

Free Child Restraint Checking Day Program: Behavioural change methodologies and practical implementation for Road Safety

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Abstract/Summary

In an effort to overcome public apathy to free child restraint checks in local communities a program was developed to take an authorised restraint fitter to local playgroups and child care facilities. Community networks and NSW Health played a key role in the diffusion of the process throughout the community. During the development of the program it was found that Council Day Care program carers are required to have yearly restraint checks by an RTA authorised fitter.

Keywords

Child Restraints, social marketing, behavioural change.

INTRODUCTION

The Road Safety Officer (RSO) covers two Local Government Areas, the City of Orange and Cabonne Council. Three funding bodies, Orange and Cabonne Councils and the Roads & Traffic Authority (RTA) - fund the Local Government Road Safety Program (RSP) in New South Wales (NSW). The RSO develops an annual action plan to address road safety priorities based on statistical analysis of RTA crash data in the Local Government Area. The plan is then forwarded to the RTA regional office for approval and funding.

BACKGROUND

Seatbelt observational studies conducted in 2006 in Orange and Cabonne found a great many children unrestrained in motor vehicles.

The RSO attended an RTA Child Restraint training day provided by Mobility Engineering in Parkes NSW. The training included hands on approach with the Road Safety Officers required to correctly install a child restraint in a vehicle. The process raised questions in the RSO's mind of what level of knowledge or competency did the general public have regarding child restraints? Were the public aware of the consequences of ill fitted defective child restraints in the event of a crash?

Child Restraint Project Rationale

In Western Region NSW from 2002 to 2006 were 76 people were killed and 259 injured in crashes while not wearing a restraint. One in three fatalities involved an unrestrained occupant. There were 101 motor vehicle passenger casualties for 0-4 year olds. Disturbingly, it is only known in 33% of these cases whether a child restraint was worn. A further 33% of 0-4 year olds were in an adult seatbelt and in 33% of cases it isn't known whether a restraint was worn or not. (RTA Casualty Data 2002-2006).

In the Orange area there are three RTA authorised Restraint Fitters. The villages in Cabonne Shire are Canowindra, Yeoval, Cumnock, Manildra, Cudal and Molong. Only Canowindra has an RTA Authorised Fitting Station; however it is too far from the other villages in the Shire.

To develop a better understanding of what worked and what didn't work the RSO undertook a review of child restraints campaigns implemented by colleagues in Western and Northern Region NSW. The campaigns clearly raised awareness of the importance of correctly fitted restraints in local communities. Various methodologies included displays at shopping centres, and distributing child restraint information packs including a voucher for a free child restraint check by an RTA authorised Restraint Fitter.

Donovan (2003) cited Rogers, "In behaviour modification or applied behaviour analysis we must translate people's beliefs attitudes and intentions into action, and that to do this we must be aware of the necessary environmental factors and skills that will facilitate this translation".

The evaluation of my colleagues programs found that, from a total of 200 free vouchers distributed, only three child restraints were checked by an authorised fitter using the redeemed vouchers. Had the objective been to "increase correctly fitted child restraints" the results, viewed from a behavioural change framework, were disappointing. The programs had raised awareness and for all intent purposes the obstacle of cost was removed and yet the participants failed to attain a free child restraint check.

PROJECT PLANNING

Literature Review

A review of social marketing frameworks for the "principles concepts and tools necessary for the development and implementation of effective social change" (Donovan et al 2003) would guide the program.

The Models of Attitude and Behaviour change such as the Rossiter-Percy motivational model, the theory of reasoned action (Fishbein and Ajzen 1975) and protection motivation theory (Rogers 1975) were consulted. However, the budget was inadequate for the "tools necessary for the development and implementation of effective social change".

These are cited as: "Mass media channels are the most effective way of creating awareness for a new idea, product, or practice, where as interpersonal channels are the most effective way of getting the target audience to accept and adopt the new idea (Rogers 1995)". In this program the practice of a regular child restraint checks.

Donovan quotes Cialdini (1984): "this applies particularly to where the change agent and the target group have the same background, social status or similar values."

Consideration through the program development phase was given to Cameron's maximizing a countermeasure returns benefit.

"Most road crash countermeasures are expensive in terms of implementation/ operating costs, social and political costs, and the opportunity costs of other public investment foregone. Thus it is essential that countermeasure target groups be sought and found in a way that maximises the chances that an implemented countermeasure returns the benefits (crash loss reduction) which exceeds its costs" (Cameron 2000).

Countermeasure and Target group

"The successful development of a countermeasure requires a clear understanding of where it can potentially break the chain of events leading to traumatic injury on the road. A countermeasure is a measure which attempts to break the road trauma chain before one of the undesirable steps can occur (e.g. accident involvement, injury or death).

"A target group for a countermeasure is a group of entities (human, vehicles or roads) for which the chain can be broken effectively and desirably, cost effectively."

A construct of social marketing theory is to remove obstacles to behavioural change and previous campaigns had removed the financial cost of a child restraint check by providing vouchers for a free restraint check. However, participants failed to follow through and redeem the vouchers. The paucity of numbers would not meet any cost benefit ratio regarding outcomes.

Where the potential chain could be broken in this program was the child restraint required checking by an authorised fitter. Upon inspection of the child restraint any faults or defects were to be repaired on the spot and one could assume the participant would follow through.

OBJECTIVES

The development of objectives to steer free child restraint checking days were:

- Increase correctly fitted child restraints in Orange and Cabonne;
- Increase correctly fitted child restraints where no authorised restraint station was available.
- To identify and correct faulty child restraints at point of detection;
- To remove unsafe child restraints from the community;

STRATEGIES

A key strategy was needed to remove the obstacles that prevented parents and carers from obtaining a free child restraint check. The failure by the target group in other campaigns to access free child restraint checks may have included ignorance, time poverty, inconvenience or a belief that their restraint was correctly fitted.

Program Strategies were:

- To take an authorised child restraint fitter to free child restraint checking days with the ability to correct any faults and replace missing pieces, including and not limited to, playgroups, child care centres and preschools
 - The fitter was briefed to explain and demonstrate to each participant the correct fitting for each restraint checked. This was an essential element as many restraints are moved from vehicle to vehicle.
- To coordinate the above with playgroups, child minding centres preschool and family day care agencies throughout the two LGAs.
- To forge community partnerships.
- To advertise through interpersonal networks were the target group gathers and provide promotional incentives and distribute public education materials.
- To promote child restraint checking days as an annual event.

COMMUNITY PARTNERSHIPS

Community partnerships included:

- Greater Western Area Health Service including Mums & Bubs groups and Health Centres who facilitated and promoted free child restraint checking days to networks;
- Council Family Day Care Coordinators, child carers and parents who promoted and took bookings for free child restraint checking days at centres;
- Play groups and pre-schools who- facilitated, promoted free child restraint checking days within local networks: and
- An authorised child restraint fitter

COMMUNICATION

Methodologies for communication and public education included free child restraint fittings days by an RTA Authorised Restraint Fitting station. Orange and Cabonne Councils held a campaign launch and issued media releases prior and post child restraint checking days to promote awareness of the issue in the local community. The access to television and radio, community announcements extended the advertising dollar. At each event a competition was held as part of the child restraint fitting day. On each day RTA, information packs were distributed to parent and carers of children about the importance of having children properly fitted in a correctly installed child restraint.

PROGRAM EVALUATION

Free Child Restraint Checking Days were held in 2008 and 2009. In 2008 all participants requested the checking days should be an annual event. However, if the RSO had recalled Fishbein and Ajzen as cited in Donovan (2003) “when exploring beliefs and attitudes to predict intentions and behaviour, it is necessary to be precise in terms of whether one is measuring attitudes towards an issue per se (for example exercise) or attitudes toward engaging in a behaviour (for example exercising)”. The qualitative questionnaire in 2008

measured the attitude toward an annual child restraint checking day but it did not translate into the behaviour of attendance in 2009.

The only group of participants to return from 2008 were the professional family day carers in Orange and Cabonne. Professional Day Carers of children are required by the National Child Care Accreditation Council to have their child restraints checked by a qualified fitter every 12 months with a declaration signed by the authorised fitter (Family Day Care Quality Assurance) Otherwise they do not receive funding and the client cannot claim the child care rebate. Council Day Care programs are audited every 2nd year.

As part of the evaluation in 2009 it was decided to hold a Free Child Restraint Checking Day at an Authorised Restraint Fitter business as a control group to compare implementation methods, cost evaluation and program outcomes.

The Saturday morning event was held at TJM in Orange for parents and carers of children who may have been unable to attend a free child restraint check due to work commitments. This free event was advertised for two weeks prior and included competitions, free BBQ and flyers at local service stations. The result was disappointing with only three child restraints checked on the day. The event cost twice as much as an event held at a day care, playgroup or preschool.

CHILD RESTRAINT DEFECTS

Two restraints were surrendered and destroyed (2008, 2009), six gated buckles were replaced. Two fraying seat belts were replaced, an incorrectly placed belt corrected, a damaged bottom strap replaced and repositioned, two restraints not anchored were corrected in 2008 and three in 2009. The owners of a further four (2008) and two (2009) restraints were advised that their restraint should be checked the following year.

CONCLUSION

Child restraint checking days were held at, Molong, Cudal, Manildra, Yeoval, Cumnock and Eugowra in Cabonne where no authorised child restraint Station is available. A further two checking days were held in Orange and one in Canowindra. The authorised child restraint fitter checked 144 child restraints per year. It was abundantly clear that over 85% of all attendees had no idea whether their restraint was correctly fitted or appropriate.

The free restraint checks at child minding facilities increased correctly fitted child restraints in Orange and Cabonne and identified and corrected faulty child restraints.

DISCUSSION

If professional day carers are required under good quality practices guide to have an annual child restraint check by an authorised fitter then one could argue so should the children's parents required to do same. If parents do not comply their child care benefit or family assistance payments may be withheld until compliance.

Further research is required to determine the number of injured children each year and whether incorrectly fitted or installed child restraints contributed to the injuries sustained.

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