



Title: Increasing the Safety of Children's Vehicle Travel: From Effective Risk Communication to Behaviour Change

Authors: Will, K. E. and Geller, E. S.

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SCS topic headings: Travel Safety, Community Engagement

This document is a REVIEW of effective intervention approaches.

Summary of the intervention's aim

When installed and used correctly, child safety seats reduce the risk of fatal injury by 71% for infants and 54% for toddlers. However, four out of five safety seats are unintentionally misused. Yet parents fail to participate in safety-seat checks and other child seat interventions aimed at correcting misuse. Such lack of participation is the focus of this article, which argues that most caregivers are naive to their own vulnerability for misusing their child's seat.

The authors propose a comprehensive intervention plan that incorporates risk communication techniques for maximum parental participation. The plan includes three essential components:

- 1) establishing community locations for parents to turn for safety seat advice,
- 2) making these locations well known to the public, and
- 3) increasing caregivers' perceptions of risk of misusing their children's seats.

Outcomes

This research article makes discussion about the following useful and interesting background information:

- Common safety seat misuse and its consequences
- Why is misuse so widespread?
- Why is participation with child safety seat inspections so low?

The authors recommend considering three dynamics when designing interventions to increase the appropriate use of child safety seats:

Component 1: establish places to turn for safety-seat information

- Within each community, such checkpoints are sparse (particularly in winter months) and under publicized. Therefore they fail to provide parents with a reliable safety resource whenever needed.
- Establish permanent places where caregivers can go for correct safety-seat information. This calls for partnering with local businesses. Established community locations would provide caregivers with ready access to the answers to their questions at any given time.
- Retailers selling vehicle safety seats and paediatricians caring for children have the greatest opportunity to regulate the antecedents and consequences that control misuse behaviour. They are in an authority position to intervene with credibility at the point-of-purchase and at critical times (e.g. through well-baby check-ups). Parents who have concerns about- incorrect information given at health care facilities and at retail stores selling safety seats may actually contribute to misuse
- Parents who have concerns about child safety seats will most likely seek assistance at the point of purchase (at retail stores) or at their paediatrician offices. Therefore, information disseminated at these sites could certainly reduce the misuse of child safety seats.
- Increasing the number of 'behaviour-change agents' in a community may be supported through collaborating with local businesses to provide obvious locations for safety-seat checkpoints. For example, this might include demonstrations in a retail car park outside a partner/agent's business premises.

Component 2: make the intervention locations known

- An often overlooked) component for increasing participation is to make the general public aware of these places. This can be accomplished by creating program awareness campaigns and supportive materials.
- Generating program publicity is an important consideration for increasing participation in child seat interventions.
- Partnering businesses should be identified with vivid and prominent window displays in order to notify parents the commercial establishment is concerned about safety seats and has personnel who can inform them of their proper use. A program name and logo should be created to tie all program awareness and supportive materials together.

Component 3: increase caregivers' perceptions of risk

- Generating outrage via fear appeal posters- A final method for increasing caregivers' perceptions of risk includes the use of fear appeal posters. These can be designed so that in addition to informing parents of the local training program or checkpoint, they increase perceptions of risk.
- Posters inside participating businesses should incorporate memorable case stories related to the consequences of misuse.

- Posters should include high-threat messages to motivate action.
- Posters must inform parents of corrective behaviours in order to promote high efficacy and an adaptive danger control response (Witte, 1998; Witte & Allen, 2000).
- Corrective behaviours incorporated in the posters could include a list of dates for upcoming checkpoints to be held in the parking lots of participating businesses.

Summary of evaluation conclusions

- Despite the publicity surrounding the high safety-seat misuse rate, the majority of parents fail to participate in safety-seat checks and other child seat interventions aimed at correcting misuse.
- Traditional community educational campaigns and child safety-seat checkpoints lack the key ingredient for increased parental participation- effective risk communication.
- A powerful intervention package requires elements of the three essential components as described above.
- Neighbourhood paediatricians, family practices, and obstetrician/gynaecologist offices seem to be ideal settings for community-based partnerships, as a wealth of child passenger safety information is available at physicians' offices and could be reinforced at well-baby and well-child checkups.
- With proper training of sales personnel, retail stores are also excellent settings for intervention, as safety information could be conveyed to caregivers when the safety seat is purchased.
- If intervention messages are correctly tailored to generate "outrage" among caregivers, participation is likely to be maximized.
- A carefully designed, large-scale effort for increasing participation in a child seat intervention seems both feasible and economical if neighbourhood businesses and their indigenous personnel are involved in "spreading the word" throughout a community.

How the evaluation gathered information for findings and conclusions

The authors' recommendations for three components of an effective child safety seat promotion campaign are based on the findings of a literature review of selected material- qualitative and quantitative research findings between 1971 and 2003.

These details are not made explicit in the article through a methodology section; rather they are derived from examining the article bibliography and considering the structure and detail in the written sections of the article.

No acknowledgement is made towards the recommendations being made on the basis of a systematic review of quality assured research based neither on 'good' research methodology, valid findings, relevant timescales or reflective sample groups.

**Further details about the SCS evaluation of this report are available on request.
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