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Delivery of a Child Car Seat Program in 12 Aboriginal Communities in NSW: Elements for a Detailed Process Evaluation

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Abstract

Aboriginal and Torres Strait Islander children are over-represented in road related deaths and serious injury. *Buckle-Up Safely* was a community-based pragmatic trial of a multifaceted program promoting correct use of age-appropriate restraints for Aboriginal and Torres Strait Islander children aged 0-7 years in New South Wales. In a culturally respectful way the program was delivered in partnership with 12 Aboriginal communities. We assessed the program in terms of what was delivered and how it was delivered and show while message content and resources were consistent, the program delivery varied across the sites. Core program elements will be incorporated into assessing the impact of the program on optimal restraint use.

Background

Despite the over-representation of Aboriginal and Torres Strait Islander children in road related deaths and serious injuries (Henley G & Harrison JE, 2013), Buckle-Up Safely is the first large scale child car seat program to be delivered and evaluated in this population group. Health promotion researchers have highlighted the importance of tailoring programs to suit community needs and capacity (Martinuik, Ivers, Senserrick, Boufous, & Clapham, 2010). However, such tailoring to individual communities would likely impact a program's effectiveness (Gearing et al., 2011). This paper describes the Buckle-Up Safely program delivery and process evaluation of this end-to-end community based program targeting correct use of an age-appropriate restraint.

Method

The *Buckle-Up Safely* program, guided by the Precaution Adoption Process Model for behavioural change (Weinstein, 1988), was developed to help parents and carers ensure their child was properly secured in a correctly installed, age-appropriate child restraint every time the child travels in the car (Hunter K et al., 2011). The approach was multifaceted comprising an education-based program focused on correct use of age appropriate restraints alongside disbursement of subsidised restraints.

Local Aboriginal Community Workers delivered the program, and training was provided to advise parents and carers in restraint selection and installation. Community Workers were equipped with both child restraint educational resources developed by the program and pre-exisiting resources available through early childhood road safety organisations and the NSW Centre for Road Safety. A comprehensive child restraint information booklet was created for parent information sessions. Local early childhood education centres and Aboriginal Community Controlled Organisations were linked in with pre-existing child road safety services to facilitate continued long lasting relationships.

Program dosage

We report on how the program was implemented across the sites. This includes reporting the number of: community service staff who attended the Kids & Traffic Early Childhood Road Safety professional development program on child road safety education; attendees at parent/carer information sessions; community events; restraints distributed; community restraint checking and

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fitting days; the distribution of road safety resources; and, Community Workers' completion of the certified restraint fitting course and staff turnover (consistency of Community Workers at each site).

Results

In 2016, eighteen Community Workers delivered the program (range per site: 1-4); three sites had a change of Community Worker and sixteen Community Workers completed the certified child restraint training course. Table 1 presents a summary of program components delivered across the sites.

Table 1. Summary of the number of Buckle-Up Safely program components delivered across the services

Buckle-Up Safely program components	Total (range per site)
Restraints distributed	469 (17-56)
Families attending car seat fitting and checking days	71 (2-22)
Parent/carer information sessions	33 (0-100)
Local community events	17 (0-4)
Attendees at Kids & Traffic Road Safety Education program	89 (1-22)

Conclusion

This was a pragmatic trial with consistent messaging and resources yet with varied program delivery. While the need to tailor a program to meet community needs is necessary, the inherent variability in how the program is delivered must be taken into consideration when assessing program effectiveness. This paper described a program to suit community needs and capacity and highlighted the importance of monitoring program components to inform interpretation of measures of effectiveness. Outcome evaluation will be completed in 2017.

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