

THE WINSTON CHURCHILL MEMORIAL TRUST OF AUSTRALIA

Report by Eric Chalmers

2009 Churchill Fellow

**The NRMA – ACT Road Safety Trust Churchill Fellowship
to study road safety initiatives relating to children -
Germany, Austria, Switzerland, United Kingdom, United
States of America and New Zealand**

I understand that the Churchill Trust may publish this report, either in hard copy or on the internet or both, and consent to such publication.

I indemnify the Churchill Trust against any loss, costs or damages it may suffer arising out of any claim or proceedings made against the Trust in respect of or arising out of the publication of any Report submitted to the trust and which the Trust places on a website for access over the internet.

I also warrant that my final Report is original and does not infringe the copyright of any person, or contain anything which is, or the incorporation of which into the Final Report is, actionable for defamation, a breach of any privacy law or obligation, breach of confidence, contempt of court, passing-off or contravention of any other private right or of any law.

Signed

Dated: 20th January 2010

Index

Introduction	3
Executive Summary	4
Programme	7
General	10
Specific Child Restraint Issues	12
Kidsafe ACT	15
Child Accident Prevention Foundation of Australia	23
Safe Kids Worldwide	27
Next Steps	29
Conclusions	30
Recommendations	31

Introduction

I have been involved with Kidsafe, the Child Accident Prevention Foundation of Australia for over eleven years. In this time I have been privileged to work with many dedicated people in the injury prevention field, including many community organisations and Governments in Australia and overseas and to meet a variety of overseas organisations briefly, in particular through the Safe Kids Worldwide network of nineteen member country injury prevention organisations.

We have come a long way in reducing unintentional injury deaths amongst children in Australia in the 30 years since Kidsafe was formed. The total number of child deaths each year in Australia as a result of unintentional injury has reduced from over 700 pa to about 240 pa, a reduction of some two thirds in thirty years. However, injury remains the greatest cause of death amongst Australian children and a number of other countries appear to have been more successful than we have in reducing this trauma to families and the consequential burden on society.

I am very grateful to the Winston Churchill Memorial Trust and especially to the NRMA ACT Road Safety Trust as sponsors of this Fellowship for the professional and personal opportunity that the Fellowship has provided to me. The privilege of travelling and representing the Winston Churchill Memorial Trust and the support of the NRMA – ACT Road Safety Trust have enabled me to obtain a much more detailed and broader view of injury prevention activities around the world and to consider how this broader experience can be utilised to further reduce the number of young lives lost in Australia each year through unintentional injury.

I would also like to acknowledge the two people who provided referees in support of my application. Dr Sue Packer has been a long term supporter of Kidsafe and its work in the ACT and of the much broader plight of young children in need of care. Mitch Stoller as CEO of Safe Kids Worldwide & Safe Kids USA has helped to encourage the strong development of more effective international collaboration and enduring partnerships in this field. This support represents the two ends of the spectrum that the study tour and the resulting work will support.

My wife, Trish, and family have supported my efforts over many years with Kidsafe and share my strong commitment to saving kids lives. By joining me on the bulk of the tour Trish was able to provide valuable support and input and her ongoing involvement will help to maximise the value of the research to both Kidsafe and to the broader community.

As an adjunct to the tour, I have also obtained feedback from the other 12 Safe Kids Worldwide member country organisations that I was not able to visit, so that we can share a 20 country survey of feedback that supports the findings of this report and the more detailed plans that we develop as a result both in Australia and internationally.

Finally I would like to thank the amazing people I have met on my travels. I have been strongly supported wherever I have travelled by Kidsafe's equivalent organisations around the world and their staff have been incredible, generous in their support and efforts and most friendly and inclusive. We have spoken with a wide variety of associated organisations from Government departments and agencies, schools, local communities, other non-Government community organisations, hospitals, etc.

Without fail the support, openness and willingness to help have been eye-opening and inspiring. My task now is to maximise the value we can glean from the sharing of information for Kidsafe in Australia and to ensure that this can be shared broadly for the wellbeing of our young people.

Executive Summary

Personal Details

Eric Chalmers, Chief Executive, Kidsafe ACT Inc,
PO Box 351, Mawson, ACT, 2607, Australia.
Tel: 61 (0)2 6290 2243 Mobile: 61 (0)4 0209 7339

Project title

The NRMA – ACT Road Safety Trust Churchill Fellowship to study road safety initiatives relating to children - Germany, Austria, Switzerland, United Kingdom, United States of America & New Zealand

Highlights

Overall I visited 40 organisations in 20 cities within 6 countries in Europe and the UK, America and New Zealand. With the extent of contact, experiences and ideas involved, it is difficult to identify specific highlights. I will relate the highlights back to their utility for Kidsafe and its work in Australia.

- The opportunity to participate within the various communities – this allowed me to better understand how the environment and structure of each country and region and the organisations involved in injury prevention all impact on what can and cannot work. The commitment, collaboration and enthusiasm displayed by those I visited without exception was amazing
- A better understanding of how the structures and long-term commitment in Germany, Austria and the UK work and the impact of these on achievement of the significantly better child injury outcomes than our experience to date in Australia
- Similar good ideas often develop in different parts of the world – this understanding led to a strong realisation that better coordination and dissemination internationally will make for improved outcomes for all
- A good understanding of a wide variety of injury prevention models and their strengths and weaknesses
- Sourcing a number of very good specific ideas and practical, proven examples to support further development and creation of new approaches and improvements to existing initiatives in Australia
- A capacity to further improve injury outcomes in Australia, based on the support available from elsewhere in the world and on the sharing of these experiences internationally
- A better understanding of the capacity and resources available within the Safe Kids Worldwide network of child injury prevention organisations – and the good will and support that are attached to these resources. The potential is immense – our goal has to be to harness this potential effectively.

Conclusions

1. The Child Accident Prevention Foundation of Australia will benefit greatly from rebuilding a dedicated national presence in Australia as the peak body for child injury prevention.
2. New and improved initiatives within Kidsafe ACT will significantly further improve longer-term outcomes for children in the region. These include
 - Changes to the existing road safety initiative in schools to utilise the learning from the trip, including
 - Sets of practical activities linked to both curriculum objectives and the objectives of improving independent mobility; and
 - Sustainable programs that are integrated with Police, Fire Brigade, Education and with longer-term development of safety awareness in families.
 - Refocusing of Kidsafe ACT's strategy and programs to improve two additional areas in particular
 - A number of initiatives with the Canberra and Calvary hospitals involving both research and direct contact with patients; and
 - Capacity to reach – the 15% to 20% of families not currently reached in the early childhood area.
3. Safe Kids Worldwide has an opportunity to make a real difference. It is worth achieving both
 - Swift development of the capacity for member country organisations to share experiences and develop joint initiatives, especially between member organisations from developed and developing countries; and
 - Improved international commitment. This includes contribution of significant funds, but the real need is about commitment and leadership and starts at a Government level.

Next steps

A number of concrete steps are being taken to further the benefit from this trip, including

- An abstract has been submitted to present a paper at the World Injury Conference, London, September 2010
- We are currently revising the structure of Kidsafe ACT's existing projects funded through NRMA – ACT Road Safety Trust & ACT Health
- Kidsafe ACT's strategy – 2010 /13 has been revised – we will submit this and present a budget paper to the ACT Government in January 2010 focussing on what has been learned from the trip
- 2010 / 11 grant applications by Kidsafe in the ACT will be based on findings from the trip
- We will seek to
 - Have the Child Accident Prevention Foundation of Australia strategy 2010 – 2015 based on findings from the trip
 - Propose specific structural changes for the National Foundation to the National Council

- Make an approach to the Australian Government seeking support for the recapitalisation of the Foundation.
- The report and additional survey input from the balance of Safe Kids Worldwide (SKW) member countries will be used to
 - Prepare a road safety initiative summary for use within the SKW network
 - Support revision of SKW's longer-term strategy
 - Seek broader international funding for SKW work in the developing world relating to child road trauma

Programme

The purpose of the study tour has been to gain a broad understanding of child road-related injury prevention programs and environments in a variety of countries. As a result of this my plan has been to collect concrete ideas and feedback on potential improvements to our work in Australia, the differences and difficulties likely to be encountered in developing initiatives for further improving injury outcomes here, and the structural or broader changes that might provide additional support for our injury prevention objectives.

The original program included Mumbai, India and Amsterdam, rather than Geneva. However, at the time of detailed planning and preparation the changes included here became necessary.

Travel plans included utilising train travel where possible within Europe, to further develop my understanding of the community environment in which the various organisations studied operate. The detailed plans included a wide variety of additional visits to other cities and towns in each country to further broaden my exposure to specific on-the-ground programs, Government agency plans and activities and to experience how interventions actually operate in practice.

Broad Program timetable

Berlin, Germany	11 th to 13 th October 2009
Gras, Austria	14 th to 20 th October 2009
Geneva, Switzerland	21 st to 23 rd October 2009
Bonn, Germany	24 th October to 2 nd November 2009
London, United Kingdom	3 rd to 9 th November 2009
New York, USA	10 th to 16 th November 2009
Washington DC, USA	17 th to 22 nd November 2009
Auckland, New Zealand	24 th to 27 th November 2009

Detailed visit timetable

In each of these core locations, our principal contact was the equivalent organisation to Kidsafe in Australia. Most organisations are also members of the Safe Kids Worldwide network of injury prevention peak bodies. In each location I also visited a wide variety of other organisations, including, coalition /partner organisations, related or like-minded NGOs, community and professional organisations and Government instrumentalities and regulators.

Berlin

- Safe Kids Germany
- Charité Children's Hospital
- German Insurance Association

Gras / Vienna

- Safe Kids Austria – Grosse Schutzen Kleine
- Austrian Federal Ministry for Transport
- Austrian Road Safety fund
- Austrian Automobile and Touring Club
- Gras Children's Hospital
- District of Deutschlandsberg
- Osterreichischer Bundesverband
- Landesschulrat fur Stelemark
- Styrian State Education Authority

Geneva

- World Health Organisation

Bonn / Cologne

- Safe Kids Germany
- Federal Association for Traffic Safety
- Federal Highway Research Institute (Bundesanstalt fur Sreassenwesen)
- Federal Ministry of Environment
- Floriansdorf, Iserlohn
- Verkehrsverbund Rhein-Seig
- Deutsche Verkehrs Wacht
- German Road Safety Council

London

- Child Accident Prevention Trust
- Automobile Association
- Safety Research and Statistics, Ministry of Transport
- Environment Department, Bromley South

New York / Long Island

- North Shore - Long Island Jewish Health system
- Schneider Children's Hospital (now called North Shore Children's Hospital)
- Safe Kids New York State

Washington DC

- Safe Kids USA
- Safe Kids Worldwide

Auckland

- Safe Kids new Zealand
- Watersafe Auckland
- Ministry of Transport
- Auckland Regional Road Safety Program
- NZ Injury Prevention Secretariat
- Waitakere City Council
- Hoani Waititi Marae
- Glendowie Primary School

Research Aims

The aims of the research in each country I visited were to

- Understand better the breadth of approaches to the prevention of road-related injuries to children, how these approaches differ and why;
- Develop recommendations for the improvement of existing programs in Australia based on this research; and
- Share the information and recommendations with the country organisations I visit and the other Safe Kids Worldwide network members.

I sought information on

- Current and recent road safety initiatives, including on-the-ground experience of the projects;
- How and why these have succeeded and/or failed to achieve their objectives;
- The funding structure and opportunities and the governance arrangements that support the Program;
- Interaction with other injury prevention activities and the organisation's strategies;
- The impact of the environment on the initiatives and their success
 - Economic
 - Physical
 - Social / cultural
 - Regulatory
 - Other related or competing programs and initiatives;
- The research environment that supports, or constrains the capacity of the organisation; and
- Partnership structures and opportunities (through both government and non-government organisations)

To do this I

- Spoke with the project initiators and managers;
- Visited a sample of the physical sites of activities associated with the project;
- Obtain copies of resources associated with it;
- Visited regulators, researchers, funding bodies and partner organisations to obtain a broader view of how the initiative is structured, how it fits within the broader context of the country and its environment and how this environment limits or provided opportunities that are unique to the country; and
- Sought to understand the broader context within which the road-related initiatives operate.

General

Aim of the paper

This paper provides

- A brief summary of the main relevant findings from the countries visited;
- The context in which the trip was taken and the key experiences and findings;
- An analysis of the impact of these findings for
 - Kidsafe in the Australian Capital Territory (ACT);
 - The Child Accident Prevention Foundation of Australia; and
 - Safe Kids Worldwide (SKW) network of 19 member country injury prevention organisations.

The paper will thus have utility at all three of these levels. The individual papers, strategic documents and applications referred to under Next Steps provide more details of the findings and the practical implications for child injury prevention in the Australian Capital Territory (ACT), in Australia and internationally.

Country objectives

The following unintentional injury death rates are as quoted by the Safe Kids organisations visited for children under the age of 14 from unintentional injury. Germany (2.9 deaths / 100,000) and Austria (2.5 deaths / 100,000) were chosen as examples of two countries with significantly better injury outcomes than Australia (4.8 deaths / 100,000), but relatively similar structures, so far as injury prevention activities are concerned. Scandinavian countries also have better outcomes, but the supporting structures are more different to Australia's than those in the other parts of Europe chosen for the tour.

The UK (1.6 deaths / 100,000) and USA (8.2 deaths / 100,000) are the two economies and structure most similar to Australia and the two countries that most influence our culture and background.

New Zealand (7.7 deaths / 100,000) as our close neighbour and partner provides a close comparison and opportunity to share innovations and benefits quickly and easily.

The European countries have complex, layered funding and program delivery structures, with the Kidsafe-equivalent organisation acting largely as an umbrella injury prevention specialist. In the US and New Zealand, coalition partners are utilised at a local level to deliver specific programs, often in combination with other, broader but related initiatives.

In each country I met with the Kidsafe counterpart for extensive discussions, with regulators, partners and alternative providers of injury prevention programs and saw some on-the-ground examples of what is being done.

Although my main focus was on injury prevention activities directly relating to road trauma, I also considered the broader injury prevention environment and framework. Our goal at Kidsafe is to change parent and carer behaviour towards unintentional injury and risk to children. This cannot be done effectively in isolation from other injury causes or from the child's broader environment.

It is clear from my trip that differing structures, initiatives and support have significant impact on a particular country's outcomes. Whilst the environment, population differences, culture, etc are important, the differences do not account fully for the lower injury death levels in Europe. For example, it is often thought that the higher road toll in Australia is the result of greater distances and thus longer journeys than in Europe. Recent research in the UK as quoted by the Child Accident Prevention Trust, however, has shown that the average trip lengths in the UK and Australia are not much different – *most* vehicle trips are near home although *a few* in Australia (e.g. around peak holiday times such as Christmas and Easter) are much longer.

Issues

The following discussion is based on the specific issues that I was seeking to understand better, or that arose in my discussions in each country. These are set out in four chapters, or layers

- A. **Specific child restraint issues** - A number of specific issues relating to child restraint regulations and associated Standards in Australia for which I was seeking specific input;
- B. **Kidsafe ACT** – lessons and opportunities that translate into specific benefits to our existing strategies and proposed programs for the next five years in the Australian Capital Territory (ACT);
- C. **Child Accident Prevention Foundation of Australia** – Strategic opportunities and issues identified during the trip for Kidsafe nationally; and
- D. **Safe Kids Worldwide** – improved documentation of the SKW network's existing road safety intervention capacity and opportunities to better utilise this capacity internationally.

Specific child restraint issues

There were three specific issues relating to vehicle child restraints on which I sought more background. The first relates to the new National Road Rules currently being implemented in Australia and due for implementation in the ACT in mid March 2010. The other two are matters that a number of people are pressing the Australian and New Zealand Standards Committee on child car restraints to implement or change.

Compulsory age for the use of car restraints

Germany and Austria have had compulsory use of child restraints, beyond the age of seven as proposed for Australia, for many years (over 20 years) and the usage is enforced by police. There are also good support mechanisms in place for parents to ensure that appropriate restraints are used and that parents can access help as needed.

This illustrates that strong implementation of the new rules in Australia, supported by extensive education, appropriate enforcement and effective support services for parents is likely to result in significantly greater utilisation of appropriate restraints for children between 3 and 7 years of age in Australia and thus further reductions in severe injury and deaths from road trauma.

The European experience also confirms that it will not be difficult over time to achieve a much higher usage rate for restraints for children aged three to seven in Australia, provided the new regulations are

- Enforced;
- Adequately explained; and
- Properly supported with services to parents such as Kidsafe's Infant Restraint Loan Service and free restraint checks in the ACT and some other States.

A variety of other joint initiatives involving police, Safe Kids, and the education systems in particular in all countries visited also strongly confirm the benefit of consistent, coordinated support. This issue will be dealt with in more detail later.

Use of international standard (ISOfix) in Australia

The Aust/NZ Standards Committee for vehicle child restraints has for some time been considering adoption of an alternate method of creating a lower tether for child car restraints. This is commonly referred to as ISOfix, the international standard version of this alternate fixing mechanism. Because the system is now available on some imported vehicles within Australia, some people are advocating for immediate adoption of this method in Australia.

I found that the jury is still out in Europe on ISOfix. This system (actually three different but similar systems for USA, Europe and ISOfix itself) replaces the previous reliance on the vehicle's adult seat belt as a bottom tether for the child restraint with a rigid or separate pair of lower fixtures that are

retained directly in the car infrastructure and connect in two locations to the lower part of the car restraint.

The main benefit proposed for the system is its ease of use and thus resolution of the major misuse (and non-use) problems with existing restraint tethering systems. Testing to date in Australia has indicated that ISOfix does not significantly further improve the existing effectiveness of the Australian standards in crash tests, provided the existing Australian methods of fitting are properly used.

I found from discussions with regulators and community support groups in Europe that

- Relatively few European cars actually use the ISOfix system today (given there are in fact the three similar but different versions) and these are usually provided in higher priced models;
- Many European cars now have the bar for the fitting in the frame, but the car seat itself would need to be removed, cut and re-sewn to allow the fitting to be put in and used with restraints;
- All the regulators I spoke to responded to my question seeking evidence that ISOfix actually reduces misuse with the comment that this is the theory. There is little verifiable evidence yet as there still are relatively few seats in use;
- There was also a common concern across Europe by both regulators and practitioners that ISOfix seats are some 2 ½ times the cost of other seats, so will remain in the minority, unless regulations prohibit use of alternate systems. If this occurs, the increase in cost seems sufficient to place in doubt the extent of compliance, especially within the lower income groups in society that generally represent the greatest misuse segment of the population.

Improving utilisation of restraints

Our experience in Australia has been that utilisation of restraints in a child's first twelve months is high (and use is also compulsory for this age group); from one to three years of age, utilisation remains relatively good; beyond three years usage drops quickly. We believe through anecdotal feedback from parents that this fall off is the result of a combination of absence of regulations and enforcement supporting the use of restraints and peer pressure on children to move out of restraints all together once they commence preschool and kindergarten.

Use of restraints in Europe remains quite high across the age groups. The common response to how this has been achieved is that it is through a combination of a lengthy history of regulation supporting use of restraints (over 25 years in Germany for example) and enforcement by police. This has been achieved in an environment where the compulsory usage is to 12 years, not 7 years as proposed in the new Australian National Road Rules.

This feedback provides additional support for the early implementation of the new National Road Rules in Australia and the accompanying of this change with both visible enforcement by police and an extensive community education program to encourage use and to support parents in using booster seats for older children correctly.

Reverse facing restraints

This issue refers to the statement by some people that there is “irrefutable” evidence of the need to keep children reverse-facing until 4 years of age.

The European standard from which the evidence that claims to support these statements is derived does not require a top tether in all cases and the evidence is based in Scandinavia where cars are larger than the rest of Europe and will accommodate the larger reverse-facing seats. In Australia we need to ensure that we are comparing like with like when assessing these claims.

In the UK, for example, I viewed a compliant restraint with no top tether and no harness. This was a forward facing seat suitable for a child six months to 7 years. A foam pad was used initially in place of the full harness usually present for a forward facing full seat. This was retained by the car lap/sash seatbelt. When the child is large enough the pad is removed and the seat used as a booster seat with the car’s lap/sash seatbelt.

In this environment the impact of a front-end collision on a young child (say six to eighteen months old) in a seat with no top tether will likely be more significant than for a similar child in a seat with a properly fitted top tether and full five-point harness because of the increased head excursion in a collision. In Australia all vehicles are required to have three anchor points and one anchor bolt available for top tethers, so the opportunity for misuse of the top tether (and Kidsafe’s experience of this issue) is significantly less than in Europe.

A reverse facing car seat for a child over 9 Kilos in weight (about six months old) also requires a significantly larger rear facing restraint to allow it to be fitted properly than does an equivalent forward facing child restraint. Many smaller Australian cars would not fit the larger reverse-facing northern European restraints.

The evidence in Australia is that there are more injuries from turning the seats forward facing at six months, but under our Standards with compulsory top tethers, the additional injuries identified are not severe (the NSW research found no additional injuries where hospitalisation was required).

The feedback I obtained thus confirmed the evidence presented to the Aust/NZ Standards Committee that there is not sufficient evidence to further restrict use of car seats to the rear facing position beyond the approximately six months already provided, under the Aust/NZ Standard structure.

Kidsafe ACT

An important aim of the trip was to seek out lessons and opportunities that translate into specific changes to our existing strategies and proposed programs for Kidsafe ACT for the next five years.

Background

In the ACT, Kidsafe has an existing extensive program of injury prevention in place. I sought ideas and evidence that can support further improvements to this strategy and provide our Government and private sector sponsors with solid support for these proposed changes.

Kidsafe's current strategy in the ACT has an extensive set of programs and support services that historically have been focussed largely on families with young children (up to age three). The strategy comprises

- **Series of sustainable services** for parents of babies and toddlers, including the Infant Restraint Loan Service; restraint fitting and free restraint checking service; Mobile restraint service; Community Talks program; distribution of safety materials through trusted professionals (hospitals, community nurses, teachers); free telephone information service; safety shop front; distribution of materials for other community organisations and through organisations such as playgroups and family day care.
- **Injury Prevention Programs**, currently including improving water safety in primary schools (in conjunction with Royal Life Saving Society of Australia); a series of road safety projects including restraint checks at pre schools; implementation of the new National Road Rules; development of road safety curriculum material for primary schools; distribution of curriculum materials to pre and primary schools; development of new home safety materials for distribution to parents; extension of the Kidsafe Centre and addition of information for a broader range of other community organisations and government agencies in the Kidsafe Centre.

The principal gaps in this strategy are

- **Access** to the 15% of parents we do not currently reach, including "young Mums" (sometimes drug dependant); low income groups; non-English speaking groups; people from other cultures; as well as indigenous parents;
- **Sustainability** of projects focussing on preschools and primary schools;
- **Integration** of school-based projects into work by other community groups and the school systems;
- **Evidence** and the difficulties in obtaining reliable research and evidence in a relatively small sample size (330,000 population).

I was thus in particular seeking feedback on how the following are dealt with elsewhere

- **Integration** of injury prevention activities into the education system and in particular into core school curriculum activities through “cognitive”; self; and social awareness development programs;
- **Improving access** to the community, especially to the people least likely to have ready access today;
- **Partnerships** and improving sustainability and distribution of key messages and support services through these;
- **Funding sources**, improved coordination and sustainability; and
- **Structures** that are enduring and support improved sustainability and access.

Opportunities identified

I was shown a very large range of initiatives; successful interventions; and enduring partnerships. In the following comments I have illustrated a few of these as examples – there are many more worthy of description too. My focus is on examples that relate particularly well to our needs or priorities in Kidsafe ACT. These are set out later in the specific changes that I am proposing as a result of this trip.

- Curriculum integration for initiatives in schools

Whilst Kidsafe has a number of road-related projects currently running in family day care centres, preschools and primary schools, this part of our work is the least developed and the least sustainable. Current changes in both the curriculum structure for the education system in the ACT and the current programs planned to support the implementation of new National Road Rules relating to car restraint usage provide a timely opportunity to look closely at this area of injury prevention.

The benefit from integration of injury prevention initiatives into the core curriculum of schools was broadly recognised in discussions during the trip, but it was recognised that integration into the main curriculum (e.g. language, mathematics, science, etc) is difficult to achieve.

In countries and programs that had implemented successful and sustainable injury prevention initiatives, the safety curriculum has been an integral part of the school curriculum in its own right (e.g. Austria, Germany, UK, and NZ). In these programs the Police and Fire brigade play an active and ongoing role in their delivery as do various forms of supporting curriculum documentation. The best programs also have commitment and funding from government.

In Austria I visited a secondary school that had recently completed its tenth annual Safety Week – an integrated week each year that is totally focused on safety for the whole school. Normal curriculum activities are used to develop and reinforce a variety of safety messages over the week. This is made possible through the existence of both a

- Dedicated Champion within the Education Department for each region; and
- Champion within the school.

In particular, we reviewed a regional program based within a community organisation in Cologne that has a number of components built around the development of mobility skills and confidence in children (and the elderly) through a number of related initiatives and the strong and broad involvement of the local community. The Department of Education and schools are one important component of this program. We are currently reviewing this program in more detail, as well as aspects of the specific curriculum activities in Austria, New Zealand and the UK, to identify changes that can be made to the existing school injury prevention programs in the ACT during 2010/2012.

o Cycle safety

The countries visited have a variety of well established cycle safety programs. They include safety villages and training facilities (Austria, Germany, USA), structured training within the education system (Austria provide 10 yo students in most districts with a cycling license based on training and a test at school, before they are allowed to ride on roads), bicycle pooling and road side detective programs (Germany).

Close involvement of Police on a regular and programmed basis is a common aspect of all road safety initiatives in Europe, as is both direct curriculum structures for safety within the educational system and funding, either direct or indirect, to support the process and the obtaining of resources. In Germany, for example, there is a large community organisation that has as its main objective the development and sale of road safety-related materials to the schools. Schools in turn have both the curriculum requirement and funding available to support the programs. School activity is in turn supported through the School Statutory Accident Insurance Fund and the German Road Safety Council.

Research and data is also more readily available and continually improving in its capacity to support directed injury prevention programs. For example recent improvements in data within the UK now allow researchers to distinguish between the location of an accident and the domicile of people involved in accidents. This is particularly useful in areas such as trunk roads where people tend to be involved in incidents a significant distance from their home. Socio-economic differences are being identified as even more marked than previously thought.

In Germany the level and depth of research on cycle safety is at the stage in the Federal Highway Research Institute that differences between cycle accident levels in individual cities, regions and post codes (significantly smaller in size than Australian post codes) are mapped and research into the specification of a broader range of factors (e.g. social standing, road type, population demographics, etc) better understood.

Bicycle helmets continue to be a major issue with a number of lobby groups attempting to stop the introduction of compulsory cycle helmets throughout Europe. This is now mandatory for children on ski fields in some countries, but still not for cyclists generally in Europe. On the other hand we noticed in London that the majority of adults cycling in the city were wearing helmets even though they are not compulsory.

- Pedestrian safety

The structures and programs in Europe are similar to those surrounding cycle safety in the same countries and are commonly connected. As an example, in Austria I visited a primary school in a rural Austrian village where a senior police inspector spent a morning directing traffic around the school and teaching a class of six year old children how to walk around the village and cross the road safely. This process is a requirement of the education system and it is also a requirement for all police to participate in these school level safety activities. The police also address cycling safety with older children.

The Walk This Way program based in the USA is now operating in a variety of structures in seven countries and some hundreds of coalition partner organisations within the USA itself. The program has a number of core attributes, but within these is structured largely to suit the needs and environment present in each location.

- Car restraints

This is not seen as an issue in Europe of the same magnitude as in Australia, largely because the compulsory use of restraints for children up to the end of Primary School has been in place for over 20 years, and actively enforced by police, so non-compliance is not a significant issue.

In the USA where the extensive support structures of Europe are not present, the Buckle Up program of Safe Kids supported by General Motors over some years, provides a similar support structure to that already present in a number of ways through Kidsafe and other community organisations in Australia, New Zealand and Europe.

- Role of Police, fire Brigade and Education

The roles of Police and Fire Brigade in injury prevention activities in schools are more extensive and formalised in Europe. These activities appear to be more integrated into the core activities of both services, a broader range of police and fire brigade officers participate actively in the school-based activities as part of their core job and the programs are better supported with dedicated funding from Government.

Cologne, Germany and Long Island, New York both have long-standing safety villages that include extensive fully-marked road systems and in the case of Cologne a variety of small houses containing safety-related activities that have been developed and are maintained by the Fire Brigade and the community. These are used extensively for tours and training days by groups of school children from a wide range of regional schools.

At the New York safety village in Long Island, classes are split into three – one group acts as pedestrians on the road system, the second as cyclists using a set of donated cycles and the third as motorists on the fully formed, scaled road network in miniature cars designed for amusement parks. The road network is complete with signs, markings and traffic lights.

In Gras, Austria, the Motoring organisation has a fully set up training facility at which young children are taught cycle safety (and 10 yo children are provided with a cycle license), 15 yo's are trained and provided with specialise Moped licenses and normal driver training is also undertaken.

- Cooperation and Joint activities

In all the countries I visited, the extensive array of road-related activities focussed on schools is structured within permanent joint activities that are the responsibility of one service (e.g. Police, Fire Brigade or more commonly a well-recognised specific purpose community organisation that has been in place for many years). In all cases the initiatives are well and sustainably funded, generally by Government. The professional services are in turn properly funded to allow ongoing participation in a sustainable, programmed way.

As an example in Germany, school-based safety initiatives are directly supported and funded through the Statutory Accident Insurance Fund and traffic injury prevention programs through the German Road Safety Council. Both organisations are also in turn members of Safe Kids Germany.

Local Government is also more directly involved in a number of countries. For example in

- The USA through coalition partners of Safe Kids USA;
- Austria through local government funded programs directly, especially within the school systems that are controlled locally; and
- The UK through local Government programs coordinated through funding from the national Government that is bid for by local government and overseen nationally within a framework requiring an agreed level of activity in key injury prevention areas.

- Sustainability

This whole process delivers a much greater level of coordination and sustainability in injury prevention activities. The support services, resources, and joint programs are better structured, delivered more consistently than in Australia and in Europe the outcomes demonstrate the improved delivery.

The USA is a very different structure, I think because of the very complex social structure, the widely varied methods of delivery available and the very different funding structures. Some coalitions are very active and others less active; a wide variety of structures are utilised, from hospitals, to local and state Governments, private NGOs and institutions. Laws also differ significantly between States and jurisdictions in the USA.

- Evidence

Given the ACT's population and structure, collecting reliable evidence is always a difficult task, partly because of the size of the population and partly due to limited funding avenues and the need to focus on specific programs, each of which is limited in size.

The "Bedside Counselling" program currently in place in Safe Kids Israel (Beterem) and Safe Kids Austria (Grosse Schützen Kleine) provides an excellent opportunity to develop a similar program in the ACT. The program has two components

- a specific purpose injury survey conducted at the bedside in Paediatrics (or Emergency) that focuses on the injury itself, causes, specific environmental factors etc.; and
- An interview with the parents to pass on any relevant information about the incident and how similar occurrences can be avoided in future.

This provides a new layer of specific injury data and at the same time supports the extension of our current resources and advice directly to the group of the community that it is currently difficult to reach in the ACT. As an existing proven program, the Bedside Counselling Program (to be operated in Australia as the Bedside Research and Information Program because of the different usage of “Counselling” in Australia to refer to a specific professional standing) would be relative straight forward to implement and would directly support a number of other initiatives, both existing and identified during the trip.

Implications for Kidsafe in the Australian Capital Territory

The wide variety of approaches and interventions seen during the trip provided a wealth of ideas and practical, proven initiatives that can be applied in the local context in the ACT.

- Opportunities

- New National Road Rules;

The additional evidence brought back will help to finalise a number of issues relating to the introduction of new National Road Rules affecting the use of child restraints in vehicles, specifically surrounding current changes to the restraint standards in Australia.

The changes that I will be proposing to a number of existing programs focussed on schools in particular will also make the implementation of the new National Road Rules more effective and enduring

- Existing project funding;

A number of existing school-focussed programs will be reviewed and restructured to take into account the experiences gained during the trip. These cover pedestrian, cycle and mobility improvements that can be put in place over the next six months.

We also have a small grant that might be made available to commence development of the Bedside Research and information program with the Canberra Hospital

- Ongoing sustainable relationships with the community:

In the ACT, Kidsafe has a strong and positive profile in the Community and good relationships with a wide variety of community partners and agencies. Experiences gained during the trip will help further develop the strength and sustainability of these relationships.

- Integration and coordination

- Hospital

Discussions have already commenced with The Canberra Hospital to develop a broader partnership based on both Kidsafe's existing relationship and the many simple, but effective ideas brought back from others' experiences. The timing for this change is ideal, as the Hospital is currently finalising plans for a separate child and maternal hospital on the site.

- Education;

The experiences brought back from the trip and the restructuring of our existing school-based programs will be used to develop an improved, more sustainable relationship with the Department of Education and Training, Catholic Education Office and Association of Independent Schools as well as individual schools in the ACT

- Police and Fire Brigade

Over the next 12 months Kidsafe will review our existing work with both organisations and the changes being made to our school programs will be used to review and develop a more extensive relationship with the Police and Fire Brigade. The experience in Europe will also be useful in discussions with both agencies and Government on future funding structures for Kidsafe's work and gaining a broader commitment to put a greater effort into injury prevention in Australia.

- Joint focus

- Students and parents

Our past focus has been on parents, and generally on those with younger children. These have been the areas of the greatest number of deaths and the location of the best opportunities for early reductions in injury levels (since largely achieved).

The opportunity now available and the information gleaned from the trip will allow us to extend the reach and sustainability of our program into the older age groups of children and their families, whilst further strengthening the effectiveness of our existing programs.

In particular, we will focus on the delivery of joint messages and initiatives to both parents and children and the improved use of professional groups in the delivery of messages.

- Coordinated through schools and professional experts

Kidsafe ACT has built a wide variety of community links over time. The lessons and experiences brought back will allow us to create a broader range of links and to strengthen existing relationships and to build greater sustainability.

- Multiple issues

Although the trip was principally focused on road safety initiatives, it clearly reinforced our existing strategy that emphasises the goal of improving safety behaviour more broadly and the need to focus strongly on a coordinated, broad approach to injury prevention.

- Sustainability

Kidsafe's advocacy initiatives will also be reviewed to develop a more sustainable funding and organisational structure that will allow us to have in place a suit of programs, structures and relationships that will enable a set of core programs to address all the major injury causes, whilst providing a sustainable structure for ongoing programs and continual improvement to these structures.

Child Accident Prevention Foundation of Australia

The Child Accident Prevention Foundation of Australia is currently a limited federation of eight individual State and Territory Associations, each of which has a strong and permanent funding structure and infrastructure in its own right. The national Foundation does not have significant funding sources of its own, nor any permanent infrastructure or resources. Any required resources are provided on an ad hoc basis by the State and Territory Associations. This structure is the result of historic circumstances evident six to ten years ago.

A number of strategic opportunities and issues were identified during the trip for Kidsafe nationally.

Structure and role of Kidsafe equivalent

With the possible exception of Safe Kids USA, the Kidsafe equivalent organisation (also generally known as Safe Kids) is seen as the “peak body” for child injury prevention in the country and has a strong relationship with all the major providers, with the National Government and with all layers of State or regional governments.

In the better developed structures, other long-standing organisations deliver significant programs, such as the restraint services provided by the Automobile Club in Austria, the extensive programs delivered by local government in the UK and the research and intervention programs provided through long-standing organisations (e.g. the School Statutory Accident Insurance Fund and the German Road Safety Council), schools and the Police and Fire Brigade in Germany.

The Kidsafe Equivalent organisations provide the coordination role, in some cases with the major providers making up the bulk of the Board, and deliver specific programs in areas that do not have other existing providers (often Home Safety where there have been less focus and dedicated funding historically than for road-related issues).

Safe Kids in most countries has a strong relationship and reputation with government at all levels - in particular Education, Police, fire Brigade and Emergency Services, Environment, Consumer Protection and to a lesser extent in recent years, with Health. The organisations’ core functions are generally support directly by Government.

The issue of maintaining the role of Health Promotion in supporting injury prevention is a relatively common one in the countries visited. Stronger support has tended to come from the other agencies than from Health in recent years, with the strong strategic focus of Health Departments of the early 2000’s progressively reduced in favour of issues seen as more pressing – obesity, nutrition, mental health, etc. This is despite injury remaining the greatest cause of death amongst children between the ages of one and fourteen across the world (WHO World Report on Child Injury – 2008).

The more successful countries have strong ties between layers of Government, with the greatest focus coming from local Government and the “delivery “ structures of roads and schools. In some countries (e.g. the UK) delivery is provided through local government with funding provided on a competitive basis and delivery monitored by the central Government. In others such as Germany, funding is provided to specific institutions who in turn undertake research and provide funding to the local organisations that deliver the interventions (e.g. schools, communities, community organisations).

The more successful countries have sustainable funding structures that involve Government and generally strong commitment from the key agencies (Education, Police, Health (especially the hospital systems)). Depending on the community, private sector support comes in behind these core structures, except in the USA.

The USA has a stronger philanthropic structure, and apparently more limited direct support through the national Government. Delivery of Safe Kids programs is through some 650 Coalition partners that range from hospitals and local Government bodies to community organisations. In these cases, the two specific Safe Kids road safety programs are placed within broader prevention programs by the coalition partners. A similar structure with a stronger focus and support from Government rather than the private sector exists in New Zealand.

Invariably the success of interventions, especially over time, is strongly linked to the capacity to

1. Integrate initiatives;
2. Develop extensive and sustainable partnerships; and
3. Maintain strong ongoing financial and leadership support from key agencies and Governments.

I believe this is the key to the better injury outcomes in Austria, Germany and the UK.

Support mechanisms

Kidsafe has been successful in developing and maintaining partnerships at a state and local level across Australia, but not as consistent at developing these relationships nationally.

It is clear from the experience collected during the trip that the absence of a dedicated national presence and focus is limiting the Child Accident Prevention Foundation of Australia’s capacity to

1. Influence national events and trends;
2. Advocate for the need to reduce injury impact; or
3. Press for specific programs, regulations etc that will have a major impact on child injury outcomes nationally over time.

There would be a substantial benefit from a specific National Advocacy program, and development of improved national partnerships. Injury prevention seems to have slipped from the national “radar” in Australia, with the draft national injury prevention strategy of 2004 sitting without a significant national program or focus to support its objectives.

Specific programs

The role of national (and internationally sourced) programs is also significant in all the countries visited. The absence of nationally focused programs in Australia will limit research, the effectiveness of specific programs and in particular the longer-term sustainability of programs. Kidsafe is also unlikely to be able to benefit fully from the immense pool of international experience, evidence and programs available unless we can redevelop a more effective national presence and associated dedicated resource.

The bulk of programs observed are

- National in structure: For example, the Walk This Way program supported by Federal Express is now in seven countries and most USA States. It has a common core structure and largely common resources, but the program is adjusted over time and to suite local needs, local funding structures, local relationships and local champions within strong regional networks and structures;
- Localised in delivery: This is consistent with Kidsafe's existing strengths. It is the national coordination and funding support that is limiting in the current model of operation.

Kidsafe would benefit from reviewing its national structures and relationships to build a stronger national presence and program capacity.

Data and research

The apparently disjointed nature of injury research and thus injury prevention activity in Australia was brought up more than once during my trip. This potential is illustrated at a practical level in the differing responses to issues by State and Territory governments, and the differing focus across Kidsafe State and Territory Associations. It is not clear that these differences are the result of environmental differences etc.

In the countries visited the Safe Kids organisation plays an important part in collating, interpreting and converting research into concrete community action, either in their own right or through partners. They also generally undertake some original research, although this is not their principal business.

Whilst not primarily a research institution, Kidsafe could play a more important and central role in collecting, coordinating, analysing and converting research into improved, sustainable programs and support services as is already done effectively elsewhere. This can best be achieved with an effective national resource.

Similarly, a national resource in the key injury areas is also both the most effective source of materials for grass roots programs and the most professional way of ensuring the ongoing quality, consistency and effectiveness of our work.

Funding structures

Kidsafe has experienced that lack of a properly structured national funding structure and avenues of finance can limit our overall capacity. The trip strongly reinforced the benefit of sourcing and managing key funding structures nationally, the potential for international funding as an important longer-term source of funding and programs, and the need for stronger evidence and governance structures to support this broader funding.

Associated with this is the longer-term commitment of national Government injury prevention activity in most of the countries visited, both through funding of specific programs and providing direct support to allow key agencies (e.g. Police, Fire Brigade, Education, etc) to participate in a sustainable way.

Safe Kids Worldwide

As an adjunct to the main purpose of the trip, I was also seeking improved documentation of the SKW network's existing road safety intervention capacity and opportunities to better utilise this capacity internationally.

Background

Kidsafe is a member of the Safe Kids Worldwide network of nineteen independent country organisations, all involved in child safety and injury prevention. As part of this relationship, I am Chair of the Safe Kids Worldwide Network Advisory Council.

Capacity

Discussion with the Safe Kids Worldwide country members visited and Safe Kids Worldwide itself confirmed that there is a substantial capacity within the Safe Kids Worldwide network to extend its reach, support new initiatives in other parts of the world, and to achieve further significant reductions in injury outcomes both in individual countries and collectively across the worldwide network.

The trip has confirmed the immense breadth, knowledge and experience across this network and the potential benefit of improved interaction and sharing of both knowledge and resources.

This capacity is currently not broadly understood or recognised and is not documented in a way that can be related quickly to others outside the network, especially to potential funding bodies.

Strategy

The output from this trip and ongoing discussions between member countries of the Safe Kids Worldwide network has already been fed back to Safe Kids Worldwide.

In particular these discussions have identified the potential for

- Seeking broader funding sources for international work;
- Improved coordination of the immense capacity of the network;
- The development of international coalitions and partnerships involving specific programs; and
- The sharing and joint development of improved capacity within the network.

Programs

There are already a number of significant specific programs that groups of member countries are in the process of developing. The trip has helped to

- Identify these;
- Develop more concrete structures for the initiatives; and
- Improve documentation of the capacity and thus SKW capacity to raise the necessary international funding to extend the interventions more broadly, especially into developing countries.

The programs include

- 1) Sponsor supported programs through Safe Kids USA's three principal funding bodies
 - a) Federal Express sponsored Walk This Way program in seven countries and the USA;
 - b) General Motors supported Buckle Up program in the USA and a number of countries; and
 - c) Johnson & Johnson Home Safety initiatives
- 2) Safe Children Communities
- 3) Demonstration Safety Houses
- 4) Bedside Research and Advice / Minimum Injury Data Set
- 5) Road Safety Research and Program coordination
- 6) Regional road safety initiatives in Asia & the Pacific

A number of these developments have been picked up elsewhere.

Next steps

A number of concrete steps are being taken to further the benefit from this trip, including

- Abstract submitted to present a paper at the World Injury Conference, London, September 2010
- We are revising the structure of existing Kidsafe ACT projects funded through the NRMA – ACT Road Safety Trust & ACT Health
- Kidsafe ACT strategy – 2010 /13 has been revised – Kidsafe ACT will also submit and present a budget paper to the ACT Government in January 2010
- 2010 / 11 community grant applications By Kidsafe in the ACT will be based on findings from the trip
- The Child Accident Prevention Foundation of Australia strategy 2010 – 2015 will be supported by findings from the trip and we will propose
 - Specific structural changes for the National Foundation to the National Council; and
 - An approach to the Australian Government for recapitalisation of the Foundation to improve its impact on nationally coordinated injury outcomes.
- The report and additional survey input from the balance of Safe Kids Worldwide (SKW) member countries will be used to
 - Prepare a road safety initiative summary for use within SKW network;
 - Review SKW longer-term strategic options; and
 - Seek broader international funding for SKW work in the developing world relating to child road trauma

Conclusions

Kidsafe's broad strategy in the ACT is consistent with findings from this study tour.

Consistent and broad support from Government and the private sector is common to the countries with better injury outcomes, as is the need for consistent support from Government agencies, in particular Emergency Services, Police, Fire Brigade, Health, Environment and Product Safety agencies and the Road and Traffic regulators.

Adequate funding is necessary, but it is this broad strategic support that is the key to further significant improvements in outcomes, and Kidsafe and its equivalent organisations play an important role in this process.

The study tour led to a wealth of valuable knowledge and experiences that I have already been able to share with a wide variety of people ranging from those I met during the trip to regulators, agencies and other community organisations on my return. A number of significant improvements to our work in Australia are already in train to take advantage of the new ideas and resources that are now available here.

The opportunity provided by this Fellowship should be the start of a much broader process of sharing skills, experiences and resources on child injury prevention across both Australia and the world.

The process of converting this experience into further developments and improvements in our strategies and programs has begun with meetings with hospitals, ACT Health, the Australian National University Medical School and government officials to reinforce the benefits of further improving collaboration, the consistency and structuring of funding and creating a consistent direction in further improving injury prevention outcomes.

Recommendations

Following is a summary of the principal recommendations contained in this report

Kidsafe ACT Inc

Specific child restraint issues

- Consistent coordinated support for the new National Road Rules will result in significantly improved utilisation of appropriately used restraints in Australia;
- There is insufficient support from current experience in Europe for the immediate introduction of the ISOfix restraint system into Australia, given our existing restraint Standards;
- Neither does the current European experience generally support the extension of the use of reverse facing restraints in Australia beyond their current use, given the differences in restraint Standards in the two regions.

Changes to existing programs and strategies

- Existing school-based injury prevention projects in the ACT will be reviewed and adjusted to put in place a number of improvements identified during the trip;
- The Canberra hospital and ACT Health will be approached to consider implementation of the bedside research and information program; a more structured focus on information provision at the hospital and early childhood clinics; and the incorporation of Safety House modules into the planned Child and Maternal Hospital;
- Safety materials distributed to families will be reviewed, simplified and built into a broader programs of messages;
- The ACT Government will be approached to consider a longer-term strategy of coordinated injury prevention programs involving Kidsafe, Police, Fire Brigade, Department of Education and Schools.

Child Accident Prevention Foundation of Australia

The Foundation will be asked to approach the Australian Government for support to recapitalise the National Foundation and redevelop a separate national body that includes

- A coordination capability;
- Separate advocacy and research capabilities; and
- Broader governance structures.

Safe Kids Worldwide

Safe Kids Worldwide has the opportunity to develop its capacity to draw together and utilise the collective resources and capacity of its member country organisations to improve injury outcomes across the world.

This will involve developing an improved capability to

- Share experiences and resources;
- Gain substantial international funding; and
- Develop a broader range of internationally focussed programs developed and supported broadly by its member country organisations.