



# Best Practice Guidelines for the Safe Restraint of Children Travelling in Motor Vehicles

## DISSEMINATION PLAN



© Neuroscience Research Australia and Kidsafe Australia 2020

**ISBN Online:** 978-0-6489552-3-8

**Published:** December 18th, 2020

**Suggested citation:** Neuroscience Research Australia and Kidsafe Australia: *Best Practice Guidelines for the Safe Restraint of Children Travelling in Motor Vehicles. Dissemination Plan*. Sydney: 2020

Copies of this document and the guideline can be downloaded from:  
<http://www.neura.edu.au/CRS-guidelines>

---

## Dissemination Plan:

### *Best Practice Guidelines for the Safe Restraint of Children Travelling in Motor Vehicles*

#### **1. Dissemination Strategy:**

The primary goal of developing these guidelines was to ensure that the advice given to parents regarding child restraints was evidence-based and consistent across all information sources. Providing advice to consumers and professionals working in road safety is the core business of the co-developer (Kidsafe) and many of the Steering Committee member organisations, particularly the state road authorities and motoring organisations. These steering committee organisations will be the key route of dissemination of the guideline recommendations to parents and carers, and the major drivers for adoption of these guidelines among both professionals and consumers.

There are many routes, direct and indirect, through which this advice is currently provided to consumers. These include:

- Websites
- Telephone hotlines and information services
- Child restraint fitting services (professionals that install child restraints and provide to consumers on their correct use)
- Brochures, DVDs, and other educational materials
- Child restraint fitting days
- Educational materials and training provided for use in schools and child care services
- Other resources as recommended by the *Consumer representative advisory group* (some strategies may require further funding)

Kidsafe and the steering committee organisations have committed to using these guidelines as the basis for advice given to consumers and in training materials for road safety professionals who provide advice to consumers. The stakeholder organisations will use the guidelines materials as the basis for updating their advice and educational materials.

Specific processes underway to aid this implementation include:

1. Development of consumer documents. These consumer documents will be provided both direct to consumers (parents and carers), and to the steering committee organizations for use in updating their advice and educational materials.
  - a. Preparation of consumer documents based on the guidelines by the guidelines developers.
  - b. Where possible the consumer documents will use simple language and imagery to communicate the guidelines recommendations.
  - c. Focus group testing of draft consumer documents by Neuroscience Research Australia and Kidsafe, with both consumers, and child restraint fitters, who would regularly use these materials with parents and carers. This will include Aboriginal and Torres Strait Islander input and people from other culturally and linguistically diverse groups who frequently access services from Kidsafe.

- d. Provision of the Plain English Summary in different languages is the core business of several of the steering committee member organisations who will take the lead in managing implementation. Where this can be facilitated it will, however the guidelines budget does not have sufficient budget to cover this specifically.
2. Publication of the consumer documents, guidelines document and reports on Kidsafe and NeuRA websites. Links provided from the NHMRC guidelines portal.
  3. Adaptation of guidelines and consumer documents by steering committee member organisations and stakeholders for use in consumer information, educational and training materials.
    - a. Soft copies of recommendations documents will be provided to steering committee members and stakeholders for use in providing advice to consumers. These may be co-branded by Steering committee members, and can be adapted (while preserving the content) to allow for:
      - i. Inclusion of local contact information for service providing advice and for restraint fitting services
      - ii. Translation into local community languages
  4. Update of handbook for Child Restraint Fitters that follows the guidelines materials.
    - a. An existing handbook was prepared subsequent to the 2013 guidelines, and an update to reflect changes in the 2019 guidelines edition is proposed for development at the discretion of the relevant stakeholders. This guide will be made available as a web-based resource for child restraint fitters when any updates are completed.

## ***2. Implementation considerations:***

### **2.1 High priority issues for implementation**

The major considerations for implementation of these guidelines in broader public health practice include the potential for confusion over differences between the ‘best practice’ and the minimum restraint practices required by the National Road Rules, the time lag between completion of the guidelines and widespread adoption and publication by the relevant stakeholder organisations; and

#### **Differences between “best practice” and the National Road Rules, as implemented in each state and territory.**

All states and territories have enacted the National Road rules into state law. The high priority areas where these guidelines recommend differences in practice most likely to lead to improvements in health outcomes are:

1. Recommending booster seat use beyond the minimum legislated 7 years of age, equivalent to approximately 10-12 years of age. The “5 step test” is recommended to assess seat belt fit.
2. Higher emphasis on achieving correct restraint installation and correct securing of child in the restraint.
3. Recommending rear facing child restraint use beyond the minimum legislated 6 months of age, until they outgrow a Type A2 rearward facing restraint.

4. Recommending that children remain seated in the rear of a motor vehicle and not occupy the front passenger seat beyond the minimum legislated 7 years of age, up to and including 12 years of age.

In addition, the guidelines encourage the use of the ‘younger’ age restraint for as long as the child fits within it, which is consistent with the Road Rules as they are written, but which is currently widely misunderstood in the community. For example, a child aged between 4 and 7 years can be legally restrained in either a forward facing child restraint or a booster seat under the Road Rules. After the 7<sup>th</sup> birthday, a child can be legally restrained in an appropriate child restraint or booster seat or a seat belt. These “best practice” guidelines recommend continuing to use a forward-facing child restraint until the child’s shoulders are above the top harness slot for the forward facing (Type B) restraint, then using a booster seat until the child can pass the “5 step test” (which usually does not occur until at least 10-12 years of age). However, the Road Rules are widely (mis)interpreted by consumers to mean that a child should start using a booster seat at 4 years and should use a seat belt from 7 years. Communicating these issues clearly is a key goal for successful implementation of the guidelines.

### **Adoption by Stakeholders.**

Key to the success of these guidelines is the widespread adoption of their content, so that all key sources of child restraint information provide consistent advice to consumers. The major stakeholders that provide child restraint advice include the development co-organisers (Kidsafe Australia and state subsidiaries), the state road traffic authorities, early childhood health centres, automobile clubs, and child restraint fitting services and retailers, and other government or non-government organisations with a role in regulating child restraints or road safety. As noted in the Dissemination Strategy, the lead organisations, NeuRA and Kidsafe, will make the consumer documents and the detailed guideline documents available on their websites, and work with Stakeholders to facilitate adoption of the guideline content in consumer communications. Key challenges for implementation for each of the key groups are noted below.

1. **Steering Committee member organisations.** Steering committee organisations include the key consumer organisations, state road traffic authorities, and a subset of the state health department representatives. These organisations have formally endorsed the guidelines, and most have provided funding to support the guideline development (as described in the Administrative Report). They have committed to using the guidelines as the basis for providing consumer advice and in their professional training materials.
  - a. **Timing.** Despite endorsement of the guidelines, all stakeholder organisations have their own internal processes for updating and review of content based on the guidelines in the materials that they provide to the public and to practitioners in their organisations. This will require time for these processes to take place, and appropriate practitioner training to be provided.
  - b. **Resources.** There will be cost and resource implications for the stakeholders, in updating resources, and providing training in the updated materials. The steering committee organisations are well aware of this, and several have already begun consideration of providing these. The mechanisms for this vary considerably between organisations. Some will make use of the guidelines and consumer documents “as-is”, and others will adapt these documents to suit their specific needs. Some examples of the latter include

developing co-branded consumer documents, developing training resources for those who provide advice, and updating a handbook used by child restraint fitters.

2. **Other stakeholders.** The broader stakeholder group whom this project targets includes child restraint manufacturers, restraint fitters not formally aligned with a state road authority or Kidsafe, child restraint retailers and steering committee organisations. While these groups and individuals have been given the opportunity to contribute to the guidelines content through the consultation phases, the degree to which these groups will 'adopt' and implement these guidelines is uncertain.
3. **Child Restraint Fitters.** The child restraint fitters handbook which was initially developed by Transport for NSW in consultation with Crashlab, VicRoads and Neuroscience Research Australia following the release of the 2013 guidelines will be reviewed and updated at the discretion of the stakeholders involved. It is currently available as a web-based resource for restraint fitters in NSW predominantly, and was initially funded by VicRoads and NSW Transport. Kidsafe plans to consult with the relevant stakeholders to identify avenues for ensuring the handbook is updated to reflect the changes in the 2019 version of the guidelines and made available for fitters nationally.