

Frontline Support – Enhancing Child and Family Health Nurses’ Knowledge about Child Car Seats

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Abstract

In NSW, a significant burden of injury and death of children is road related, including children as passengers in vehicles. Child and Family Health Nurses (CFHN) are uniquely positioned to reach families, especially in regional, rural and remote areas. Kidsafe NSW launched a four-staged project, funded by Transport for NSW, to increase awareness and understanding of road rules and child car seat use. Evaluation of the project showed that the CFHN participants gained knowledge and passed this information to parents and carers of young children. The project reached 537 CFHN, which carries a potential reach of 7500 families per week.

Background

In New South Wales (NSW) road trauma is the leading cause of death and the third leading cause of injury to children (NSW Child Death Review Team, 2015). While child car seats are being used, upon inspection, it is found that in the majority of cases they are not being used correctly (Koppel, Charlton, & Rudin-Brown, 2013; Brown, Hatfield, Du, Finch, & Bilston, 2010; Neuroscience Research Australia (NeuRA), 2017).

Child and Family Health Nurses (CFHN) offer support, education and resources to families throughout NSW. One nurse reaches approximately 20 families per week. Educating nurses in road safety, especially on correct selection and use of child car seats, provides an excellent opportunity to get information out to parents and carers on child car seats at an early stage in a child’s life. These frontline health professionals need customised resources to support families and culturally and linguistically diverse (CALD) groups as well as more staff development opportunities to address the complexity of issues (Borrow, Munns, and Henderson, 2011). Due to the high rates of child injury and death on NSW roads, combined with the need for child car seat information, Kidsafe NSW created a child car seat information session specifically for CFHN.

Implications

Discussions with a number of staff from local health districts informed the adopted delivery model. The CFHN had limited time and availability to participate in dedicated training offsite so training was included as a component of regular professional development. Kidsafe NSW conducted comprehensive 2-hour sessions. The project included locations throughout NSW with a specific focus on regional and rural NSW as defined by NSW Health (NSW Health, n.d). Evaluation included a questionnaire directly after the session with a follow up questionnaire at a later date.

Results

Upon completion, 537 CFHN participated in the information sessions across regional/rural (61%) and metropolitan (39%) areas of NSW. While qualitative data regarding participation of Aboriginal Community Health Services nurses was not collected, anecdotal evidence indicates there was representation from these groups (Milne, personal communication, 2018). The pre- and post-evaluation of the pilot project (n=24) indicates that the participants reported a 63% increase in knowledge of changes of legislation. There was a significant uptake of overall knowledge of child car seats including, laws, types available, information and resources.

Conclusion

The implications from this work with CFHN around proper selection and use of child car seats is providing parents and carers valuable information about child car seats and reinforcing the safety messages promoted by Kidsafe and road safety organisations across Australia. This is especially important for the introduction of new or changing road rules to compliment the efforts of policy and legislation. This is based on: evidence (Bilston, Du, & Brown, 2011); advice provided by participants; perceived limited access to information on child car seats being readily available for CFHN; and, the fact that these nurses have access to a large number of families each week.

References

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