

## **Title**

Use of child restraints: a pilot program in Aboriginal Community Controlled Health Services

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## **Background**

Injury in road traffic crashes are a major cause of death and disability in children. Use of appropriate child restraints significantly reduces the risk of injury in the event of a crash, yet use of such restraints is low in Aboriginal communities. Little is known about barriers to use of child restraints in Aboriginal communities, or about the effectiveness of programs to increase appropriate use of restraints in such settings.

## **Aims**

The aims of this project were to: (i) consult with members of an urban Aboriginal community on the issues surrounding use of child restraints for children when travelling in cars; and (ii) develop, implement and evaluate the acceptability of a program to facilitate and encourage the correct use of child restraints.

## **Method**

Stage One of this project involved the conduct of focus groups with Aboriginal parents, grandparents and soon to be parents, to identify the barriers and facilitating factors for them to travel with their children in appropriate child restraints. Thematic analysis of comments was conducted based on the stages of behaviour change needed to lead to using the appropriate seat for a child. Consultation with staff at two Aboriginal Community Controlled Health Services also informed program development. Stage Two involved implementing a program consisting of staff training, education and hands-on demonstrations of child restraints and a subsidised restraint distribution scheme. Staff interviews measured process issues and acceptability of this program.

## **Results**

Focus group discussions showed that some participants were unaware of the new child restraint legislation in New South Wales, with confusion surrounding the appropriate restraint for a child's age and knowing when to progress a child to the next level of restraint. Others felt that government changes the law without helping people keep up with the changes, and also expressed concern about being asked to travel with extra children and not having the right restraint. Barriers and facilitating factors were identified at each stage of behaviour change: awareness of safety benefits, engagement in the issue, getting the right restraint and using correctly.

Staff from multiple programs at each service participated in the program. The service staff believed the issue of supporting safe travel in cars was relevant to their work, requested a staff workshop and suggested an approach to deliver relevant information to parents. Across the two services, staff were given training at a general staff meeting (Aboriginal Medical Service Western Sydney – AMS WS) and a staff development workshop (Tharawal Aboriginal Corporation), in individual training (AMS WS and Tharawal), an authorised restraint fitting 1-day course (Tharawal) and Early Childhood Road Safety Education staff training workshop (Tharawal). This program was delivered by *Kids and Traffic*, Early Childhood Road Safety Education Program, Macquarie University, funded by the NSW Centre for Road Safety. A client session was co-hosted at Tharawal. Staff were encouraged to engage with clients on the issue of child restraint use for children and were each provided with a client information session manual, developed by The George Institute, to guide and ensure that messages about safe travel in cars could be easily delivered to clients. Information was also distributed at the Close the Gap Community Day (Tharawal). There were 21 out of a possible 30 child restraints purchased by families at Tharawal and 12 out of 30 restraints purchased at AMS WS.

Thirteen staff across the two services participated in the program evaluation. All staff felt that promoting safe travel in cars was highly relevant to their role at the service, except a nurse who had limited opportunity to work with young families. All components of the program were valued, especially the offer of subsidised restraints. Though each staff member received some training, there was a range of levels of confidence in their knowledge of the new laws and staff expressed an interest in additional, periodic training. The staff plan to continue to deliver information about safe travel in cars in collaboration with appropriate agencies.

## **Conclusion**

In this pilot project we developed a program to promote child restraint use in Aboriginal Community Controlled Health Services, which was well received by clients and staff. The program focused on developing capacity amongst staff, made use of existing infrastructure and adapted resources for use in this setting. The program shows promise as a means to promote child restraint use in Aboriginal communities however the impact on child restraint use will need to be evaluated in a larger scale prospective trial.

**Recommendations:** This pilot program will inform the conduct of a larger trial evaluating change in best practice child restraint use. Our program and its evaluation will be made available to the two services involved in the project, key stakeholders and agencies.

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