

Who uses child restraint fitting stations? Results of a parent survey

Lynne E. Bilston^{a,b}, Cameron K. Fong^{a,c}, Julie Brown^{a,c}

^aNeuroscience Research Australia, ^bPrince of Wales Clinical School, UNSW Medicine, ^cSchool of Medical Sciences, UNSW Medicine

Abstract

The use of a child restraint fitting stations has been shown to increase the odds of correct use of child restraints, but their use is not universal. This study aimed to characterize the differences between parents who use child restraint fitting services and those who do not, using an online survey of 470 child restraint users. Of survey respondents, approximately a third had used a fitting station. Fitting stations users had higher levels of education, tended to be more likely to think installation was difficult, and to have purchased their restraint from a specialist baby store.

Background

Child restraint fitting stations provide expert installation of child restraints, and advice and training for parents on fitting and securing their child correctly in a child restraint. Fitting stations have been shown to increase the odds of correct use of child restraints (Brown et al, 2011). However, there is little data on which parents and carers make use of these services. Understanding the characteristics of child restraint fitting service users, compared to non-users, may assist in better targeting these services to reduce incorrect use of child restraints.

Method

Participants were recruited to participate in an online survey via the NRMA's electronic mailing list. Ethical approval was granted by the UNSW Human Ethics Committee.

Data. The survey collected data on participant demographics (age, education, income, language spoken at home, and gender), the type of child restraint being used, whether the participant had had the restraint installation checked at a fitting station, where the restraint had been purchased, how easy the participant found it to install the restraint (Likert scale), and how often the restraint was moved from vehicle to vehicle. In addition, the participants completed the Parent Supervision Attributes Profile Questionnaire (PSAPQ) questionnaire which evaluates parental supervision and risk perception, and has been suggested to be relevant for assessing unintentional injury risk (Morrongiello and Corbett, 2006).

Analysis. Descriptive statistics and univariate logistic regression modelling was performed to evaluate potential relationships between participant characteristics and whether or not they had used a child restraint fitting station, using SPSS v24 (IBM statistics).

Results

There were 470 respondents to the survey, with the 25-34 (54%) and 35-44(33%) year old age groups the most common. 31.3% of respondents had had their restraint checked at a fitting station. A range of restraint types were being used (rear facing 25%, forward facing 50%, booster seat 25%). Very few respondents moved their restraint more than once a week (0.2%). Most variables were not significantly associated with fitting station use. Fitting station users were more likely to have tertiary or postgraduate education (Chi-Sq, $p=0.035$, Fig 1), and more likely to purchase their restraint at a specialist baby store ($p<0.001$, Fig 2). More educated participants were more likely to agree that installing a restraint was difficult. While the PSAPQ overall score was not associated with fitting station use, a higher score on the supervision subscore was associated with fitting station use. The sample was dominated by English-speaking respondents, so may not reflect non-English speaking child restraint users.

Conclusions

Fitting stations were more commonly used by the more educated participants in this sample. This may be due to purchasing restraints at specialist stores who offer such services, and/or due to their increased perception of difficulty of installing child restraints. There is considerable scope to increase use of child restraint fitting stations, thereby reducing incorrect restraint use. Encouraging their use by families in lower socioeconomic areas may be worthwhile.

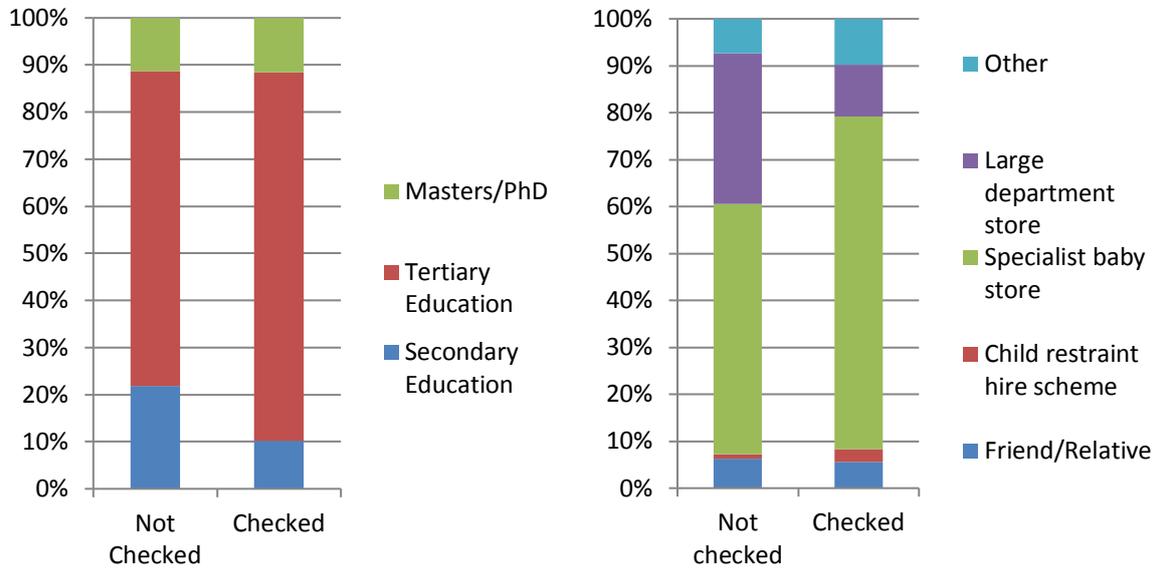


Figure 1. Differences in use of child restraint fitting station (restraint checked or not checked) for different levels of education (left) and different purchase locations (right)

References

Brown J., Finch C.F., Hatfield J., Bilston L.E. (2011). Child Restraint Fitting Stations reduce incorrect restraint use among child occupants. *Accid Anal Prev*, 43(3), 1128–33.

Morrongiello B. A., & Corbett M. (2006). The Parent Supervision Attributes Profile Questionnaire: a measure of supervision relevant to children’s risk of unintentional injury. *Inj Prev*, 12(1), 19–23.