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What can Great Britain learn from Sweden?

Supporting parents to make safer child car seat choices



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Road safety has been at the heart of my work for more than two decades. A former journalist and now an independent communications specialist, I work with organisations, researchers and families to bring evidence and personal experiences to wider audiences.

As a mum of two, this subject is also personal. Despite working in road safety, I didn't know about the benefits of keeping children rear-facing beyond infancy when choosing seats for my own children. Learning about Sweden's approach prompted me to explore how parents receive information, whose advice they trust and what helps them put recommendations into practice.

That experience reinforced something central to my work: legislation needs to be supported by clear communication. Parents should not have to know which questions to ask or search extensively for safety advice. Information needs to be readily available, easy to understand and repeated at the points when families need it – before purchases and as their children grow.

This report brings together my professional experience and perspective as a parent, driven by a passion for reducing road harm and helping families make informed choices. My hope is that the benefits of extended rear-facing – keeping children rear-facing beyond the infant carrier stage – become widely understood, and that rear-facing until at least four becomes the norm in Britain, as it is in Sweden.

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This report was made possible thanks to Axkid as part of Rear Face for Safety, a campaign to help families understand the benefits of continued rear-facing travel.

Through the campaign, Axkid is bringing together representatives from road safety, public health, research, policing, media and parenting organisations, alongside other car seat manufacturers and retailers, and parents with personal experience of road crashes. Together, they are exploring how learning from Sweden can help families in Britain make safer car seat choices through clearer information, advice and support.

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Foreword
Rebecca Guy, RoSPA



Every parent wants to keep their child safe when travelling, yet understanding the options available as children grow is not always straightforward. Legal requirements, safety recommendations and advice from family and friends can all point parents in slightly different directions, particularly when the time comes to move on from an infant carrier.

As well as working in road safety, I am also a mum. I understand how many decisions families make before a child is even born, and how difficult it can be to navigate the information available when trying to make the safest choices for their child.

This report explores an important question: if Great Britain and Sweden work within the same international child restraint approval frameworks, why are far more Swedish children travelling rear-facing beyond infancy?

Sweden's experience demonstrates what can be achieved when research, safety guidance and practical support are brought together consistently over many years. This report examines not only the evidence behind the safety benefits of extended rearward-facing travel, but also how information reaches parents through healthcare services, retailers and safety organisations.

Importantly, the report does not view child car seats in isolation. Child passenger safety sits within a broader Safe System approach that includes safer roads, safer vehicles and safer speeds. Parents make decisions within that wider environment, and the quality of the information and support available to them matters.

The experiences shared by parents throughout this report also remind us that decisions about child car seats are influenced by many factors. Costs, convenience, confidence in the advice received and the realities of everyday family life all play a part. Making safer choices easier requires more than evidence alone. It requires clear recommendations, practical support and information that reaches families at the right time.

By examining the Swedish experience alongside current practice in Great Britain, this report identifies opportunities to strengthen awareness, improve consistency of messaging and help parents make informed choices.

I am grateful to the professionals and parents who have contributed their expertise and experiences. These insights provide valuable perspectives on the evidence and practical realities of child passenger safety.



Introduction

Choosing a car seat is one of the many decisions parents make while preparing for a baby. Understanding what happens after that first seat is outgrown can be less straightforward. Legal requirements, product descriptions and safety recommendations do not always answer the same question.

The UK and Sweden both recognise child seats approved under UN Regulations R44 and R129.[1,2] Yet extended rear-facing travel is considerably more common in Sweden, where public guidance recommends continuing until at least four to five years old, preferably longer.[3,4]

That difference invites closer examination. What information do parents receive? Where do they encounter it? And what helps them turn a recommendation into an arrangement that works for their child and family?

The reason for continuing rear-facing lies in how young children's bodies develop. Their relatively large heads and developing necks need particular protection: in a frontal collision, a rear-facing seat supports the head and torso together.



The Swedish Transport Agency states that young children travelling forward-facing face five times the risk of death or serious injury compared with those rear-facing.[5]

Sweden's voluntary Plus Test places demanding requirements on neck protection, and only rear-facing seats hold its approval.[6]

This report explores Sweden's approach alongside current provision in Great Britain. It draws on published research, public guidance, expert contributions and parents' experiences to examine how families are supported to make safer car seat choices. Together, these sources inform the analysis and recommendations that follow.

Child restraints are one part of that protection. Safer roads, appropriate speeds and safer vehicles remain essential. Within that wider picture, there is an opportunity to examine how families are supported through decisions they make before every journey.

1. Road safety in Sweden

A commitment built over decades

Sweden has long attracted international attention for its approach to road safety. Work on safer roads and vehicles has developed alongside a clear ambition to prevent people being killed or seriously injured.

In 1997, the Swedish Parliament adopted Vision Zero as the basis for the country's road safety work. It recognised that people make mistakes and that roads and vehicles should be designed around human capabilities and limitations. Responsibility was shared between road users and the organisations designing and operating the transport system.[7]

That principle shapes the response to a serious collision: what happened, which protections were available and what could change to prevent similar harm?

For children travelling in cars, several parts of the system matter. Road design, traffic speed, the vehicle and the restraint all influence protection. Parents make decisions within that system, using the information, equipment and support available to them.

Vision Zero and the Safe System

Vision Zero provides the ambition. The Safe System approach puts it into practice by considering how people, roads, speeds and vehicles interact.

It recognises that the human body has limits. Where a mistake occurs, the system should provide protection against the forces that cause death or serious injury. Measures such as median barriers, safer crossings and vehicle protection contribute to that approach.[7]

Child restraints form part of this protection. Choosing a suitable seat, checking compatibility with the vehicle, fitting it correctly and recognising when it is outgrown all affect how it performs.

Helping families through those decisions connects individual choices with the wider responsibility for road safety.

Reported road casualties in Sweden

Sweden recorded 203 road deaths in 2025, down from 213 in 2024 – a reduction of around 5% and the lowest annual total since the end of the Second World War.

Police-reported figures also recorded 1,529 people seriously injured and 11,467 slightly injured, compared with 1,597 and 12,268 respectively in 2024. Both deaths and reported injuries therefore fell during the year.[8]

The longer-term figures show how substantially the picture has changed. In 2005, Sweden recorded 440 road deaths and 3,915 police-reported serious injuries. Twenty years later, deaths had more than halved, while the recorded serious-injury total was also considerably lower.[9] These historical totals are not directly comparable: suicides have been systematically excluded from the death figures since 2010, while changes in recording and gaps in police reporting affect the injury figures.[8,9]

Protecting children on Sweden's roads

Sweden's commitment to protecting young passengers stretches back more than six decades. In 1964, Swedish doctor and researcher Bertil Aldman developed a pioneering rear-facing child safety seat prototype, inspired by the way astronauts were supported during launch. Volvo contributed to its development and crash testing, helping establish the principles behind modern rear-facing restraints.[10]

That work has continued through research, product development and collaboration between transport, healthcare, consumer and safety organisations. Today, Trafikverket recommends rear-facing travel until at least four to five years old, preferably longer – giving families guidance that extends beyond the legal minimum.[3]

Sweden's wider progress in protecting children is reflected in its casualty figures. A Swedish parliamentary report recorded 28 children aged under 18 killed on the roads in 2005. In 2025, Trafikanalys recorded nine, compared with 11 in 2024. These figures cover all road user groups, rather than child car passengers alone. Annual numbers fluctuate, but the comparison illustrates the reduction over the past two decades.[11,12]

For the youngest car passengers, there have been particularly notable milestones. A Folksam-led study published in 2025 examined fatal car crashes involving children aged under seven between 1992 and 2024. It identified three years within that period in which no children aged 0–6 were killed while travelling in cars: 2013, 2018 and 2021.[13]

A broader review by Bohman and colleagues, published in 2026, identified 2021 as Sweden's first year with no deaths among children aged 0–14 travelling as car occupants.[14]

These achievements sit within sustained work on roads, vehicles and restraints, supported by efforts to help families understand how children can travel safely. The following sections explore how that commitment is reflected in the recommendations parents receive and the practical support available to them.

Recording injuries and learning from deaths

Sweden collects road injury information through Strada, a system bringing together reports from the police and healthcare services. Police reporting has been nationwide since 2003 and reporting from emergency hospitals since 2016. Combining the two helps identify injuries that might not appear in police records alone.[15]

Separately, Sweden has conducted in-depth studies of fatal road collisions since 1997, initially through Vägverket and now through Trafikverket, the Swedish Transport Administration. These examine the circumstances surrounding deaths and identify opportunities for prevention, including shortcomings in roads, vehicles and protective equipment.[16]

For child passengers, detailed investigation allows researchers to examine the restraint used, the nature of the impact and whether different protection might have changed the outcome. It provides a basis for learning from individual cases as well as following national trends.


MINIKID

2. Child car seat safety in Sweden

A recommendation parents can plan around

Trafikverket recommends that children travel rear-facing until at least four to five years old, preferably longer. Its public guidance explains children's physical vulnerability and presents the recommendation alongside legal requirements.[3]

This gives parents an age range to consider when choosing equipment. Rear-facing is presented as something that continues through the toddler and preschool years.

In interviews for this report, Lena Karlsson, Project Manager and Child Passenger Safety Expert from NTF, Sweden's National Society for Road Safety, and Dr Maria Klingegård, a traffic safety researcher at Folksam Insurance Group, Sweden, described the importance of a common message.

They explained how organisations across road safety, insurance, manufacturing and the automotive sector have supported the recommendation. Repeating it over time has helped make rear-facing an established expectation.

Why the direction of travel matters

Young children have a relatively large head and a developing neck. In a frontal collision, a rear-facing restraint supports the head and torso together, spreading the forces across the back of the seat and limiting movement between the head and body.[6,5]



As Dr Maria Klingegård explains:

> **Children are not just small adults. They need extra support.**

This difference in anatomy is central to the advice about continuing rear-facing as children grow. Moving beyond an infant carrier does not remove the need for protection of the head, neck and spine.

What fatal collision research shows

The Folksam-led study examined 99 fatally injured car occupants aged from birth to six in Sweden between 1992 and 2024. Researchers used national in-depth crash information to assess whether a different restraint arrangement might have changed each outcome.

The researchers estimated that up to 48% of the children aged 0–3 who died in the crashes studied, and 27% of those aged 4–6, might have survived had they been travelling in a rear-facing child restraint.

These are assessments of particular fatal cases across a period of considerable change in vehicles and restraints. They show the potential identified within those cases, rather than providing a direct forecast of the effect of a new recommendation in Britain.[13]

The Swedish Plus Test

Sweden also has an additional voluntary child restraint test: the Plus Test.

Conducted by VTI, the Swedish National Road and Transport Research Institute, it measures the forces placed on a child's neck in a severe frontal collision. It supplements mandatory type approval, placing additional demands on neck protection.

VTI's current rules restrict eligibility to rear-facing-only seats, helping parents identify products that have met its demanding requirements.[6]



The wider safety evidence is reflected in guidance from Transportstyrelsen, the Swedish Transport Agency, which states that young children travelling forward-facing face five times the risk of being killed or seriously injured compared with those travelling rear-facing.[5]

3. How Swedish parents receive information and support

A message repeated across public sources

In Sweden, child passenger safety is addressed across transport, healthcare and consumer information. Alongside Trafikverket's guidance, the rear-facing recommendation appears through public healthcare service 1177 and Rikshandboken, the national handbook for child health professionals, as well as the Swedish Consumer Agency.

This places safe car travel within the wider information families receive about protecting their children's health. Parents can encounter the recommendation without first seeking out road safety advice.[3,17,18,19]

Healthcare information through 1177

Sweden's public healthcare information service, 1177, describes a progression from an infant carrier to a larger rear-facing seat.

Its child safety information places rear-facing travel through at least four to five years within a wider explanation of how children's needs change. It also tells parents that some local services offer infant carriers to borrow or hire and directs them towards further information.[17]

Car travel appears alongside other aspects of caring for a child safely. Parents reading about child health can therefore encounter the recommendation through a source beyond the transport sector.

Guidance for child health professionals

Rikshandboken, a professional resource for child healthcare, advises rear-facing until at least four to five years, preferably longer where the child has not outgrown the seat.

It also provides resources for discussions during individual health visits and parent groups.[18]

This connects published guidance with the conversations professionals may have with families. How consistently those conversations take place is a separate question.

Consumer advice before purchase

Konsumentverket, the Swedish Consumer Agency, provides advice for parents and carers choosing a child car seat. It recommends keeping children rear-facing until at least four to five years old, and for as long as possible within the seat's limits.

It also encourages families to seek trained retail staff and try the seat with their child in their car before buying. This places the rear-facing recommendation directly within purchasing advice, helping parents understand how long a seat may need to accommodate their child before they commit to a purchase.[19]

Maternity and child health appointments

In interviews for this report, NTF contributors described information and parental education delivered through some maternity and child health settings, supported in certain areas by regional funding.

Provision varies. Some services offered previously are no longer available in the same form, and local projects do not cover every part of Sweden.

A clear recommendation in national guidance does not establish how often it is discussed with individual families. Published information and conversations with professionals are different routes through which parents can receive advice.

Hiring an infant seat

NTF offers infant carrier hire through local branches in several parts of Sweden.[20] Contributors described one regionally supported scheme offered through NTF, charging 500 Swedish kronor (approximately £38) for nine months at the time of interview.

The service was local rather than nationwide. Other providers offered hire arrangements, but contributors did not have figures for their use across Sweden and suggested that purchasing remained more common.

Well-managed hire schemes can give more families access to high-quality seats offering strong protection, without the upfront cost of buying. Combined with trained fitting support and advice on safe use and the next seat, hiring can help make safer choices more affordable and accessible.

Retailers and fitting support

The Swedish experts identified retailers and online information as important sources of advice.

At the NTF location discussed in the interview, parents could obtain help, try different seats and see how they fitted in their cars. This included families working out how to accommodate several children.

Practical support connects a general recommendation with the family's circumstances. Parents need a seat that suits their child, fits their vehicle and can be used correctly by the adults making their journeys.

Maintaining retail knowledge

NTF contributors highlighted staff turnover as a challenge in maintaining retail expertise. Training an employee does not necessarily ensure that the same knowledge remains available in a shop after that person leaves.

Their observations underline the importance of keeping training current as staff and products change. Refresher learning and training for new employees can help maintain access to informed advice and fitting support.

Manufacturers, insurers and vehicle companies

The Swedish experts described collaboration involving child seat manufacturers, insurers and vehicle companies, including Volvo, in supporting a common rear-facing recommendation.

They also described rear-facing as an established part of the market for younger children, while noting changes in products and the influence of online shopping.

This gives families a familiar starting point. Clear information and practical support remain important in helping them choose between products and understand how to use them.

This section draws on selected Swedish transport, healthcare and consumer webpages reviewed on 28 October 2026, alongside interviews with contributors. It illustrates the advice available through these sources, rather than establishing what every family receives.



On Sweden's public healthcare website, 1177, advice on keeping children rear-facing sits alongside guidance on everyday child safety, from preventing falls and choking to keeping children safe around water.[17]

4. Road safety in Great Britain

Building on progress, renewing ambition

Great Britain has made substantial progress in road safety, but most of the reduction in deaths and serious injuries since 2004 occurred before 2010. Since then, casualty numbers have remained relatively stable, apart from changes during the COVID-19 pandemic.[21]

The Department for Transport's (DfT) January 2026 Road Safety Strategy acknowledges this stalled progress and sets renewed targets: a 65% reduction in deaths and serious injuries across Great Britain by 2035, and a 70% reduction among children under 16, against a 2022–2024 baseline.[22]

For children travelling in cars, protection depends on several parts of the system working together. Roads, speeds and vehicles influence the circumstances of a collision, while suitable restraints help protect children when one occurs.

Vision Zero and the Safe System

The 2026 Road Safety Strategy places the Safe System at the heart of the Government's approach. It recognises that people make mistakes and that responsibility for preventing serious harm extends across those designing, managing and using roads and vehicles.

The strategy refers to Vision Zero through Transport for London's commitment to eliminate deaths and serious injuries from its transport network by 2041. Its own headline targets are reductions by 2035, rather than a dated GB-wide commitment to reach zero.[22]

Across Britain, Vision Zero commitments exist at different levels of government. Scotland's Road Safety Framework to 2030 sets a long-term ambition for zero deaths and serious injuries by 2050. Wales's Road Safety Partnership Plan 2026–2040 also adopts Vision Zero and the Safe System.

In England, Vision Zero commitments have been adopted by major city-regions as well as individual councils. Areas including Greater Manchester, West Yorkshire, Essex, and Devon and Cornwall aim to eliminate road deaths and serious injuries by 2040. The West Midlands has also adopted Vision Zero as its long-term ambition.

Kent's strategy aims for zero, or as close as possible, deaths and life-changing injuries by 2050. These commitments bring together local authorities, transport bodies, police and other partners to deliver a Safe System approach.

The comparison with Sweden therefore concerns how national, regional and local commitments connect – and how consistently they translate into protection for road users.

Reported road casualties in Great Britain

In 2025, 1,538 people were killed in reported road collisions in Great Britain, a reduction of 4% from 1,602 in 2024.

There were 29,918 people killed or seriously injured, an increase of 4% on the previous year. These figures show a mixed picture: fewer deaths, alongside an increase in the combined number killed or seriously injured.[21]

The longer-term picture is one of maintaining earlier gains rather than achieving sustained further reductions. Despite annual fluctuations, deaths and serious injuries have remained broadly stable since 2010.[21]

Protecting children on Britain's roads

In 2025, 2,432 children aged under 16 were killed or seriously injured on roads in Great Britain. This was 3% above the 2022–2024 baseline average used for the Government's target to reduce child deaths and serious injuries by 70% by 2035.[21]

Of these, 495 were travelling as car occupants. That figure has fallen from 1,095 in 2004 – a reduction of 55% – but still represents hundreds of children killed or seriously injured during car journeys each year.[23]

Among car occupants aged 16 and under who were killed in 2025 and whose restraint status was known, 30% were recorded as unrestrained. The police recording field covers both seatbelts and child restraints, including car seats. This analysis uses a slightly wider age group than the child casualty figures above. DfT cautions that the percentage is based on small numbers and excludes cases where restraint use was unknown.[24]

Children's protection needs change as they grow. Using a restraint and ensuring it is suitable, correctly fitted and used in the appropriate direction are distinct considerations. Clear advice about each stage can help families understand those needs.

Recording injuries and learning from deaths

Police-recorded casualty data provides the main national picture of road injuries in Great Britain. Collected through the STATS19 system, it helps local authorities, police forces and road safety partnerships identify problems, target interventions and inform spending decisions.

For child passengers, however, the national record provides only part of the picture.

STATS19 includes the casualty's age, whether a car passenger occupied a front or rear seat, and a field recording whether a seatbelt or child restraint was in use. It does not routinely distinguish the type of child restraint, whether it faced forwards or backwards, whether it was suitable for the child's size or whether it was correctly fitted.[25]

Recording restraint use also depends on the information available to the reporting officer. DfT's 2025 seatbelt factsheet notes that recording is mandatory for fatalities, while information for other injury severities is less complete. The initial record may precede a detailed collision investigation.[26]

What the national figures cannot show

These limits make it difficult to examine how different child restraints perform in real-world collisions using national casualty statistics alone.

A record may show that a child was restrained and seriously injured without identifying the seat's orientation or any fitting errors. A child who is uninjured will not appear as a casualty, although information about their restraint and the collision could help researchers understand the protection provided.

Being uninjured does not, on its own, establish the effect of the car seat. Assessing its contribution requires information about the collision circumstances, vehicle and restraint.

Casualty totals therefore cannot, by themselves, show how often a restraint prevented injury or reduced its severity. More detailed information may exist within individual collision investigations; its wider value depends on whether it is recorded consistently and made available for analysis across cases.

Linking police and hospital information

In September 2026, DfT published further work linking police-recorded road casualty data with hospital admissions records for England covering 2000–2024, building on earlier linkage studies.

Undertaken with the Pre-hospital Research and Audit Network, the study brings together information about collisions with clinical detail about injuries and hospital stays. It demonstrates how the two sources can provide a fuller understanding of road harm.[27]

The work remains a feasibility study. Its matching methods can miss genuine links or link records incorrectly, although DfT identifies value in analysing patterns across groups.

For child passenger safety, this can improve understanding of injuries. Assessing the contribution of a particular restraint would also require information about its type, orientation and use.



5. Child car seat safety in Great Britain

Legal requirements and safety recommendations

Great Britain and Sweden recognise the same UN child restraint approval standards, but their rules on selling new seats differ.

Two standards remain in use in Great Britain: R129, based primarily on height, and the older R44 standard, based on weight. Under R129, children must travel rear-facing until they are over 15 months old. Some R44 seats permit forward-facing use from 9 kg.[1]

These different thresholds can be confusing and make it difficult for parents and carers to know when a child can legally face forwards. Specialist organisations and some NHS resources recommend keeping children rear-facing for longer.

Sweden ended sales of new R44 seats in September 2024, while allowing suitable existing seats to remain in use within their service life.[2] Great Britain has not set an equivalent end date, so parents buying a new seat may still encounter both standards.[28]

What research shows about child seat use

Axkid's *Child safety in cars 2025* report surveyed 1,006 parents through Norstat's online panel, with answers covering 1,568 children. A comparison study used the same questions and methodology in Sweden.[4]

The findings show a substantial difference in reported rear-facing use:

Age group	UK	Sweden
Under two	69%	96%
Two to three years and 11 months	22%	83%
Four-year-olds	10%	40%

Sources: Axkid's UK report and published UK–Sweden comparison.[4]

The survey also found that 83% of UK parents wanted clearer recommendations beyond legal requirements.[4]

The difference in reported use raises a question about the information surrounding those choices. What do parents encounter before buying a seat, and how clearly are the benefits of continuing rear-facing explained?

What practical seat checks reveal

Car seat checking programmes show how seats are chosen, fitted and used in everyday journeys. They can identify problems with suitability, installation and how a child is secured – details that national casualty records do not routinely capture.

In 2025, Good Egg Safety CIC inspected 3,615 child car seats involving 2,924 children across Great Britain. It recorded 2,258 seats (62%) as incorrectly fitted or used. Of those, 1,240 (55%) were classified as having minor errors, 862 (38%) as having major errors and 156 (7%) as incompatible.[29]

Child Seat Safety carried out 16,480 checks at community and police enforcement events in England and Wales between January 2025 and September 2026. It reported at least one fault in 90.5% of checks. Among the children checked, 18% of one-year-olds (12–23 months) and 77% of two-year-olds (24–35 months) were travelling forward-facing, based on 582 and 1,210 children respectively.[30]

These findings describe the seats and children checked. The programmes report different measures, so their percentages should not be compared directly or treated as estimates for Great Britain as a whole. They do, however, show the kinds of problems that practical checks can uncover.

6. How British parents receive information and support

Information across public sources

Parents choosing a car seat encounter legal rules, safety advice, product information and recommendations from other families. It may not be clear how the legal minimum differs from recommended safety practice.

Parents can find car seat information through GOV.UK, NHS resources and specialist organisations. The detail and recommendations vary between sources, as do the opportunities for individual advice and fitting support.

Transport information through GOV.UK

The GOV.UK page Child car seats: the law explains legal requirements, including the distinction between height-based and weight-based seats.

The page does not recommend continuing rear-facing until at least four. Its explanation centres on the law and when forward-facing becomes permitted.

It links to RoSPA's Child Car Seats website for further advice. A parent therefore needs to follow that link, or consult another source, to explore protection beyond the legal minimum.[1]

Healthcare information through the NHS

The NHS page *Choosing a baby car seat* includes a brief recommendation to use a rear-facing seat for as long as the child fits, explaining that this offers better protection in a collision.[31]

It provides practical advice about choosing and fitting seats and directs parents to local council road safety officers, retailers, manufacturers and RoSPA for further help.

However, it does not give an explicit recommendation to remain rear-facing until at least four or clearly explain choosing a larger rear-facing seat when an infant carrier is outgrown.

The safety message is present, but parents must make the connection between that recommendation and the next seat they buy.

Other NHS information

Some local NHS resources give a more explicit recommendation. Health for Under 5s recommends rear-facing until at least four.[32] The website is owned and operated by Leicestershire Partnership NHS Trust and delivered with NHS partners. Bedfordshire and Luton Children's Health also recommends continuing until four, alongside practical choosing and fitting advice.[33]

In Scotland, NHS inform's *Ready Steady Baby!* includes car seat advice within information about bringing a baby home. It covers choosing a suitable seat, fitting and rear-facing infant travel, although the page reviewed does not specify continuing until four.[34]

These examples show that advice beyond the legal minimum is available through some local NHS services, while its detail and location vary.

National and local road safety information

Road Safety Scotland provides public advice on child restraints, legal requirements and fitting.[28] Road Safety Wales recommends rear-facing for as long as possible, beyond the legal minimum.[35]

Local sources also offer guidance. Lincolnshire Road Safety Partnership's council-hosted information describes a rear-facing toddler seat as providing the best protection and recommends using it for as long as possible.[36]

Specialist advice

Specialist organisations support families in different ways, from publishing guidance and checking car seats to investigating retailer advice and training or assessing professionals. These activities complement one another, but differ in how widely they reach families and in the evidence available about their effectiveness.

RoSPA – the Royal Society for the Prevention of Accidents

RoSPA is a long-established safety charity working to prevent deaths and serious injuries on the roads, at home, at work and during leisure activities. Its work includes public advice, education, training and influencing safety policy.

Its dedicated Child Car Seats website provides specialist information about choosing and using restraints. Both GOV.UK and the NHS direct families to it, making RoSPA an important link between national information pages and more detailed advice.

The guidance is produced by the charity, separately from government and NHS content.

Good Egg Safety CIC

Good Egg Safety CIC is an independent, not-for-profit organisation specialising in child passenger safety. Its work includes community car seat checks, public awareness campaigns, retailer research and professional training.

With Department for Transport funding and Scottish Government support, Good Egg and its partners developed an accredited child car seat training programme launched in 2023. It has also developed shorter training for health visitors and other frontline practitioners. Its checking programme and retailer investigations offer insight into the practical difficulties families can face when choosing and using a seat.

Child Seat Safety

Child Seat Safety is a specialist organisation founded in 2011. It provides independent advice, support and training for parents, retailers and professionals responsible for choosing, fitting or advising on child restraints.

Its directors have worked in road safety education and collision analysis since the early 1990s and have served as national child car seat advisers to Road Safety GB since 2000.

Its IOSH-accredited course has been delivered nationally and internationally since 2011, equipping retailers and casualty reduction professionals to advise parents and carers. Training covers the relationship between the child, seat and vehicle, alongside legal requirements and practical fitting.

Through community seat checks and support for police enforcement activities, it also collects detailed information on real-world child car seat use, helping build a clearer picture of suitability, fitting and use among the families checked.

Road Safety GB

Road Safety GB is a national road safety organisation whose membership includes local government road safety teams. It supports professionals through training, information, research and the sharing of good practice.

Its child car seat position statement recommends rear-facing for as long as possible, ideally until at least four, within the seat's height and weight limits.[37]

The wording appears within its organisational position statements, rather than in a dedicated guide for parents choosing their child's next seat.

Maternity and child health appointments

For many parents, getting a rear-facing infant seat ready for the journey home from hospital is part of preparing for a baby. That first journey is a natural time to talk about car seat safety. The conversation can be picked up as children grow, particularly before they outgrow their infant carrier and parents need to choose the next seat.

New parents have much to absorb, and healthcare professionals cover many subjects in limited appointment time. This report did not assess how consistently families across Britain receive car seat advice. The parents interviewed described different experiences, and some NHS resources explicitly recommend continued rear-facing.

Advice on breastfeeding and safer sleep, including how to reduce the risk of sudden infant death syndrome (SIDS), shows how important messages can be introduced during pregnancy and revisited after birth. Car seat safety could follow the same pattern, with brief advice at key stages and referrals to trained specialists for help choosing and fitting a seat.

Good Egg Safety's 2022–23 training pilot in Hull offers one example of how to support that approach. Good Egg reported that none of the health visitors who took part had previously received formal training in child car seat safety.[38] That finding applies to the pilot participants. The pilot offers a model for giving health visitors the knowledge to share key messages and recognise when families need specialist help.

Retailers and fitting support

Buying a car seat is a chance for parents to get advice tailored to their child and vehicle. Trained staff can explain how long a seat can be used rear-facing and demonstrate how to fit it correctly.

Good Egg Safety's mystery-shopping work, including a joint investigation with Which?, found that some retailers did not ask all the questions needed to recommend a suitable seat.[39] These include the child's age, height and weight, which car the seat will be fitted in and whether it will be used in more than one vehicle.

Car seat checking services offer another route to practical help, including after purchase. Families may need further advice when they move a seat to a different vehicle or when someone else starts using it to transport their child.

Buying online and accessing fitting support

Online shopping is part of everyday life. It is convenient and familiar, so it is understandable that parents buy car seats this way too, particularly where suitable shops are difficult to reach.

Clear product descriptions, images and demonstrations can explain rear-facing limits, fitting methods and vehicle compatibility. However, parents may still need individual help with installation and harness adjustment. Clear routes to trained fitting support are important, wherever families buy their seats.

Parenting platforms, social media and personal recommendations

Parents also turn to familiar websites, product reviews and other families when choosing a car seat. Mumsnet has published a range of content about extended rear-facing and provides a space for parents to share experiences and ask questions. Which?'s car seat testing and ratings offer another source of information that can influence purchasing decisions.

On Instagram and Facebook, content creators and influencers bring advice into parents' everyday feeds. Personal accounts and product demonstrations can make unfamiliar options easier to understand. However, a trusted or popular voice does not necessarily have specialist knowledge, and inaccurate advice can also be shared widely.

These platforms offer opportunities to reach families who may not seek out road safety information. Clear sources, accurate explanations and links to specialist support can help parents distinguish personal preferences from evidence-based safety recommendations.

Advice as children grow

The first purchase is only one stage in a child's restraint journey. Moving out of an infant carrier, approaching a seat's limits, changing cars or accommodating another child can all create a need for further advice.

Information should make clear that outgrowing an infant carrier does not automatically mean moving forward-facing, and explain where families can obtain help with the next seat.

Grandparents, childminders, nursery staff and other carers need access to clear advice too, particularly when transporting children. A child may travel in several vehicles, with adults who have different levels of familiarity with the equipment.

Questions about comfort, legroom and everyday use can also influence decisions. Clear explanations and practical help can address misconceptions while recognising difficulties that need individual advice. **Appendix A answers common questions about rear-facing travel.**

This section draws on selected British webpages reviewed on 28 October 2026, alongside contributors' experiences. The assessment of NHS.uk concerns its national Choosing a baby car seat page; other local NHS resources include more explicit rear-facing recommendations. The review does not cover every national or local service, or establish what advice every family receives.



Like breastfeeding and safer sleep advice, car seat safety could be introduced during pregnancy and revisited as children grow, with families directed to trained specialists for help choosing and fitting a seat.

7. Parents' experiences in Britain and Sweden

Four parents were interviewed for this report – two from Britain and two from Sweden – bringing personal experience to the evidence and guidance explored in earlier chapters.

Jess in Britain, and Josephina and Fanny in Sweden, describe how they found information, chose seats and managed everyday practical challenges. Jenny, also from Britain, shares what happened when her family experienced a serious crash.

Together, their accounts show how information and circumstances can shape decisions about children's protection. These are individual experiences, rather than a representative picture of families in either country.

Jess King: clear advice should be easy to find

Jess lives in Nottinghamshire, in the UK, and is mum to Albert, four, and Wilfred, four months.

When Jess began looking at baby equipment during her first pregnancy, she was excited about preparing for her baby. There were prams to try, products to compare and a great deal to take in. Appearance and convenience helped shape her choices.

"I didn't really know an awful lot. I was just like, yeah, that one looks nice. That does the job," she said.

She chose a travel system with an infant carrier that could move from the car to the buggy without disturbing a sleeping baby. Buying an expensive package from a familiar retailer gave her confidence. Safety featured in conversations with shop staff, but she did not remember it being the main focus.

"You rely so much on what you're told when you're buying these things. Because that's how you learn," Jess said.

A friend brought the benefits of continued rear-facing to her attention. Seeing that friend's older child travelling rear-facing helped make the recommendation tangible. It was an option Jess rarely encountered among the families she knew.

At the time of the interview, Albert was still travelling rear-facing, and Jess was researching Wilfred's next seat. Her approach had become more questioning, but finding clear answers still took effort.

"You really have to dig deep," she said.

Understanding the safety benefits did not answer every practical question. Jess wanted clearer explanations about legroom, adjusting a seat as a child grew and lifting a larger child into the car. Albert sometimes climbed into his seat himself, but she wanted to understand how different designs would work for their family.



> **It's not obvious where it should be obvious.**
>
> **Jess King**

Jess did not recall car seat advice being raised in the maternity and child health appointments discussed during the interview. She felt a brief conversation could give parents a useful starting point, without adding to an already overwhelming amount of information.

She wanted that advice early in every pregnancy, recognising that families might otherwise rely on knowledge or equipment from several years before.

Timing mattered financially too. Looking back, Jess would have approached her first purchases differently. Once families had committed money to equipment, discovering another option could mean buying again.

"If people get that information, they get it too late," she said.

Her suggestions were straightforward: short conversations with healthcare professionals, clear advice in shops and equally visible information online. A recommendation alongside product photographs could reach parents while they browsed, rather than requiring them to search through lengthy descriptions.

For Jess, the essential information should reach parents before they have to know which questions to ask.

"No one would ever know that unless you go looking for it. But that actually should just be information that you're just given," she said.

Josephina Wilson: rear-facing as an everyday expectation

Josephina lives in Gothenburg, Sweden, and is mum to Henry, seven and a half, and Selma, five.

Although Josephina initially associated rear-facing seats mainly with babies, keeping children rear-facing for several years was familiar among her friends and family.

During pregnancy, she received some initial information at midwife appointments. She and her husband also researched seats themselves, consulting NTF, the Swedish Transport Administration and product comparison websites.

Their first infant carrier was bought second-hand with a pram because they wanted a seat that could also be used with the stroller. When choosing the next seat, they spent more time researching and made a bigger investment.

Henry moved into a larger rear-facing seat at around nine months. Henry and Selma subsequently remained rear-facing until four and five respectively.



> **Keeping children rear-facing beyond infancy definitely feels like the norm among our family and friends.**
>
> **Josephina Wilson**

Relatives sometimes needed help fastening harnesses or transferring seats between cars, but did not question keeping the children rear-facing for longer.

Josephina noticed a different expectation when family and friends visited from the UK.

"Some of them have had children aged two or three who didn't want to sit in what they considered a 'baby seat', as they were already used to travelling forward-facing," she said.

For her, these visits highlighted how children's expectations could be shaped by the way they were accustomed to travelling.

Josephina heard about hiring a seat through a midwife appointment and considered it. However, the available seats were not compatible with their stroller, so the family bought one instead.

They ordered their larger seat online, choosing a model that had performed well in a comparison test and had been recommended by friends. Her husband installed it using a YouTube tutorial. Josephina did not recall further routine advice through healthcare appointments after the birth.

Practical circumstances influenced when Henry moved forward-facing. He was four, Selma needed his seat, and buying another did not feel financially viable.

"We felt that it was perhaps a little too early, but his younger sister needed his rear-facing seat," Josephina said.

Even within a family where rear-facing was accepted, cost, siblings' needs and everyday difficulties shaped the decision.

Fanny Larsson: learning through experience and finding support independently

Fanny lives in Hovås, Gothenburg, Sweden, and is mum to Svante, seven and a half, and Ralph, one and a half.



Fanny's understanding of child car seat safety developed between having her first and second children. When choosing equipment for her first baby, the infant carrier came alongside the stroller purchase.

"I was a new parent and didn't think about the safety that much to be honest," she said.

She did not remember car seat advice being discussed in person during pregnancy or routine child health appointments. She recalled a brief reference in the child health record book and thought there might have been information in a pregnancy app, but little direct conversation.

When Ralph spent time in a neonatal unit, staff helped with positioning for the journey home. Otherwise, the family largely found information and practical support themselves.

Choosing and fitting Svante's next seat proved difficult. They bought from a shop hoping to receive installation help, but the service was unavailable because of COVID measures.

"For us that would have been super helpful because we had a lot of struggles getting it right and finding the right one," Fanny said.

By the time she was choosing seats for Ralph, Fanny had more experience and a stronger understanding of rear-facing. She researched his larger seat herself and chose a rotating model to make everyday use easier.

Online sources and social media helped her learn. She felt the rear-facing message was consistent online, but saw varied attitudes among the people around her. Some friends took their own seats when travelling, while others appeared less concerned about continued use.

Grandparents could also need convincing, particularly when they found rear-facing impractical. Fanny felt responsible for explaining the reasons and providing suitable seats for their cars.

Svante moved forward-facing at five. With greater knowledge, she wanted Ralph to remain rear-facing for longer.

> **I didn't get that much information in both pregnancies but I feel that I read more about it before my second.**
>
> **Fanny Larsson**

She also wanted clearer advice about the stages after rear-facing, including how long children should continue using an appropriate forward-facing seat.

Jenny Everson: the protection that mattered when a crash happened

Jenny lives in Sheffield, UK and is mum to Marlo, five.

In December 2023, Jenny was driving on a dual carriageway in Sheffield, with her mum, Anne, in the front passenger seat. Marlo, then two years and ten months old, was travelling in a rear-facing child car seat in the back.

On the opposite carriageway, a driver who had been speeding and tailgating lost control of his vehicle. He crossed the central reservation and collided head-on with their car.

Jenny and Anne were knocked unconscious and had to be cut from the vehicle by firefighters. Both suffered serious injuries and required surgery. Jenny sustained two broken vertebrae in her neck, an open fracture of her left knee and a fractured ankle. Anne suffered a collapsed lung and fractures to her breastbone and ribs. She also broke all three bones in her right arm: the upper arm bone and both bones in her forearm.

Marlo remained conscious and escaped with cuts and bruises.

"We were told that when the emergency services arrived, they didn't expect to find anyone alive in the car," Jenny said.

The family were taken to separate hospitals. Marlo went to Sheffield Children's Hospital, while Jenny and Anne were treated in an adult hospital. Jenny learned where her son was from a police officer, who reassured her that he was okay. Being apart during that first week added to the family's distress.



Thank goodness I had him in a rear-facing seat. Thank goodness I did my research. An emergency responder told me his seat had saved his life.

Jenny Everson

Jenny recalled expressing her relief that she had researched rear-facing seats before choosing Marlo's protection.

Although Marlo's physical injuries were minor, the experience affected him emotionally. Jenny described him remembering the crash in detail and waking during the night afterwards.

The collision happened around ten minutes from home, during an everyday journey. Jenny had not caused it, but her family suffered the consequences of another driver's actions.

At the time of the interview, Marlo was approaching five and a half and still travelling rear-facing.

"He is full of life. He's very active, very bright," Jenny said.

Her experience has strengthened her determination to help other parents understand the protection available before they need it. She believes that finding clear safety information should not depend on parents knowing what to research.

"If people don't know, they don't know that it's safer. I've spoken to a lot of people and they had no idea."

It shouldn't really be up to parents to have to research. I think the information should be readily available and out there, Jenny said.

What these families' experiences highlight

The accounts show how safety knowledge develops through professional advice, independent research and the people around a family. Familiar practice can shape the first decision; new information can change the questions parents ask.

They also show that understanding a recommendation does not resolve every practical difficulty. Cost, fitting, everyday use and the needs of other children can affect what happens next.

Jenny's experience challenges the reassuring assumption that careful driving alone can keep a family safe. She was not at fault: the actions of another driver caused the crash. The protection she had chosen for Marlo became crucial during an ordinary journey close to home.



Cost and access

8.

Cost matters, particularly when families need seats for several children or vehicles. Specialist engineering, expert development, materials, manufacturing quality and extensive testing can contribute to the higher price of some extended rear-facing seats. Price alone, however, does not establish greater protection: suitability and correct use remain essential.

A car seat may be one of the most important pieces of safety equipment a family ever buys. A larger rear-facing seat can provide several years of protection, offering value over time. Early advice can help parents plan beyond the infant carrier and avoid unnecessary purchases.

But long-term value does not make the upfront cost affordable. Hire schemes could help more families access suitable restraints, learning from infant carrier provision through NTF in Sweden.[20] Extending hire to larger rear-facing seats would require clear standards for maintenance, documented histories, crash replacement and trained fitting support.

Clear recommendations should come with practical ways for families to follow them, regardless of income.

9. What the evidence and experiences tell us

Sweden's approach gives parents a clear expectation: rear-facing travel continues beyond infancy and into the preschool years. That recommendation appears across transport, healthcare and consumer information.

In Britain, advice encouraging continued rear-facing is available through specialist organisations and some NHS resources. However, the British pages reviewed differ in how explicitly they explain the recommendation and its duration.

The parents' accounts show why both the message and its timing matter. Advice received before a purchase can change the options a family considers. Familiar practice among friends and relatives can shape expectations, while cost, fitting and everyday use influence whether families can act on what they learn. Sweden's experience also shows that clear published guidance does not guarantee every family receives individual advice or practical help.

The opportunity for Britain is to connect existing expertise with the places families already seek support. A shared recommendation, introduced early and revisited as children grow, would provide a clearer starting point. Accessible fitting advice, trained retail staff and affordable options would help families put that information into practice.

Opportunities and recommendations for Great Britain

10.

The following eight recommendations draw on the evidence, guidance and experiences explored in this report. Taking them forward will require government leadership and collaboration across healthcare, road safety, early years services, retail, manufacturing and specialist organisations.

1. Agree a shared rear-facing recommendation

Establish consistent advice to keep children rear-facing until at least four years old, preferably longer within the seat's height and weight limits. Clearly distinguish this recommendation from legal minimums and explain that outgrowing an infant carrier does not mean moving forward-facing.

2. Put the recommendation directly into government and NHS information

Build on existing guidance to make clear rear-facing recommendations consistently available across relevant government and NHS pages, explaining the progression from an infant carrier to a larger rear-facing seat.

3. Establish consistent standards for retail advice and training

Bring retailers, manufacturers and training providers together to agree standards covering rear-facing, suitability for the child and vehicle, and correct fitting. Include refresher training and preparation for new staff, with certification reflecting the expertise available to customers.

Apply the standards to online product information as well as shops. Wherever possible, offer families the opportunity to try seats with their child in their vehicle before purchase.

4. Include child passenger safety within public health support

Work with health bodies and practitioners to review existing provision and develop brief, consistent advice for maternity, health visiting and early years services. Introduce the recommendation before purchases and revisit it as children grow, recognising appointment pressures.

Give practitioners clear referral routes to trained specialists for detailed product and fitting advice. Support nurseries and childminders to share consistent information with families.

5. Improve access to fitting and checking services

Map existing services, identify gaps and make support easier to find before and after purchase. Help should cover installation, securing the child and adjustments as they grow, including when seats move between vehicles.

Ensure support also reaches grandparents, childminders, nurseries and others responsible for transporting children.

6. Develop and evaluate affordable hire schemes

Build on existing provision and learning from infant carrier hire through NTF in Sweden. Explore extending hire to larger rear-facing seats to reduce upfront costs and improve access regardless of income.

Set standards for regulatory approval, maintenance, cleaning, service life, documented histories and replacement following a crash, alongside trained fitting support. Evaluate affordability, correct use and which families are reached before expanding provision.

7. Set a timetable to end new R44 seat sales

Complete the transition to R129 for new sales in Great Britain, considering affordability and product availability. Explain clearly how the change affects purchases and distinguish it from the continued permitted use of suitable existing seats.

Accompany the transition with advice that the minimum permitted age for forward-facing is not a recommendation to turn a child around.

8. Improve information about child restraint use

Review how casualty reporting and collision investigations could consistently capture restraint type, orientation, suitability and correct use. Build on police–health data linkage and examine opportunities to learn from children who escape injury as well as those who are hurt.

Use checking programme findings to inform prevention, while recognising that they describe the seats inspected rather than the wider population.

Applying the learning

Sweden's experience demonstrates the value of a clear recommendation supported over time by research, collaboration and practical help. The families contributing to this report show why these elements matter together: advice needs to arrive early enough to influence a decision, with support that makes it possible to act.

Great Britain has expertise across healthcare, road safety, retail and manufacturing on which to build. Government leadership can help connect that knowledge more consistently around families' needs, contributing to the wider ambition to reduce child road deaths and serious injuries.

The aim is to make safer choices easier to understand, afford and put into practice – from the first journey home and as children grow.



Appendix A: Common questions about rear-facing travel

Isn't my child too old or too big to travel rear-facing?

Outgrowing an infant carrier does not automatically mean a child needs to face forwards. Larger rear-facing seats accommodate children through the toddler and preschool years, with some suitable for longer. The recommendation is to continue rear-facing until at least four, preferably longer within the seat's limits. Check the manufacturer's height and weight limits and fitting instructions rather than relying on age alone.[3]

How do I know when my child has outgrown their rear-facing seat?

Check the instructions for your specific seat. The manufacturer's height, weight and fit limits tell you when it has been outgrown. If your child outgrows their current seat before age four, ask a trained car seat adviser whether a larger rear-facing seat would suit your child and vehicle.

What if my child travels in more than one car?

A seat that fits one car may not suit another. Check compatibility and fitting instructions for each vehicle, and make sure everyone who transports your child knows how to fit the seat and secure them correctly. If the seat is moved regularly, a practical fitting demonstration can help.

What if there isn't enough room for their legs?

Bent legs or feet touching the vehicle seat do not, by themselves, mean a restraint has been outgrown. Children are flexible and may sit comfortably with their legs crossed, bent or resting against the vehicle seat. If you are unsure about fit or positioning, seek advice from a trained child passenger safety specialist.

Could their legs be injured in a crash?

No restraint can guarantee that a child will escape injury. However, the American Academy of Pediatrics describes leg injuries among rear-facing children as very rare. Bent legs alone are not a reason to turn a child forward-facing.[40]

Rear-facing seats support the head and torso together in a frontal collision, helping protect the developing neck and spine.

What if my child wants to face forwards?

Children may want to copy older siblings or friends, but their preference does not change their protection needs.

A simple explanation and checking that the seat is correctly adjusted and comfortable may help. Persistent discomfort deserves attention: a trained specialist can help assess the fit and whether another suitable arrangement would work better.

Can children see out when travelling rear-facing?

Rear-facing does not mean having no view. Depending on the car and seat, children may see through the side and rear windows and interact with other passengers.

Trying a suitable seat in the family's vehicle can help parents assess visibility, comfort and access before buying.

Does travelling rear-facing cause travel sickness?

Travel sickness on a car journey does not necessarily mean the rear-facing seat is the cause. NTF, Sweden's National Society for Road Safety, advises that other factors are usually involved and recommends against turning a child forward-facing for this reason alone.[41]

Does it matter if we're only going a short distance?

Yes. A crash can happen on a short, familiar journey. Use a suitable car seat and secure your child correctly every time, even if you're only going a few minutes down the road.

What if I'm a careful driver?

Careful driving helps reduce risk, but you can't control what other drivers do. A suitable, correctly fitted car seat helps protect your child if a crash happens.

Jenny's story in section 7 illustrates both points. She was on an everyday journey about ten minutes from home when another driver lost control and collided head-on with her car. Marlo, who was travelling rear-facing, escaped with cuts and bruises.

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Dr Maria Klingegård, traffic safety researcher at Folksam Insurance Group, Sweden:

Children are not just small adults. They need extra support. A rear-facing child restraint system provides robust protection that is forgiving for misuse, offers synchronised support for the head and torso, and protects the neck.

Sweden has among the lowest fatality rates for small children in cars, largely because most parents use rear-facing restraints for older children up to four or five years of age, or longer. It is the responsibility of every parent to make sure children travel as safely as possible, and that means using rear-facing restraints.



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