

Parents' knowledge and use of child restraints in regional and rural NSW: results from a survey.

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Abstract

Parent-reported and observed use of child restraints has increased in many countries in recent times and is high for children in Australia (>90%). However, many children are sub-optimally protected because the restraints they are using are too big for them. This study sought to explore possible reasons for this using a survey of parents and carers (N = 284) of children aged 6 years and under. Questions addressed parents'/carers' knowledge about the "best size" ranges for restraints available on the Australian market, the types of restraints they were using with their children and frequency of use as well as their views on fitting restraints to vehicles. Results indicate that, though parents are well informed about the benefits of child restraints, they are less well informed about appropriate sizes for different restraints, especially those suitable for older children. In particular, more than 50% of these parents gave minimum age/weights for booster seats that were too low. The majority of the parents in this sample were reportedly using a restraint appropriate for the child's age. However, over 30% of the children in the 4-6 year old group were arguably too small for the restraints they were using. These results suggest that interventions to improve children's protection as passengers should target parents' perceptions of when to move children into larger restraints. It seems particularly critical to emphasise erring on the side of caution in relation to the upper age/weight for both forward facing child seats and boosters in order to encourage parents to retain children in these until they have truly outgrown them.

INTRODUCTION

Under Australian legislation, all children must be restrained in approved restraints, properly fitted and adjusted, while travelling in passenger vehicles (RTA, 2005). However, the specific type of restraint is only mandated for infants aged less than 12 months, who must use an approved child-specific restraint (RTA, 2005). Thus babies are restrained in rear-facing infant restraints until approximately 6 months old, when most reach the weight or length limits of the restraint. After this, a larger restraint must be used to secure the child until at least 12 months old. Parents may choose from single-purpose forward-facing child restraints, suitable for children 8-18kg (6 months to 3-4 years old), or they may use 'convertible' style restraints. These are rear-facing from birth until the baby weighs 8kg and then can be turned or 'converted' to forward facing until the child reaches 18kg.

Restraints specifically designed for children, unless grossly misused (for instance, failing to fasten the internal harness) have been shown to significantly reduce the risk of injury and death in road crashes. The effectiveness of restraints suitable for infants has only been calculated in comparison to unrestrained infants, where the improvement in protection has been calculated as 71% (NHTSA, 1996). However, for older children recent research has provided comparisons between the protection offered by adult seat belts and that of child-specific restraints. For children aged 1-4 years old, forward-facing child restraint systems have been found to reduce the risk of serious injury in crashes by 78% in comparison to adult seat belts (Arbogast, Durbin, Cornejo, Kallan & Winston, 2004). Though not as marked, belt-positioning booster seats, suitable for children aged 4-7 years (approximately) provide around 50% greater protection to the children wearing them than do adult belts used alone (Durbin, Elliott & Winston, 2003). Performance under Australian conditions, where top tethers are required for both rear-facing infant restraints and forward facing child restraints, may confer even better protection. Australian dynamic testing of forward facing child restraints with high-mounted top tethers demonstrated considerable reduction in frontal-impact head excursion under a variety of configurations (eg. tight, firm and loose tether adjustments with different restraint designs) (Lumley, 1997). Australian in-depth studies of real world crashes involving children have also shown encouraging results, with one such

study in the Sydney area revealing that children aged 2-8 years correctly restrained in well-fitting restraints were neither seriously injured nor killed even in the more severe crashes (Brown, Bilston, McCaskill & Henderson, 2005).

These optimal levels of protection depend on choosing the right sized restraint for the child. Manufacturers and road safety authorities recommend that children continue to use their restraints until they grow out of them. However, several recent studies show an alarming level of "premature graduation", that is, children being moved into restraints which are the next size up before they have fully reached the limits of their previous restraint (Ebel, Koepsell, Bennett & Rivara, 2003; Winston, Durbin, Kallan & Moll, 2000). Often termed inappropriate use, this practice carries with it decreased protection (Brown, Bilston & McCaskill, 2003), particularly where adult seat belts are worn by children still able to use booster seats or forward-facing child seats (Durbin et al, 2000).

Child restraints differ in design according to the typical physical dimensions and biomechanical characteristics of the groups of children intended to wear them (Henderson, Charlton, Pronk & Scully, 2005). For a child restraint to be effective, it must be tightly coupled to the vehicle, and the child must similarly be properly secured within the restraint. This allows the forces of the crash to be spread over a greater, and anatomically stronger, area of the child's body, and for child and restraint to decelerate with the vehicle, reducing the risk of injury (Brown, Griffiths & Paine, 2002; Weber, 2000). As children's heads are the part most vulnerable to injury, well-designed restraints also limit the degree of head excursion, thus preventing contact between the head and interior furniture in the vehicle.

Different types of restraint require different installation configurations which can make fitting and adjusting restraints problematic. Intentional or unintentional improper fitting of the restraint to the vehicle or of the child to the restraint is thought to be wide spread. US based studies estimate that between 50 and 90% of restraints for children aged 0-8 years have at least 1 fitting fault (Decina & Knoebel, 1997). In Australia, though previous research has shown that over 90% of children wear some kind of restraint (Brown, et al, 2005; Lennon, 2005; RACQ, 1999; Whelan, Diamantopoulou, Senserrick & Cameron, 2003), a large proportion of these are unintentionally poorly or incorrectly fitted (Glanvill, 2000; Paine & Vertsonis, 2001; RACQ, 1999). Most of the faults detected were deemed to be minor in nature (Paine & Vertsonis, 2001), for instance, slight slack in the tether straps or seat belt anchoring the restraint. However, gross misuse, for instance failure to fasten the restraint to the vehicle or the child into the restraint, can be life threatening and is strongly associated with serious injuries and fatalities (Arbogast et al. 2004; Brown et al, 2005; Gotshall, Eichelberger, Morrissey, Better, Reardon & Bents, 1997).

Though there is plenty of evidence that misuse and inappropriate use of child restraints is common, our knowledge of the reasons for this is less well developed. Previous US based studies specifically examining barriers to booster seat use have suggested that parental lack of knowledge, differences in risk perception, parenting style and legislation are important factors influencing whether parents choose to use booster seats or not (Ramsey, Simpson & Rivara, 2000; Rivara, Bennett, Crispin, Kruger, Ebel & Sarawitz, 2001; Simpson, Moll, Kassam-Adams, Miller & Winston, 2002). In Australia one recent study found that the most important reason given by parents of 4-11 year old children for moving the child into a booster seat was because they believed the child had outgrown the previous restraint. Similarly, parents restraining their 4-11 year olds in seat belts also cited the child being too big as the reason for moving to an adult belt, in most cases (88%) from a booster seat (Charlton, Koppel, Fitzharris, Congui & Fildes, 2006). In terms of understanding why child restraints may be poorly fitted, other studies have found that parents frequently underestimate the precision required to fit a restraint correctly and overestimate their ability to do so (Glanvill, 2000; RACQ, 1999; Will, 2005).

If we are to assist parents in their attempts to protect their children appropriately, we need a better developed understanding about what prevents them from doing so. This study was designed to address this issue.

METHOD

Participants and materials

Parents and carers caring for children aged 6 years and under were invited to participate in the study which consisted of a self-administered pen and paper survey.

The first part of the survey, used a mixture of open-ended and categorical measures and was focussed on parents' knowledge and use of different types of restraint as well as their opinions about fitting restraints. Parents were asked to write in what they thought was the best age/weight range (minimum and maximum) for each of 7 commonly used restraints (infant rear-facing capsule, 'convertible' child seat, forward facing child seat, high-backed booster seat, child harness worn with an adult belt, lap only belt, and adult seat belt), either in years and months or kilograms. To ensure parents understood what restraint was being referred to, pictures of each type were shown at the top of the response space. We were also interested in what types of restraints were being used with what age of child. Hence data on the age of each child, type of restraint used currently with that child, usual location of the restraint within the vehicle, and frequency of use were also collected for each child 6 years or under. Response options allowed collection of this data for up to four children per parent (starting with the youngest).

A further question consisted of 10 statements designed to gauge parents' opinions and knowledge about restraining children (see Table 5 for items). Parents were asked to indicate the degree to which they agreed or disagreed with each statement on a 5-point Likert scale ("Strongly disagree" to "Strongly agree").

Knowledge and opinions about fitting child restraints to vehicles was also sought through a series of questions about the child restraint parents/carers had acquired most recently. Further questions asked whether parents/carers would use an authorised fitter to fit a child restraint and if so, when (the circumstances) and how much they thought this service might cost.

The second part of the survey collected demographic information and driver seatbelt compliance behaviour ("how often do you wear a seat belt when you are travelling in the car?" response options were "Always"; "Sometimes"; "Only on long trips"; "Only when I have to"; "Never").

Procedure

Centres in the South West region of NSW responsible for providing care to children aged 0-6 years old were approached to distribute the survey. A total of 133 centres (52 childcare and 81 Family Day Care) in 16 local government areas agreed to distribute the survey to parents with their normal accounts (100% of those approached). In all, 3070 surveys were distributed and interested parents or carers were asked to return the completed survey to the child care centre. Table 1 shows characteristics and proportion of returned surveys received from location.

RESULTS

Characteristics of the parents/carers

A total of 284 surveys were returned (9.3% response rate), with most of these completed by parents (280/284) and yielding data on 551 children aged 6 years or younger. Almost 95% of the surveys were completed by women. Around 30% of participants were caring for just one child 6 years or under. A further 51% cared for two children of this age, and the remaining 19% had three or more children in their care. Around 76% of responses came from people living in areas classified as rural. Household income is shown in Table 2. As can be seen, the majority of participants reported incomes in the upper two brackets. Compared to the population from which they were drawn (NSW) the majority of this sample were on middle incomes, though there was a large proportion reporting low incomes compared to the rest of NSW.

Knowledge of when to use particular restraint types

Most parents/carers indicated a child age in response to the best range for use of particular restraints. This was particularly the case for the bottom of the ranges (minimum) for use of capsules (100%), convertible child seats (94%) and adult lap (94%) or lap-sash belts (94%). However, when specifying the upper ends of the best range for using these same restraints, proportions of age-based responses dropped to 76%, 76%, 60% and 76% respectively, with the remaining responses given in terms of weights instead. For forward facing child restraints and boosters the tendency to give an age-based best range for use was somewhat lower, though proportions of age-based responses were similar for both minimums (79%, 76% respectively) and maximum endpoints (75%, 76% respectively).

When compared to recommendations (Vicroads, 2006), parents and carers were well informed about when to begin using restraints suited to infants and toddlers, with 96% of those responding identifying birth as the best minimum age for using infant capsules, 70% identifying birth for convertible child restraints and 75% identifying 6-12 months/8-12kgs as best for forward facing child restraints (see Table 3). Knowledge of when to begin using other styles of restraint was apparently not as good, and appears to fall off further as the age/weight of child suited to the restraint rises. Thus, participant responses were less consistent with recommendations for the best range to use booster seats than they were about restraints for younger children, and participants appeared least well informed about when to start using adult seat belts. Moreover, the tendency was for responses to indicate a range that was too small for restraints suited to older/larger children. Around 26% of participants indicated ages between 3 months and 2 years/8-12 kg as the best minimum for booster seats, and 30% indicated 5 years or younger/15-19 kg as the best minimum for adult seat belts.

When it came to maximum age/weights for particular restraints, a large proportion of responses (27% for capsules; 32% for convertible restraints; 64% for booster seats) indicated ages that were considerably younger or weights that were lower than those generally recommended by road authorities and manufacturers.

It is worth noting that there were high rates of non-response for some restraint types (particularly adult seat belts and child harnesses), and this was not consistent for specific restraints, with some participants indicating a maximum size but not filling in a response for the minimum size. We are not sure of the reason for this but it may be that parents only gave responses where they were confident of their answers. Parent lack of experience in using the particular restraint type (especially harnesses) may have led to less confidence in the appropriate age/weight ranges for use.

Reported adult seat belt use was high, with over 97.5% indicating they "Always" wear a seatbelt (277/284). Five (1.8%) of the remaining parents/carers "Sometimes" wore a seat

belt, while 1 person reported only wearing one on long trips. One participant did not respond.

Types of restraints used

The most popular restraint type reported was the booster seat, used by 216 of the 544 children (40%, from Table 4), and normally suitable for children 14-26kgs in weight or approximately 3½-7 years old (Vicroads, 2006). Convertible seats were the next most popular, with 164 children using these (30%). These restraints can be used with children from birth (in rear-facing position) up to 18kgs (in forward-facing position). Around 13% of children used adult seat belts and a further 11% used forward-facing child restraints.

According to this data, the majority of the children in the care of these parents and carers were using size appropriate child restraints according to age (they were not asked to report the children's weights). Almost all the children aged under 12 months were restrained in capsules or convertible seats (96%, from Table 4); 86% of children aged 1- under 3 years were using convertible restraints or forward-facing restraints; and 95% of the 3 to under 4 year olds were restrained in convertible, forward facing child restraints, boosters or harnesses. A smaller proportion of children 4-6 years, though still the majority (62%) were using convertible seats, forward-facing restraints or boosters (from Table 4).

Though the above results are encouraging, there appears to be a large minority of the children who were using restraints that are arguably too large for them to be optimally protected in the event of a crash. In order to examine the factors that might be associated with this more closely, a new variable categorising children into appropriate or inappropriate restraint use was formed. Children were categorised as appropriately restrained if the reported restraint matched one of those recommended for a child of that age. Tests of significance for this new variable by parent income and child age revealed a significant difference for child age only. Children aged 4-7 years were significantly more likely to be inappropriately restrained than children in younger age groups [$\chi^2(4) = 58.12, p < .001$].

Frequency of use of the reported restraints was high, with participants reporting they "Always" used the restraint for 470 of the 538 children (87%) they gave data for. A further 11% of the children (59/538) used the indicated restraint "Most of the time", with most of these being children who used booster seats (36/59, 61%). Only 8 children (1 in a convertible seat, 4 in forward-facing child restraints, 4 in boosters) were reportedly using the restraint "Sometimes" or "Rarely". Restraints were typically reported as used in the outboard rear (80%) or the middle rear (17%) seat positions of the vehicles. Only 4 children were reported as normally seated in the front seat.

Parental views on using child restraints

Eleven items asked parents to rate their level of agreement with statements about child restraints. Items and response rates are displayed in Table 5.

The overwhelming majority of parents/carers reported using child restraints every time they travelled with children (97.7% "Strongly Agree" or "Agree" from Table 5), and said they would insist that the child wore it whether or not she/he wanted to (96.9% "Strongly Agree" or "Agree"). There does not seem to be a compliance issue, as almost 90% of parents and carers disagreed that they restrained their children only because they were required to (Item 7, Table 5). Rather it appears that parents thought that children received good protection from restraints, with over 94% agreeing that they prevented severe injury or death in a crash. Similarly, 96.5% of participants indicated "Strongly Agree" or "Agree" to buying new restraints when needed, though cost appeared to be a potential barrier for around 10% of this sample (Item 8).

When it came to more specific aspects of the safety conferred by child restraints, agreement was slightly less strong. Around 90% of participants indicated “Strongly Agree” or “Agree” when asked about whether using the wrong restraint would result in more severe injuries (Item 5), and this fell to 78.1% in relation to whether the front seat was as safe as the rear for children aged 7 and over (Item 11).

As found in similar studies (Glanvill, 2000; RACQ, 1999), two thirds of the parents and carers thought restraints were easy to install (Item 6) and an even higher proportion (78.1%) were satisfied with their own ability to fit them (Item 10). Most parents seemed to think there was adequate information and support about child restraints available (Item 9, 58.6% “Strongly Agree” or “Agree”).

Fitting child restraints and using an authorised fitter

The majority of parents/carers (89%) indicated that they had bought (rather than hired or borrowed) the most recent child restraint and this was most commonly from a variety store (45%). In most cases the sales person who sold it to them had been either “well-informed” or “adequately informed” about the restraint (37%). However a large proportion of participants (42%) had apparently not sought any assistance from sales people when they had made the purchase. Most also indicated that they had fitted the restraint themselves (72%) and of these, 64% had relied upon the instructions that came with the restraint for information though a large minority sought help from the sales person, a mechanic or road safety authority (20%). Only 13% of parents/carers indicated that they had used an accredited fitter to fit the restraint.

Participants were asked to indicate if they would be prepared to use an authorised fitter to fit a child restraint, what might prevent them from doing so (options were “no local fitter”, “easy to fit restraints yourself”, “cost” and “other”) as well as when they might use an authorised fitter (options were “never”, “initially”, “each time I took the restraint out of the car”, “if the car didn’t have access for a restraint to be fitted” “if the restraint appears too loose”, and “other”). Sixty percent of parents/carers said they would use an authorised fitter, with most of these (117/170, 69%) indicating that this would be “initially”. However, 45% (77/170) of those saying they would use a fitter also indicated that a barrier to doing so was that restraints are easy to fit yourself, and a further 15% thought there was no fitter local to them. Cost was seen as a barrier by over 20% of parent/carers who said they would use an authorised fitter.

DISCUSSION

Results from the survey suggest that these parents are positively disposed towards child restraints and their use. Parents and carers in this study reported very high levels of restraint use which seemed more based on their beliefs about the benefits of restraints rather than a desire to avoid penalties for non-compliance. Moreover, they reported using them whenever they travelled, even when children resisted, suggesting that parenting style may not be a primary factor in restraint use for the children in this sample.

Lack of knowledge about which particular restraints are suited to which ages/weights of children appears to account for findings in relation to actual restraints used in this study. While the majority of children appeared to be restrained in restraints appropriate for their ages, participants’ underestimation of the appropriate minimum ages/weights at which children should start to use booster seats and seat belts may explain the large proportion of children aged 4-6 years using these types of restraints when smaller ones would be more appropriate. This has implications for future restraint use too, since so many of the children under the care of this group of parents and carers are currently using booster seats. That only 1 in 5 parents/carers identified an appropriate minimum age for adult belt use suggests many of these children will be moved into adult belts earlier than is advisable, a scenario

consistent with findings from other recent studies (Charlton et al, 2006; Edwards, Anderson & Hutchinson, 2006). It may also be that parents in this group have over reported the use of appropriate restraints since this is a more socially acceptable response. However, the responses given for actual use are consistent with parents' knowledge of when to use restraints as demonstrated in their answers to the questions about the best age/weight ranges for types of restraint.

The strong reported parental perception of restraints as easy to fit and their satisfaction with their ability to do so supports findings reported in other studies. where parents tend to install restraints themselves and see this as an easy task, though many perform it incorrectly (Glanvill, 200; Paine & Vertsonis, 2001; RACQ, 1999). Parent/carer low reported levels of consultation with sales staff when purchasing restraints may be partly due to this or it may be due to high levels of confidence generated by previous experience choosing and fitting particular restraints with no apparent ill effects. Either interpretation is consistent with the contention that parents and carers are naïve to their own need to better inform themselves or seek assistance on matters of children's car safety (Will, 2005).

The findings from this study support the view that children's safety could be improved through improving parental knowledge and understanding about how to decide when to move children into larger restraints. This seems critical for children over 3 years old. There is evidence in our findings that parents make the judgement about when to transfer a child to a booster seat (from a forward facing or convertible child seat) on the basis of child age while manufacturers specify weights, a discrepancy that might be fruitful to address. Similarly, the transition out of the booster and into an adult belt appears to be related to age rather than the fit of the belt, which is more critical for optimal protection. Educating parents and carers about the need for precision in installing restraints, and the consequences of poor installation, might also be helpful in alerting them to the need to seek advice when moving from one restraint type to another for their children, even if they have had plenty of experience with restraints for their older children.

Limitations of the study

These results need to be viewed in light of the limitations due to the sampling method used. The source of participants was child care centres and as such may over-represent better educated or generally more concerned parent/carers. We would expect that this would result in an overestimation of the level of appropriate child restraint use in the communities from which this sample draws. Certainly, our sample reported very high levels of driver seat belt use, which, while consistent with figures published for seat belt compliance in urban populations, is about 1.5% higher than those reported for other areas (Pennay, 2006) and might suggest a slightly more conscientious attitude towards restraint use in general amongst this group than that of other drivers. Similarly, our sample reported levels of appropriate child restraint use that are somewhat higher than those found by others using non-self report measures with urban populations (Edwards et al., 2006; Lennon, 2007, Vicroads, 2003). However, the results for children aged under 4 years are similar to those of other studies, as is the finding that older children are more susceptible to premature use of adult seat belts. In addition, the response rate was relatively low, a problem with many studies using distribution methods of this nature. It is actually difficult to say what the true response rate was because although child care centres had agreed to distribute the surveys to all parents, we cannot know how many parents actually saw the material. As a result, the findings from the study may not be generalisable to the wider rural and regional population of parents.

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Appendix 1: Tables

Table 1: Characteristics of participating local government areas and proportions of the total returned surveys from each

Location (local government area)	classification	Index of economic disadvantage*	Proportion of total surveys returned (%)
Albury	Regional	7	7
Bland	Rural	3	3
Cootamundra	Rural	3	12
Culcairn	Rural	2	4
Gundagai	Rural	2	3
Holbrook	Rural	4	8
Junee	Rural	3	2
Hume	Rural	6	3
Leeton	Rural	4	17
Lockhart	Rural	4	4
Murray	Regional	6	1
Narrandera	Rural	3	3
Temora	Rural	2	7
Tumut	Rural	3	2
Wagga Wagga	Regional	8	16
Yass	Rural	7	8
			Total 100%

* The Index of Relative Socio-Economic Advantage/Disadvantage is derived from the 2001 ABS Census of Population and Housing. Low values indicate areas of relative disadvantage measured on a decile scale.

Table 2: Total household income for parents and carers of children aged under 7 years

Household Income			
% of current sample		ABS Census data (2006): income, for couple families with children, NSW*	
		%	
Under \$31,000	21	Under \$33,748	9
\$31,000-\$70,000	46	\$34,000-\$72,848	40
\$71,000 and over	33	\$73,000 and over	51

*Source: Australian Bureau of Statistics, 2007.

Table 3: Percent of parents/carers giving best size/weight minimums and maximums consistent with those recommended for common styles of child restraint^a

Restraint type	% responses identifying a minimum size consistent with recommendations (of those responding)	% responses giving a maximum size consistent with recommendations (of those responding)
Capsule	96	50
Convertible	70	41
Forward facing child seat	58	69
Booster	45	31
Harness	36	27
Adult seat belt	22	70

*for harnesses, this figure is the % responding “don’t know”. A further 12% (33/284) did not respond.

Table 4: Restraint type used by children aged 0-6 years in regional and rural South-West NSW (restraints recommended for the children of the age parents/carers specified are shaded)

Restraint type	< 6 mths n (%)	6 – <12 mths n (%)	1 – <2 yrs n (%)	2 - <3 yrs n (%)	3 - < 4 yrs n (%)	4 – 6 yrs n (%)	Total n
Capsule	5 (26)						5
Convertible	13 (69)	36 (97)	51 (81)	43 (50)	14 (14)	8 (3)	165
FFCR	1 (5)	1 (3)	11 (17)	21 (24)	14 (14)	7 (4)	55
Harness			1 (2)	2 (2)	8 (8)	20 (8)	31
Booster				21 (24)	60 (59)	135 (57)	216
Lap belt					2 (2)	7 (3)	9
Adult lap sash belt					3 (3)	58 (25)	61
Total	19 (100)	37 (100)	63 (100)	87 (100)	101 (100)	235 (100)	542*

*Data not reported for 9 children

^a Age ranges were based on the guidance provided by Vicroads on their website. Weight limits were based on those provided for these restraints types by Britax, who manufacture the largest proportion of restraints available on the Australian market. Results for lap belts are not reported since the non-response rate was almost 50%. Participants appeared to be confused by the question on lap belts, possibly reflecting the much higher availability of rear seat lap/shoulder belts in modern vehicles on the Australian market.

Table 5: Parents' and carers' opinions in relation to their use of child restraints and the protection offered by them

Item/statement: “When it comes to child restraints, how much do you agree or disagree with the following?”	Strongly Agree (%)	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	Strongly disagree (%)	Don't know (%)
1. I would use a child restraint every time I travel with my child in my vehicle	87.2	10.5	0.4	0.4	1.4	0
2. I would insist that my child wears a restraint even if s/he doesn't want to	89.5	7.4	0.4	0	1.8	0
3. I would buy a new restraint as soon as my child needs/grows out of one	81.1	15.4	0.7	0	1.4	0
4. Child restraints prevent severe injury or death in vehicle accidents	80.0	14.4	0.7	1.8	0.7	1.8
5. Children in the wrong restraints are likely to have more severe injuries if there is a crash	61.1	28.8	4.9	1.4	0.4	2.8
6. It is easy to install child restraints yourself	19.3	48.1	18.2	9.1	1.4	2.8
7. I only restrain my child because it is the law	2.5	3.9	2.5	23.2	66.0	1.4
8. Child restraints are too expensive to buy or hire	3.9	7.0	7.7	29.5	49.5	1.8
9. There is adequate support and information about child restraints	15.8	42.8	17.9	14.0	6.3	2.1
10. I am satisfied with my ability to correctly fit and use child restraints	30.9	48.1	9.8	5.6	2.8	2.1
11. It is just as safe for children over the age of 7 years to sit in the front passenger seat as it is in the back seat	1.1	4.9	9.5	42.1	36.1	15.6