

Child Safety Good Practice Guide

Canadian Edition

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Agenda

- ◆ What is Parachute?
- ◆ What is the Child Safety Good Practice Guide
- ◆ Key features of the Child Safety Good Practice Guide
- ◆ Discussion

What is Parachute?

Parachute is a national, charitable organization dedicated to preventing injuries and saving lives. Parachute officially came into being in July 2012 with the union of four leading Canadian injury prevention groups: Safe Communities Canada, Safe Kids Canada, SMARTRISK, ThinkFirst Canada. Parachute's injury prevention programming and advocacy efforts are designed to help Canadians reduce their risks of injury while enjoying long lives lived to the fullest.

Child Safety Good Practice Guide



Objectives

To build on current knowledge and contribute to the body of knowledge...

- ◆ Build on the design of the European Child Safety Good Practice Guide by reducing duplication and building from existing knowledge
- ◆ Synthesize the latest knowledge in injury prevention, especially in the Canadian context, with the goal of incorporating knowledge that has been acquired/published since 2005
- ◆ Bring the best practices of current knowledge into a comprehensive format that can be easily used

Goals

- ◆ Provide evidence-based good practices for those considering uptake, transfer and implementation of specific strategies/interventions in a comprehensive and accessible format.
- ◆ To highlight Canadian programs that exemplifies good practices.
- ◆ Enable injury prevention practitioners to examine Canadian strategy options for unintentional child injury.
- ◆ Move toward good investments based on evidence - strategies that are known to work or have the greatest probability of success.

Inclusion Criteria

- ◆ Does the strategy address one or more priority areas?
- ◆ Does the strategy involve a combination of the 3 Es?
- ◆ Is the transfer of the strategy practical and realistic?
- ✿ Can it be reasonably implemented in the new proposed setting?
- ✿ What are the barriers to transferring the strategy?
- ✿ Can the barriers be overcome?
- ◆ Is the strategy appropriate to the target audience?
- ✿ If not, what adaptations can be made to take the specific target groups into consideration?

What is a good practice?

- ◆ A prevention strategy that has been evaluated and found to be effective OR
- ◆ A prevention strategy where rigorous evaluation is difficult but expert opinion supports the practice and data suggest it is an effective strategy OR
- ◆ A prevention strategy where rigorous evaluation is difficult but expert opinion supports the practice and there is a clear link between the strategy and reduced risk but a less clear link between strategy and reduced injuries AND
- ◆ The strategy in question has been implemented in a real world setting so that the practicality of the intervention has also been examined.

Why best practice?

- ◆ Move away from what has 'always been done.'
- ◆ Good use of evidence and knowing 'what works'
- ◆ Focus on good investments because of limited resources
- ◆ Need to deliver effective interventions

If the injury prevention community does not make adopting evidence-based good practice a priority, policy makers will continue to invest resources in strategies that do not lead to reducing the burden of injury in children.



Good practice for child passenger safety

	EVIDENCE STATEMENT	TRANSFER AND IMPLEMENTATION POINTS
ENGINEERING	<p>Child passenger restraints lead to decreases in death and injury.(24-27)</p>	<ul style="list-style-type: none"> > When used properly child passenger restraints have been shown to reduce injury by 90-95% for rear-facing systems and 60% with forward facing systems.(28) Research from the USA estimates that when children are correctly installed in appropriate car seats the risk of death or serious injury is reduced by approximately 70%.(27) > Keeping children rear-facing longer has been shown to increase protection by 3-5 times.(29, 30) > Research has demonstrated that in children four to seven years of age, booster seats are estimated to reduce the risk of sustaining a clinically significant injury during a crash by 59%.(31-35) > Parental knowledge and availability, accessibility, cost and ease of use of child passenger restraints will impact their uptake.(36, 37)
	<p>Rear seating position is the safest place location for child passengers regardless of whether or not there is a passenger-side air bag present.(31, 38-40)</p>	<ul style="list-style-type: none"> > Children in the rear row(s) of the vehicle are one half to two thirds times less likely to sustain injury than those in the front.(40) > Uptake of rear seating position for children can be increased through community-based educational campaigns.(41, 42) > Research suggests efforts to encourage rear seating position for child passengers should address parents' experiences of pressure to relax seating rules and risk perception as well as provide strategies that support sound parental safety decisions.(43, 44)
ENFORCEMENT	<p>Legislation of safe child passenger restraints leads to increases in observed use.(37, 45)</p> <p>Case example: Child Passenger Safety Promotion in Aboriginal Communities, Manitoba, Page 36.</p>	<ul style="list-style-type: none"> > Level of enforcement will impact effectiveness by increasing usage.(46) > Legislation is most effective when supported by educational activities.(46)
EDUCATION	<p>Community-based intervention combining information dissemination on child passenger restraint safety with enhanced enforcement campaigns leads to increased use. (36, 37, 45)</p>	<ul style="list-style-type: none"> > Important elements of community-based approaches are long-term strategy, effective focused leadership, multi-agency collaboration, involvement of the local community, appropriate targeting and time to develop a range of local networks and programs.(20) > Enforcement campaigns supported by school-based promotional activities have shown large increases in observed seat belt use.(36)
	<p>Community-based intervention combining child passenger restraint distribution, loaner programs or incentives with education programs leads to increased use.(36, 37, 45)</p> <p>Case example: Child Passenger Safety Promotion in Aboriginal Communities, Manitoba, Page 36.</p>	<ul style="list-style-type: none"> > Important elements of community-based approaches are long-term strategy, effective focused leadership, multi-agency collaboration, involvement of the local community, appropriate targeting and time to develop a range of local networks and programs.(20) > More intensive programs involving multiple elements and communication mechanisms are associated with more positive results.(20) > A reliable, well-informed organization is required to run a loaner program given the technical and maintenance checks on car seats.(36)
ENGINEERING	<p>Seat belts lead to decreases in death and injury. (24, 47-52)</p>	<ul style="list-style-type: none"> > When used properly seat belts can reduce deaths by 40-50% and serious injury by 45-55%.(51) > Parental knowledge and seat belt availability and ease of use will impact their uptake.(36)
ENFORCEMENT	<p>Legislation requiring seat belt use in older children leads to increased use.(36, 45, 53)</p>	<ul style="list-style-type: none"> > Level of enforcement will impact effectiveness.(54) > Legislation is most effective when supported by educational activities.(46)

SECTION **3**

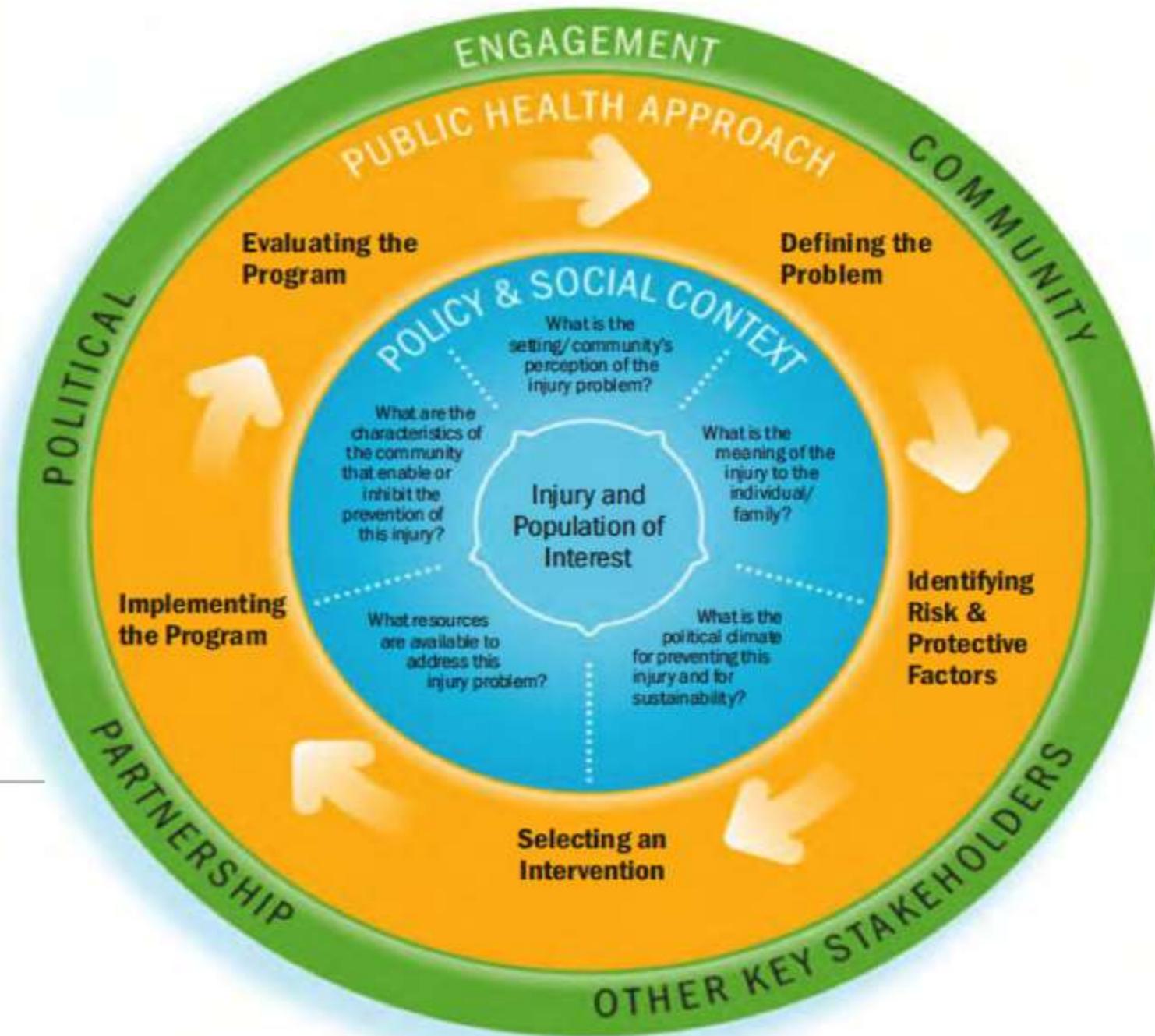
When and how should we use good practice in planning injury prevention strategies?

As noted previously in the section on why good practice is not implemented, failure to plan effectively is one reason why there is not more good practice in place. Knowledge of existing evidence-based good practice is crucial to effective planning and is useful at more than one point in the planning process.(155) In fact to ensure a plan has real impact and uses scarce resources effectively, knowledge of good practice is essential.

This model is comprised of three distinct components that all need to be considered when selecting and implementing good practice. As you move through the three components, keep in mind the importance of making the best use of resources by focusing on those strategies most likely to work in finding a good practice that has been proven to be effective.

FIGURE 3.1

Using Good Practice to plan effective actions to prevent injury and promote safety. Adapted from the Canadian Injury Prevention Curriculum (158) and Injury prevention: meeting the challenge (159)



SECTION 5

Child Passenger Safety Promotion in Aboriginal Communities

Manitoba

Background:

The initial Child Passenger Safety Promotion project (2006/07) had the support and guidance of the Manitoba First Nations Community Wellness Working group, the First Nations and Inuit Health Branch (FNIHB), Health Canada and Transport Canada, and received the appropriate ethics reviews before implementation. It is known that child restraint use is low in First Nations communities and it was hypothesized that barriers would include the selection, purchase and installation of car and booster seats.

Three communities that had recently participated in a community injury prevention demonstration project were selected. Local injury prevention committees coordinated the project at the community level, and the overall project was coordinated by the (then) provincial injury prevention centre - IMPACT. Selected community members completed two-day child restraint technician training and conducted baseline assessments of child passenger safety practices using roadside and parking lot surveys. Baseline focus groups were held to explore local beliefs, practices, barriers and solutions and to tailor the interventions. A brief intervention (correction of installation errors - straps too loose, tether straps not being used and chest dip too low, individual counselling and replacement of defective seats) was completed at the time of the parking lot survey.

A more comprehensive intervention was implemented in two of the communities, with the third serving as the control group. These strategies were community-led and tailored to local needs, and included education and hands-on car seat clinics with a multi-stage car seat available (either free or for a \$20 fee). Each community chose different policy approaches: mandatory training for parents prior to getting a free seat OR \$20 fee to receive seat OR signature on a parent contract stating the seat would be used and not sold (otherwise payment for the seat required). Communities used existing educational materials from Transport Canada and neighbouring provinces, rather than spending funds on creating new materials with an Aboriginal-specific approach. Three months following the intervention period, roadside and parking lot surveys and focus groups were repeated to evaluate the effectiveness of these interventions.

The program expanded to 14 communities in the following two years. The car seat project was part of a larger initiative called the Community Injury Prevention Program where a number of communities received training in injury prevention, including how to

Implementation level:	Local
Strategy approach:	Education
Setting:	Northern First Nations communities
Target audience:	Parents of children 12 and under
Resource intensity:	\$

determine and act upon local injury issues. The other communities included in the expansion 14 were also ready to move forward as they had identified motor vehicle injuries as important issues to their communities. Under the leadership of IMPACT, funding was secured from the provincial government, FNIHB Ottawa and FNIH Manitoba Region to purchase about 650 seats from the manufacturer.

The Community Injury Prevention Program ended due to the transition of IMPACT from a provincial program to a Health Authority program, as well as a number of staffing changes at various levels. However, as of 2011, anecdotally at least four communities still have a car seat program and they use Brighter Futures / Building Healthy Communities funds (at the community level) to purchase new seats.

Aims and objectives:

The aim of this project was to improve current child passenger safety practices in three Manitoba First Nations communities, focusing on the correct use of car seats, booster seats, seat belts by children and their parents, riding in the rear seat for children 12 years and younger and not riding in the back of pickup trucks.

The primary objectives of this project were:

- To assess current child passenger safety practices in three Manitoba First Nations communities.
- To better understand the child passenger safety needs of these communities, including barriers to proper and consistent use of car seats, booster seats and seat belts.
- To compare the impact of a brief (parking lot) intervention and a more intensive community-based program on child passenger safety practices, including correct use of car seats, booster seats, seat belts by children and their parents, riding in the rear seat for children 12 years and younger and not riding in the back of pickup trucks.

Evaluation:

The evaluation of the pilot consisted of roadside and parking lot surveys of child passenger safety practices and content analysis of focus groups held with community members and interested groups before and three months after the intervention.

Results:

- The communities embraced the project and planned to continue child passenger safety activities.
- Feedback was positive from parents, coordinators, community groups and health practitioners.
- Thirteen individuals from the three communities participated in child restraint technician training; these communities previously had no trained individuals.
- The overall penetration of the pilot project was high. Ninety car seats were distributed through the program for community and personal use; this represents a substantial proportion of the population of children less than eight years of age.
- Child restraint use increased significantly in the largest community, but not in the other intervention community or the control community. Use increased substantially among infants and toddlers, but did not improve for booster seat and seat belts. Of note, the parents of young children were targeted, which may explain the differential impact on younger children.
- The roadside and parking lot surveys provided a very valuable summary of observed and reported child passenger safety practices in these communities.
- Policy changes were made at the organization level (e.g., Head Start van must have/use child seats or medical van must have/use seats).



Child Safety Good Practice Guide:

Good investments in unintentional child injury prevention and safety promotion – Canadian Edition

The need for knowledge of what works is growing every day among those working to reduce the burden of unintentional injuries amongst Canada's children. Good use of evidence is central to achieving this and knowing 'what works' is at the heart of developing good policy and programs.

The Canadian Edition of the Child Safety Good Practice Guide provides the first seminal comprehensive document in the country from which decision-makers, practitioners and legislators can base their work and recommendations. It will enable Canadian injury prevention practitioners to examine Canadian strategy options for unintentional child injury, move away from what has 'always been done' and move toward good investments - strategies that are

known to work or have the greatest probability of success. These are highlighted in "at-a-glance" tables which provide referenced evidence statements and strategy transfer and implementation points. Arranged by injury category and the 3 "E"s (engineering, enforcement and education), the tables allow readers to quickly identify evidence-based good practice and best investments for having a real impact on childhood injury. As such the guide also serves as a tool to raise awareness and communicate those strategies/interventions that have an evidence-base. It also provides practical advice on how to use good practice in strategic and action planning for unintentional injury prevention and safety promotion and stresses the importance of taking the time to address transferability issues prior to final selection of strategies. Further, where available, examples of 'real world' success in at least one setting in Canada are provided as learning tools for those considering uptake, transfer and implementation of select strategies/interventions.



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Discussion

Access a copy of the guide here:

www.safekidscanada.ca

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