

134 PLANNING A NATIONAL ACTION PLAN FOR CHILD SAFETY– THE ISRAELI EXPERIENCE

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Background In Israel, unintentional injuries are the primary cause of death and injury among children age 1–17. Consequently, Israel joined a global initiative led by the European Child Safety Alliance (ECSA) to promote a National Child Safety Action Plan (CSAP). On February 19th, 2012 the Government of Israel passed a resolution to plan a national perennial CSAP in Israel.

Description of the problem There is a gap between theory and experience in the field of national programs and child safety focused national programs and the knowledge and tools necessary to plan CSAP in Israel. Efforts were made to take advantage of knowledge in the field of child safety, the ECSA model, global CSAP experiences, and local experience in Israel developing national programs in other areas. However, these experiences did not meet the needs that arose during the CSAP planning process in light of the unique characteristics of the Israeli government and policy.

Results To bridge the gap between existing knowledge and the policymaking needs in Israel, specialised tools were formulated to map and plan child safety policies tailored to the national partners participating in the program. Responsibilities were distributed based on the government roles rather than child safety traditional classification. In addition, a specialised working model was developed, based on local history of government instability and prevailing decision making processes, that resulted in an NGO integrated as a specialist to lead the CSAP design and planning process.

Conclusions Planning and policy processes in the framework of a national partnership are influenced by the unique qualities of the state. In order for the policy-making process to be effective and applicable the methods and tools need to be tailored specifically for the partnership. Israel's unique experience may serve as a useful theoretical model for governments with similar policy and organisational patterns.

135 COMMUNITY CRÈCHE IS A MEASURE TO PREVENT CHILD INJURIES: CHALLENGES AND MEASURES FOR IMPROVEMENT

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Background Injury is the leading killer of children in Bangladesh. *Anchal* (community crèche) is an effective intervention to prevent injuries among children under 5. Through SoLiD project 1,600 *Anchals* are in place in three sub-districts in Bangladesh. The objectives of the *Anchal* are to provide supervision and early childhood development stimulations (ECD) to the children. A local trained caregiver supervises 20–25 children, 9 to 59 months old, during 9 a.m. to 1 p.m., six days a week. Although it was found effective, during its implementation phase several challenges were noticed. The study was conducted to identify challenges and means to overcome those to improve the *Anchal* activities.

Methods In-depth interviews were conducted with *Anchal* caregivers, their supervisors and trainers. Focus group discussions

were conducted with the *Anchal* childrens' mother. The study was conducted in Manohardi sub-district during November 2015.

Results Decay of knowledge and skills after 2–3 months of training, lack of formal certification and inappropriate selection of women as *Anchal* caregivers, enrollment of small children (less than 12 months) were the important challenges. Reluctance of parents to send children at the *Anchal* in proper time, failure to engage children in various ECD activities, ineffective conduction of parents and community leaders meeting by the *Anchal* caregivers, insufficient accommodation and poor supply of logistics for children were also the important challenges. The suggestion for improvement were to recruit caregivers as per standard criteria, provide them refreshers training at three months interval, train them on effective conduction of parents and community leaders meeting, provide formal certificate and ensure regular supply of logistics.

Conclusions The identified challenges are needed to be addressed by utilising the suggestions obtained from the IDIs and FGDs to make the *Anchal* intervention more effective in preventing childhood injuries.

136 PARENTS' REPORT OF CHILD RESTRAINT USE AMONG CHILDREN AGED 0–6 YEARS, SHANGHAI AND SHENZHEN, CHINA-2014

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Background Road traffic injuries are the second leading cause of injury death among children in China. Around 1/3 of child road traffic injuries and deaths occurred in child passengers; however, child restraint use is low and there is no national safety seat legislation. Objectives of this study: describe ownership and use of child restraints as well as parental knowledge and attitudes in the developed cities of Shanghai and Shenzhen; analyse the barriers to child restraint ownership and use.

Methods By using stratified cluster random sampling, a total of 7,189 parents of children aged <1–6 years, who also owned a private car, participated in a self-report survey. Descriptive and multivariate analyses were used to describe collected information and determine which variables were associated with always use of child restraints.

Results Of participating parents, 39.2% owned, 33.2% ever used, 17.1% always used, and 11.4% properly used a child restraint for their child. Only 16.3% of parents answered all six key child passenger safety questions correctly. Multivariate analysis determined that the following factors influenced always using a child restraint: child's age, parental education, family income, price of car, gender of the child's driver, frequency child travels by car, average and longest distance child travels in a week, drivers' seat belt use, and parents' knowledge on child passenger safety. The leading reasons for not owning a child restraint were lack of space, low frequency of child traveling by car, difficulty installing the child restraint, and cost. The leading reasons for not using a child restraint when one was owned were: child refusal, short traveling distance, difficulty installing or using the restraint, and no space.

Conclusions This study demonstrated low child restraint use in two major Chinese cities and barriers that will need to be addressed before child restraint ownership and use will increase.