

TRANSCRIPT

LEGISLATIVE ASSEMBLY ECONOMY AND INFRASTRUCTURE COMMITTEE

Inquiry into the impact of road safety behaviours on vulnerable road users

Melbourne—Tuesday 8 August 2023

MEMBERS

Alison Marchant—Chair

Kim O’Keeffe—Deputy Chair

Anthony Cianflone

Wayne Farnham

John Mullahy

Dylan Wight

Jess Wilson

WITNESSES

Melanie Courtney, Chief Executive Officer, and

Kathy Taylor, General Manager, Child Car Restraints, Kidsafe Victoria.

The CHAIR: Welcome to the public hearing for the Legislative Assembly Economy and Infrastructure Committee's Inquiry into the impact of road safety behaviours on vulnerable road users. All mobile phones should now be turned to silent.

All evidence given today will be recorded by Hansard and is broadcast live on the Parliament's website.

While all evidence taken by the Committee is protected by parliamentary privilege, comments repeated outside this hearing, including on social media, may not be protected by this privilege.

Witnesses will be provided with a proof version of the transcript to check. Verified transcripts and other documents provided to the Committee during the hearing will be published on the Committee's website.

We will do a quick introduction, and then we will hand over to you. I am Alison Marchant, Member for Bellarine.

Jess WILSON: Jess Wilson, Member for Kew.

John MULLAHY: John Mullahy, Member for Glen Waverley.

Dylan WIGHT: Dylan Wight, Member for Tarneit.

Wayne FARNHAM: Wayne Farnham, Member for Narracan.

Anthony CIANFLONE: Anthony Cianflone, Member for Pascoe Vale.

The CHAIR: If you want to do a quick introduction, maybe if you have got opening statements or comments to make first, we are happy to do them, then we will open up to questions.

Melanie COURTNEY: I am Melanie Courtney, the CEO of Kidsafe Victoria.

Kathy TAYLOR: Kathy Taylor, child car restraint GM.

Melanie COURTNEY: Thank you very much for the opportunity to be here. We are very excited to have the opportunity to input into this today. During the pandemic, as we know, families were at home, roads were quieter and mobile devices became more prevalent in the functioning of our everyday world. Parents, carers and children were not confronted with crossing busy roads. They were not driving more than 5 kilometres, and they did not receive road safety education and advice through hands-on presentations, which we know are so important. As the state has returned to the new normal, the roads have become busier and our most vulnerable are more at risk of injury and death due to the lack of education and awareness over the last three years. Concerningly, as stated in the ARSF annual research report, 29% of Australian drivers admit to speeding, using their mobile phones or driving distracted when their kids are in the car. While it is really important to understand why these changes happened, what we are starting to see now is the new normal. We are unlikely to return to prepandemic behaviours and therefore need to plan to address these issues that we see as ongoing. Face-to-face education is absolutely critical. We currently provide this through our education sessions to community organisations who work with the most vulnerable families in society, and that is about to be extended to family day care, which is really exciting.

Visual presentation.

Kathy TAYLOR: In collaboration with Neighbourhood Houses we also deliver the Safe Seats Safe Kids program, an election commitment in 2018 to provide families with face-to-face child car restraint fitting and safety checks. Not only does it save lives—the \$50 it costs to have one child car restraint fitted, which is crucial with the cost-of-living pressures that present these days—it provides a centralised administration and requirements to reduce risk, enhance impact and enable accurate evaluation, yet importantly it engages the local communities, providing them with an ongoing quality service that they can access. We concurrently are seeking funding for an external review of this program delivered by MUARC with a view to continuing the program beyond the current funding, which concludes at the end of December this year.

What we have presented here is just a few slides of some of the issues we see in the program. The program has been running for a number of years, but most of these were actually taken over the last month. As you can see, we have had, from these images here, parents and carers' tether straps not being used, or wrapped around headrests—we have seen them cut off at times; child restraints installed to the vehicle, but they are so loose they have just got a belt around them and they slide all over the vehicle. We see, in the third slide, up the top, children that are arriving with the seat just placed flat on its back in the back seat of a vehicle, so they have got no protection around them. Just in that rear-facing mode, child restraints have the harnesses undone, are tied around bars at the back or cut off et cetera. What you can see here is just a sample of what we see. The picture of the booster seats down the bottom there—we visited a family day care, and most of their booster seats were actually non-standard. They were transporting a bus load of children around daily with non-standard restraints. These are just some of the images that we do see in our program, and these images here actually support the findings from MUARC, which found that up to 40% of child car restraints are used in ways that would impair crash performance.

Melanie COURTNEY: I should have said this before we went on to the next slide. We are going to go through a couple of stories, and some of them do not have positive endings, so just a trigger warning for anyone that is listening.

There are three points essentially when families get to make a decision about how to transport their child. The first one that we are going to talk through is when they turn their child from rear facing to forward facing. At the moment the law allows that to happen from six months of age, yet best practice is around two or three years of age. In our safe seats program we do not let our installers turn children around before 12 months of age, yet the law is six months.

An example of that is Jax's story. Zoe strapped in her one-year-old Jax. This is a really positive story. She strapped him in, rear facing. They were going for a 20-minute journey to her parents' house, one they had done plenty of times before, and they were T-boned—so the car went straight into where he was. You can see he had four surgeries and he was in hospital for four weeks. He had plenty of complications, but he is going really well now, which is really exciting. So this one is a really positive story. But the doctors said if he had not been rear facing, he would not be here today. It can make such a difference. So our recommendation for that one is to review—and the standards are actually being reviewed at the moment to change the recommendations on packaging to 12 months-plus, but the law is still lagging behind in that regard. So that is the first choice that a parent has to make.

Kathy TAYLOR: The second choice is when a child comes out of a booster seat—a concern highlighted by RoadSafe Westgate Community's submission as well. Currently the law allows children to come out of a child restraint by seven years of age, despite significant research showing that most children at seven years of age are not ready for that adult lap-sash seatbelt. It is usually around about 10 to 12 years of age or when they can take the five-step test.

This here is Sam's story. This is dear Sam at the start of 2019. An 11-year-old twin. He was seated in the back seat with his family there. He is seated in the far-left position there. He was on the way to see Richmond play, going for their 2019 flag. However, a car accident on the way to the game resulted in Sam receiving significant injuries. So even though the family took the steps—they bought the car with all the airbags and the highest ANCAP safety standards—they weren't aware of the dangers to children who, whilst old enough by law to ride without a booster seat, were not tall enough to safely be restrained. Sam was taken out of his child restraint, prior to probably around seven, eight, nine, 10 years of age, and an accident resulted in that image of Sam there in the middle. His surgeons worked on him at that accident, and you can see on his neck there where the seatbelt sat across his neck, so he was not quite ready for that. There were devastating forces on Sam's body at the time of the crash. Sam's surgeon Warwick Teague from the Royal Children's Hospital tells us that the bruises were undeniably from the force of the seatbelt against Sam's neck, and if it was not for Sam's skin—Sam's head was essentially separated at the moment of force from his spine. There were many conversations after that collision and a lot of difficult decisions about whether or not Sam would live. Fortunately Sam has the most amazing family and a dedicated and incredible team of surgeons and doctors, and he was able to watch his beloved Tigers win the 2019 and 2020 premierships. What we would love to see is a review of the minimum requirements for children to come out of booster seats so more children do not have to go through what Sam did.

Melanie COURTNEY: The third decision that parents are faced with is around when a child should then sit in the front seat. We are actually running a campaign at the moment, the Front Seat is Not a Treat, with Transurban, because often they do see that as something that is a reward. But as we can see here, they need to stay in a booster seat longer. This is anecdotal. I think one of the things that we did want to say as well is a lot of the evidence is anecdotal, so there does need to be more research, particularly into the behavioural side. But in terms of what we see, it is families. As soon as they get out of their booster seat the kids sit in the front seat. You have got seven- or eight-year-olds sitting in the front seat, even though it is twice as likely to have a serious injury from sitting in the front seat. Again, they can do that legally from seven years of age. We would like to see that raised to around 12. The alternative is that as soon as we start addressing number two, which is keeping children in their booster seats longer, they will not actually be able to sit in the front seat, because most front seats have airbags. They will not be able to sit in there with their booster, so that could actually address that issue as well. But essentially they are three decisions that we do not feel like families should have to make—around rear facing, coming out of a booster seat and coming into the front seat; they should have more structured guidance.

Kathy TAYLOR: In summary, in terms of children travelling in vehicles, we would like to see more road safety education from kindergartens and schools, including child car restraint education; continued free or subsidised child car restraint installations, or at a minimum for vulnerable families to access such important skills and knowledge; detailed child car restraint education, including the face-to-face content in prenatal classes; as well as informative child car restraint road safety information and education to new arrivals and CALD communities, including both face-to-face presentations and handouts. Also, on the research around the number of distracted, speeding or mobile phone users while driving, we would love to know how many of those people were transporting children incorrectly restrained or in unsuitable car restraints as well; and, as Mel was saying, an update to the law on child car restraints and transporting children.

Melanie COURTNEY: Sorry, we have gone a little longer than anticipated with our opening statement. These are some of the families that we worked with—so Emma and Peter at the top. These were all low-speed run-over incidents. So they lost their daughter Georgina, at the top. Mel, bottom left. Sierra had a really good outcome; she is fine. She is a really happy teenager today. We have got Pippa in the middle and her mum Eve, and then we have Jayde, who lost her son Seth.

One of the other things that we wanted to do was support the Injury Matters submission around providing post-crash care and support to families that are not just injured in car accidents. Thank you.

The CHAIR: Thank you so much for that. We might have a question each for you, and then if we have got time, we will come back around as well. That is much appreciated. It puts a lot of things into context, I think, for what we are trying to achieve here. Thank you. Jess?

Jess WILSON: Thank you very much, Chair. Thank you very much for that powerful presentation and laying out some of the facts there. Two questions, if that is okay—I will try to be brief.

The CHAIR: Yes.

Jess WILSON: In terms of the child restraints—the program to install them and to provide that subsidised support—are there programs that actually provide the restraint itself rather than just the installation? Is that a problem that you see as well as the actual installation of the seats? And the second question: I notice in your submission the issue that I think puts fear down all of our spines around run-over incidents in the driveway. What do you think could be done in terms of education in that space? It is something that comes across the news, and when it happens it is just dreadful to think that the family has to go through that. What could the Government do to provide education or to prevent that from happening in the first place?

Melanie COURTNEY: Thanks, Jess, for your questions. In terms of the first one, there are a couple of programs that do. There is the nursery equipment program, which the government provides. That is done through maternal and child health at the moment, and it is when they go into a home on their first visit and they see if the family needs a cot or child car restraint or those sorts of basics. So there is a program that is there. There are also amazing groups like St Kilda Mums and others who sort of pick up the difference, I guess. Is there enough? I do not know. It is something we will actually hopefully know quite soon. But there are programs in place. From our perspective the important part with those programs as well is to provide the

education—so it is not just providing the child car restraint, which can be misused really easily; it is making sure they have that ongoing education, because they do need to move them into different vehicles or adjust them as the child grows. So that is that one.

And then in relation to the second one, the low-speed run-overs: it is a really difficult one, and the numbers have been pretty horrendous and consistently horrendous—and we genuinely know all of these families. There was a really positive announcement from Federal Government two weeks ago around mandating reversing aids in vehicles. From 2025 there will be at least two reversing aids in all vehicles, which is amazing, but that is only for new vehicles. So you have still got families who cannot afford a new vehicle. You have got families who do not have reversing aids. You know, there can be up to 15 metres of blind spot behind a vehicle, even just a sedan. From our perspective that education is critical. You know, every year in Victoria we have over 35,000 first-time parents who need to hear that information. It is not relevant until you have children. So ongoing education—and we have actually put a submission in to the TAC at the moment for a grant to develop a strategy for Victoria, particularly around low-speed run-overs, because it has to be design, it has to be education. It has to be potential products as well in terms of reversing aids or sensors, so it really does need to be that all-encompassing approach.

Jess WILSON: Thank you.

The CHAIR: John.

John MULLAHY: Just on that, have you done any work on looking at getting that education piece done in prenatal classes?

Melanie COURTNEY: We have not done any research as such, but we would absolutely love to, from the experiences we hear. And again, there is, like I said, so much anecdotal evidence. But families—outside of road safety, it is where they are choosing what products to buy and how they need to learn to use them. So, you know, to have that consistency—we really have that in the maternal and child health sector, which is amazing, and we do not necessarily have that prenatally, so it is something that we do believe needs to be looked at.

John MULLAHY: Your submission suggests there has been an increase in children's hospitalisations from injuries sustained while not wearing helmets. As a father of a four-year-old who struggled to get a helmet on her until this year—once we got a Disney Elsa helmet, she was fine.

Melanie COURTNEY: Whatever it takes.

John MULLAHY: Whatever it takes, exactly. What you think is behind the drop in helmet wearing, and how can we address it?

Melanie COURTNEY: Look, it is a really difficult one. We personally would love to see all bikes sold with helmets; that would be an amazing result. But it is so much of that education piece, and when you look at the cycling statistics, a lot of the injuries are in that 10 to 14 age bracket as well. So it is making sure that adults are doing it and role-modelling it and making it—not cool, but as cool as possible. But it is also just essential that they can see that difference. Again, we ran a campaign a number of years ago that was really effective in that area. It is often having that lived experience and that story that people go, 'Oh, it actually can happen to me', because so often they do not think that it can. And then those younger ones, you have to—there are all sorts of cool ones out there that they can get. And making sure too that is not just bikes but it is scooters and those other wheeled devices as well—it is just that consistency. When they are going to early childhood services or school or whatever it may be, if the other kids are doing it, they are more likely to do it. So it has to be across the board.

John MULLAHY: Thank you.

The CHAIR: Dylan.

Dylan WIGHT: Thanks, Chair. Thanks, Melanie and Kathy, for your submission. My question is about the Safe Seats, Safe Kids program. I had the pleasure to attend the event at Tarneit West Village—I think it might have been a month ago or something like that—and it was absolutely fantastic to see people be able to come in and get their restraints checked. As you said, it was an election commitment of the Victorian Government, I

think prior to the 2018 election, to roll the program out. So I am just wondering: in those years—and obviously we had COVID in the middle of that, which may have affected these numbers somewhat—firstly what is the sheer number of checks that the program has been able to make in that time, and then what is the percentage of restraints that were fitted wrong as a result of those checks? Because I got told that day, and I was absolutely shocked by the percentage of people that have got them installed wrong.

Kathy TAYLOR: With the child restraints, we have seen and checked quite a volume of them. We have probably had over 45,000 people book their appointments. COVID has of course—with sickness and illness, people are not bringing some children on some days. But we have checked well over 30,000 child car restraints at the moment. Of the restraints that do arrive, about 86 per cent require some sort of adjustment. It may be a reinstallation—totally taking it out of the vehicle and reinstalling it. Some of those images you have seen, where the seatbelts have the wrong seatbelt path, wrong angles et cetera. But adjustment is another really, really big one. What we do see is a lot of people that will have their seat professionally fitted for a newborn baby but are not educated on what they need to do as the child grows. We might see a four- or five-month-old child still set on newborn settings, so they are not fitted in their restraint properly, and if there was a collision, there could be some serious injury involved. So yes, there is a really large number of child restraints that are installed incorrectly, so the number they did tell you is correct. We probably do have 120-odd appointments a day, and I would say that about 90 of them would be installed or used incorrectly.

Dylan WIGHT: Thank you.

The CHAIR: Wayne.

Wayne FARNHAM: Thank you, Chair. Thank you for your submission and the work you do. My question: I have got a wonderful organisation where I live called Olivia's Place—I do not know if you have heard of them or not, but they quite often recycle car seats to people that cannot afford them and they get them certified and everything else. Are you finding with the cost-of-living pressures that people are not as vigilant as they should be and they might go for a substandard seat or a cheaper option online? Are you finding that the cost of living is affecting how people go about installing? Or they think they will do it themselves when they should have got a professional to do it—is that having an effect on what is going on at the moment?

Kathy TAYLOR: Yes, it is. All the child restraints sold in Australia do meet our stringent standards, which is wonderful, but it is the laws and the advertising on the packaging which really can inhibit the correct child restraints being bought by families. They might just see an age group and think that is the correct child restraint for their child, but they actually do not fit in that restraint or the restraint might not be suitable for the parents' vehicle, which means that yet again the installation is incorrect or the fitment on the child is incorrect.

We are also seeing a big increase in the second-hand market and, you know, hard rubbish collection as well with child restraints on lawns that look great, and people are picking them up due to the cost of living. They might look fantastic, but underneath we may have, you know, mould, we may have tether straps or harnesses that are all frayed or have got issues like that. They are not safe for a child, but they are being used out there.

Wayne FARNHAM: Thank you.

Melanie COURTNEY: And when they are done through an organisation like Olivia's Place—they are very well aligned with St Kilda Mums—they have really good processes in place, but it is those ones that pick them up themselves that are the big issue.

Wayne FARNHAM: Yes. Thanks.

Anthony CIANFLONE: Thank you. Thanks for your submission. I have got a soft spot for what you guys are doing because I am a dad of two young girls, but I am also a former chair of a neighbourhood house, so I really appreciate the work that you guys are doing in that rollout. My question actually is around buses. I will just draw your attention to your section 4 in your submission about buses. I am just keen to understand what opportunities you think are there for government to look at and explore, I guess through the work of this Committee, around improving safety for children and young people on buses across Victoria.

Kathy TAYLOR: Yes, okay, sure. With the law at the moment, schools et cetera that need to transport children on a 12-seater bus are required to have child car restraints, whether they are anchor points installed—

they do have to have a child car restraint installed in those sized buses to transport children. The bigger buses, no. If anchor points could be, you know, subsidised or installed onto school buses or specialty school buses for the children to be able to be transported correctly using child car restraints then on the buses for activities et cetera it would be a great, significant help, because there are so many organisations and schools out there that need to transport their children but obviously the funds are not there. The anchor points are not there to be able to use those booster seats and the child car restraints that they need to transport the children.

Melanie COURTNEY: I think we have had a lot of feedback since the horrendous incident that did occur quite recently, but another one around school policy is—you know, legally, it is a child's responsibility to ensure that they are restrained—making sure that there are policies in place that the bus does not move without the children all being restrained. Things like that can obviously make a big difference too.

Anthony CIANFLONE: Thank you.

The CHAIR: Thank you. I would like to ask a question about behaviours. We have talked a bit about how COVID has changed our lives and our behaviours throughout today. What are you seeing in terms of parent distraction or phone use or behaviours that have changed through COVID, and are they continuing in the way families are moving about and then obviously affecting their safety on the roads? Can you talk a little bit about that—just what do you think COVID has done?

Melanie COURTNEY: Yes, absolutely. We are definitely seeing parents working from home more, which obviously happened in COVID, and we saw a huge increase in the number of children injured in general in the home. But they are at home more, they are distracted often by juggling their work and doing other things as well. Things like driveway run overs have more potential to happen. And the other one with that is we are seeing—and this is more a cost-of-living pressure I guess—that older siblings are potentially looking after younger siblings a bit earlier because parents cannot afford to miss work, they cannot afford to miss that day. And that is particularly those families that cannot work from home, where they are physically required to be in the workplace. There are some ongoing issues such as those that warrant further investigation to see how we can support particularly those really vulnerable families.

The CHAIR: Sorry, just a follow-up question from that—and because of that have you missed out on that education piece for parents of what to do that is safe around the home and what is safe on the roads? Is that sort of what is missing now?

Melanie COURTNEY: Absolutely. And baby expos—we still go to baby expos, but the attendance is down. We are not seeing anywhere near as many families come through those as we used to. Like we said before about those face-to-face sessions with community organisations, they are so critical to have. Particularly for things like child car restraints, you have to have that practical, hands-on knowledge. You cannot learn it online or often by reading a manual. It is a great start, but to have that physical support is really important. We do a lot of work with maternal and child health in particular. They are amazing, and they do amazing things for our community, but they also have so many requirements on them in terms of what they can do and can assess. Any sort of face-to-face education and intervention, and the antenatal one is really pivotal.

The CHAIR: Thank you. Are there any other follow-up questions that we have got? Jess, you go—quick one.

Jess WILSON: Just talking about to and from school and seeing more kids potentially walking to and from school, which would be great to see, there is the safety concern around that of course during the pick-up and drop-off period, which is very hectic. I have got 32 schools in a very small geographical area in my electorate, so 8 to 9 and 3 to 4 are hectic on the roads, and there are tens of thousands of school students walking around on top of that. What are some initiatives you think the Government could take to partner with organisations like yours to help educate? And is there potential to invest in infrastructure, whether that is pedestrian crossings or whatever it might be, to improve child safety at those sorts of peak times?

Kathy TAYLOR: One is obviously the speed limit—that is a very peak thing. There is a significant decrease in accidents involving children by going from 40 kilometres down to 30 kilometres, so that is something that we would love to see.

Melanie COURTNEY: There is such variability in the kiss-and-drop zones, as you say. We recently met with Monash council, who have done some amazing signage. But sometimes the parents do not understand how to use that, so it is the combination of the enforcement piece and the education piece. I think there are a couple of councils that have had issues where they have had someone around the corner trying to catch people, which just puts parents offside. But it is really important that they know, because we know that a lot of families do not understand. We have actually been talking to them about whether it could be a three- or four-week period where we have someone out there explaining to them, 'This is what we do, and this is why we do it,' and then perhaps the enforcement could come in afterwards. There definitely needs to be some consistency in there. And there is funding available. I am going to get it wrong, but TAC or VicRoads has some funding available for councils to work on that area. But some consistency and direction across that would be helpful.

The CHAIR: Wayne.

Wayne FARNHAM: Thanks, Chair. Through COVID there was an uptake in cycling by children. What do you think is behind the increase in the hospitalisation of child cyclists, and how can this be addressed?

Melanie COURTNEY: It is a really good question, and it is a hard one to answer. We do note that VISU are coming in next, so they might be able to assist with that one. But the big increase is in the 10 to 14 age group. It is interesting when you think about it, because from 12 years of age children have to ride on the road, essentially. So maybe it is having a look at that. You know, they might have started riding during COVID, when there were not so many vehicles on the road, and that might have generated confidence. And again, I am just speaking anecdotally, not from evidence—there needs to be some work done in the area—but it is that age group that we are looking at. We think more research needs to be done there, but perhaps it is around a bit of leeway in terms of using the pathway, and obviously we need to make sure that the pathway is appropriate for whatever pedestrians are using it. There are just those sorts of things to look at.

Wayne FARNHAM: Yes. Thank you.

The CHAIR: Anthony.

Anthony CIANFLONE: According to your submission, in June 2022 Victoria recorded its worst monthly pedestrian death toll in over a decade, which included the death of a three-year-old boy in Sunshine North, and there was even a more recent close call in Brunswick North, just south of my own electorate, which went viral online. In that context, what is it that government can do to really protect and make walking safer for children and young people, particularly to and from school, to and from home and just out and about in the local community with their mums and dads and families and carers?

Melanie COURTNEY: One is the awareness that those things can happen. I think we see that a lot in the area that we work in; people think it cannot happen to them. So it is really important to have that awareness. Then there is also mapping out safe routes, particularly when you are taking children. You know, there are ones that are busier and there are ones that are less busy, and it will change depending on each local government area. We actually get a lot of inquiries or complaints in from the public around specific road intersections that are dangerous, and there was one of those that we were made aware of. So there are a number of those that really need to be addressed at that state and local level in collaboration.

Anthony CIANFLONE: Thank you.

The CHAIR: Thank you so much for your submission and your time and for taking our questions today. It is much appreciated by all of us. Thank you. Thank you so much for the work that you do as well.

Witnesses withdrew.