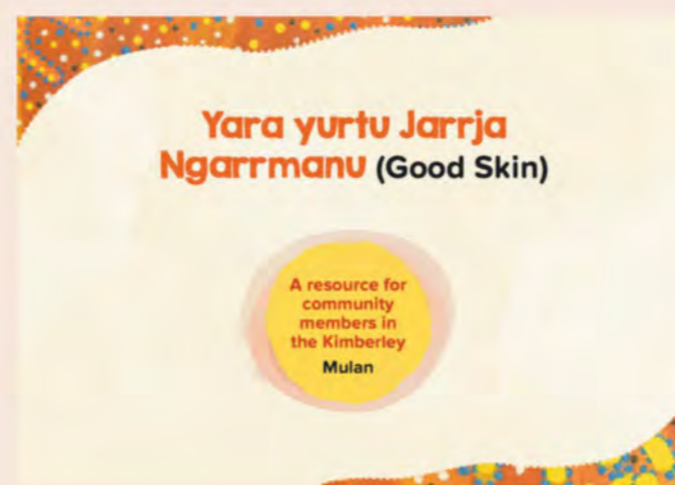
DID YOU KNOW...

WHAT ABOUT...





Scan the QR code to view all of these resources on our website.

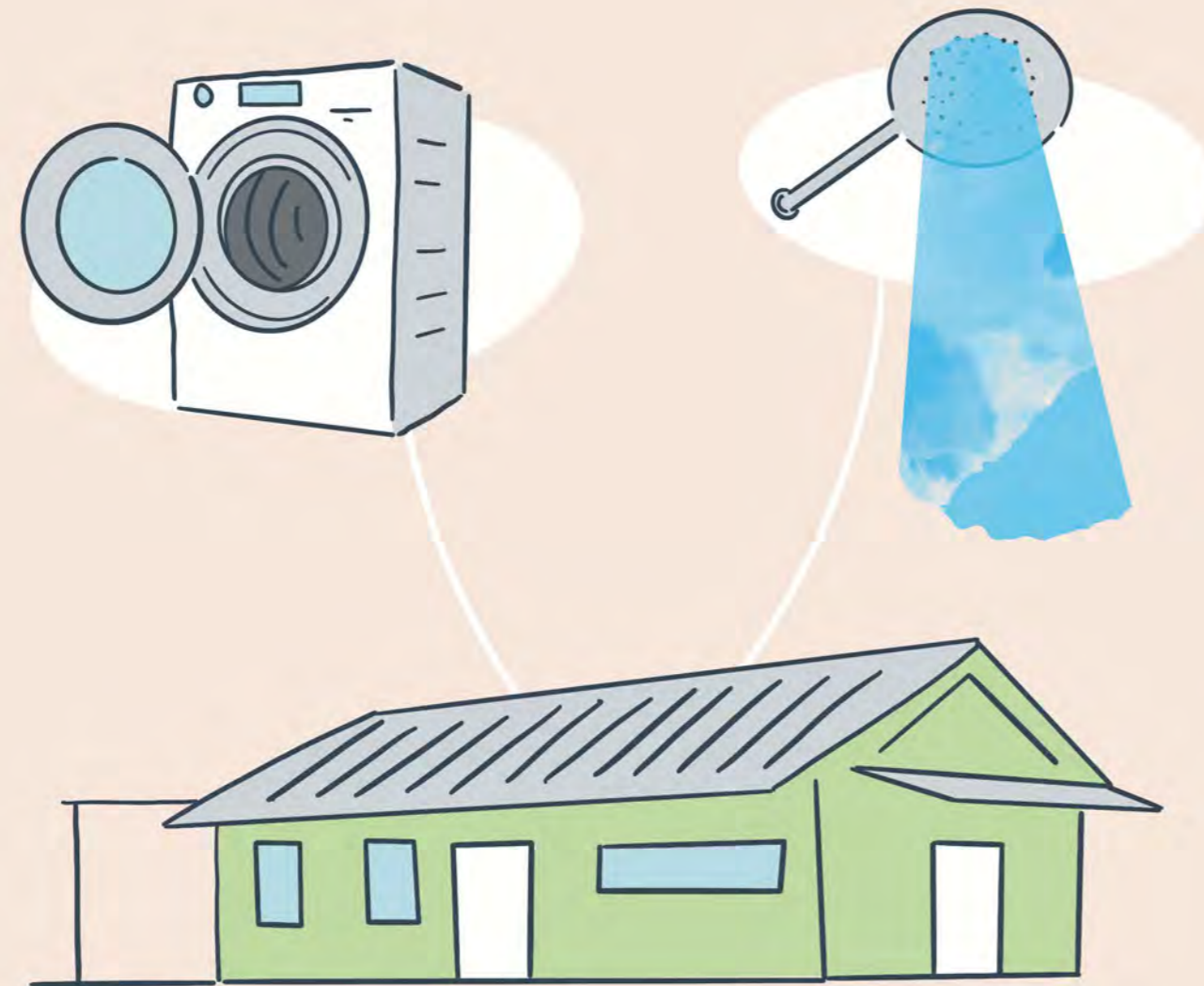




Throughout the Trial, communities and service providers highlighted that **to keep skin healthy it is critical to keep the environment that we live in healthy.**

People spoke highly of environmental health support, but described **barriers to accessing a healthy environment in the home and community.**

To create sustainable change in skin health, **Australia must invest in housing and health hardware.**



## WE ASKED COMMUNITY

What do you think these results mean for you and your community?

Is skin health still a priority for your community?  
What do people think about it now?

Results of the yarning activities were provided back to the community in their own results book, similar to this one.

What's next? From yarning so far, people have told us it would be good to:

- **Continue skin checks and training** (include head lice treatment too).
- If we can't, have **virtual options** for both.
- Make sure there is a **consistent school nurse.**
- Advocate for change until every **family has a home that meets their needs** and adequate support to maintain it.

What do you think needs to happen next for skin health in your community?

# A COLLECTION OF THE COMMUNITY YARNING PICTURES

## HIP HOP SONG BEING SUNG BY CHILDREN!

KIDS RECOGNISING THEIR SKIN BEING SORE AND SHOWERING AND TAKING CARE OF THEIR HYGIENE



## STRATEGIES MOVING FORWARD

KEEP RELATIONSHIP WITH THE SCHOOL AS A NEUTRAL GROUND



TWO WAY LEARNING TO SUPPORT SKIN HEALTH EDUCATION

WORKING WITH MAIN FAMILY LEADERS AND THEY CAN DISPERSE THE STORIES

TRACK A COHORT OF YOUNG ADULTS AND SEE THE EFFECTS OF THE SKIN TRIAL ON THEIR CHILDREN



A VIDEO IN LANGUAGE FOR KIDS WOULD BE GOOD TO KEEP TALKING ABOUT HAVING A SHOWER AND GOING TO THE CLINIC



LOOKING AFTER YOUR SKIN



TRAIN UP LOCAL PEOPLE TO LOOK FOR SKIN SORES IN SCHOOLS



OUR COMMUNITY YOUTH PROGRAM IS IMPORTANT. WE GO ON COUNTRY AND TALK ABOUT HEALTH



A SCHOOL NURSE IS SO IMPORTANT FOR GETTING ON TOP OF THINGS THAT DAY AND PROVIDING A CONDUIT TO THE CLINIC. THERE'S ALWAYS GAPS IN HAVING A CONSISTENT NURSE AT THE SCHOOL



CREATING THE BOOK IN LANGUAGE WAS REALLY HELPFUL, WE KEEP COPIES ON THE CLASSROOMS TO TALK THROUGH WITH THE KIDS

AN ANNUAL SKIN CHECK (AT MINIMUM) FOR THE KIDS WOULD BE IMPORTANT, OTHERWISE WHAT HAPPENS IN A COUPLE OF YEARS TO THE SKIN SORE RATES? WOULD BE IDEAL TO HAVE A COMMUNITY MEMBER TRAINED UP



HAVING OUR BOOKS IN LANGUAGE WAS IMPORTANT FOR OUR ELDERS AND FAMILIES



THE STOP TEAM WAS VERY FRIENDLY AND RESPECTFUL. LEGENDS

## A WELL TRAINED COMMUNITY MEMBER FOR SCHOOL HEALTH WOULD BE GREAT

School health nurses have all the energy for the setup but then they're gone



## ENVIRONMENTAL HEALTH

PEOPLE HAVE BEEN ENCOURAGED TO FILL OUT THE FORM AT THE CLINIC WHEN SOMETHING IN THE HOUSE NEEDS FIXING



PARENTS ARE THINKING MORE ABOUT THE CHOICE FOR TREATMENT

Training on the choices for clinic nurses is really important

I RECKON THEY SHOULD HAVE A CHOICE FOR MEDICINE BECAUSE SOME PEOPLE ARE TRAUMATISED BY THE NEEDLES



SOMETIMES HITTING IT WITH THE MEDICINE THROUGH A NEEDLE IS BETTER BECAUSE THE GERMS ARE STRONGER NOW



WE'VE GOTTA FIND THE MONEY TO KEEP THE SKIN CHECKS GOING!



TKI CAN HELP WITH COMMUNITY LED INITIATIVES TO PROMOTE HEALTHY SKIN

KIDS PREFERRED THE CREAM OR ORAL TREATMENT.



THE NEEDLE CAN AFFECT THEM COMING BACK TO SCHOOL AND IMPACTED THEIR LEARNING FOR THE DAY.



ALLOW PEOPLE ON THE GROUND TO HELP LEAD THROUGH FAMILY EMPOWERMENT



TRAINING WAS EFFECTIVE IN THE SCHOOL TO BE ABLE TO IDENTIFY WHAT DIFFERENT THINGS ARE.

THE RESOURCES HELPED US WITH ONGOING DIAGNOSIS AND TREATMENT FOR STUDENTS.



WHEN WE SEE THE KIDS WITH SORES, WE TAKE THEM TO THE CLINIC NOW  
YAMPA MARN KANGANKU CLINIC TAWU



SOMETIMES WE GET THE KIDS BUSH MEDICINE AT THE CLINIC



GOOD TO HAVE SCHOOL NURSE TO HELP KIDS AND FAMILIES TAKE ACTION WITH THE CLINIC



SKIN BUS!  
EDUCATION NEW TEACHERS, VISIT AS PER NORMAL.



**NEXT STEPS**

CONTINUAL SKIN CHECKS AT SCHOOL AS THERE ARE STILL SORES.

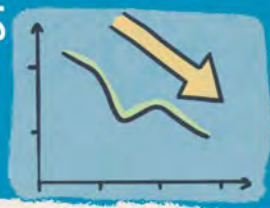


SCHOOL KNOWS WHO IS ENROLLED AND NOT COMING, AND THEY COULD CONNECT US WITH THEM.



CLINIC RECOGNISED HEADLICE AS A POTENTIAL CHALLENGE TO TACKLE NEXT.

REALLY GOOD TO SEE THE DROP DOWN OF THE NUMBERS



A 12 MONTH FOLLOW UP LINKED IN WITH THE TRACHOMA PROGRAM WOULD BE IDEAL



SKIN HEALTH FEELS BETTER NOW THAT WE'RE LOOKING OUT FOR IT IN SCHOOL



IMPORTANT TO WORK WITH YOUNG MUMS - WE'VE GOT AN INFLUX OF BABIES AND WE'RE LIVING IN OVERCROWDED HOUSING



EDUCATION FOR THE COMMUNITY BEYOND THE SCHOOL



WE'VE GOT THE NURSING PRACTICE GROUP HAPPENING TOO

# THINGS TO CELEBRATE

Overall, skin sores have decreased in the Kimberley.

In our yarns, people said we should continue working together, because collaboration has been a strength, and it will take everyone to support healthy skin.



You can read more about the SToP Trial and its results by heading to our website where all our publications and resources can be found.





