



Safe children: together we've got this!

Stakeholder event: 5th June 2018

Summary Report



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1. Background

In Warwickshire, there has been a rise in childhood hospital admissions over the past few years. This is of concern to Warwickshire's Health and Wellbeing Board and its multi-agency membership who are committed to ensuring the best possible start in life for children, young people and their families, and this includes children being kept safe from harm. Local authorities have a responsibility to deliver on the Public Health Outcomes Framework indicator 2.7: to reduce hospital admissions from unintentional and deliberate injuries for children and young people. The Health and Wellbeing Board would like to see the current issue in Warwickshire tackled and reversed.

A small multi-agency working group currently drives this agenda forward including representation from Public Health, Fire and Rescue, Family Nurse partnership, Warwick hospital A & E and Citizens Advice Bureau. The group is supported by the national charity, Child Accident Prevention Trust who has been instrumental in making today's workshop happen.

A Stakeholder workshop was held on 5th June 2018 (during Child Safety Week 2018) to focus on how partners can work better together to prevent unintentional injuries to under 5's in Warwickshire.

The aims and objectives were:

- To look at the Warwickshire picture relating to injuries and prevention;
- Develop a collaborative ownership and commitment to action from partners across all sectors;
- Agree priority actions for Warwickshire;
- To celebrate the work being undertaken each day by colleagues across the agencies *and*
- Promote and advertise the Making Every Contact Count (MECC) training opportunity.

The workshop was facilitated by Ian Evans from Child Accident Prevention Trust and attended by representatives from a wide range of organisations, (see Appendix 1 for full list of registered delegates).

They came together to understand the national and regional picture and to consider what collaborative action they could take to drive this priority agenda forward. (see Appendix 2: copy of the Agenda).

The workshop speakers were: Councillor Les Caborn, Portfolio Holder for Adult Social care and Health, Alison Morton, Public Health England who outlined the national perspective, and Sue Robinson from Warwickshire County Council Insight Team outlining the local picture on injury data.

The workshop celebrated the good work being undertaken each day by colleagues across the agencies in reaching out to children and families and communities and to ensure that parents, carers, grandparents and all who work with young children have access to the best advice, support and help which we know can make a difference to the reduction of serious preventable injury, especially in the home.

Partnership with Child Accident Prevention Trust (CAPT)

Warwickshire County Council is delighted to be working in partnership with the CAPT. They are the leading national charity working to reduce the burden of serious injury, disability and death resulting from preventable accidents and unintentional injury in the home, on the roads and in the wider community and surroundings. Partnering with Public Health England, they have helped research and produce key guides to reduce unintentional injuries in and around the home. CAPT's support is available through their Department of Health-funded project, *Improving Capacity and Collaboration (ICC)*.

2. Key recommendations from workshop:

2.1 Provide strategic leadership:

- § Recommend to the Warwickshire Health and Wellbeing Board that this agenda be driven through a multiagency steering group, to sit directly under the HWB Board with a clear line of accountability;
- § The multi-agency steering group develops, agrees and drives forward a three year action plan with clear roles and responsibilities (including workshop recommendations and recommendations arising from benchmarking against national guidance);
- § The steering group works to integrate this agenda within relevant strategic plans and work streams across the partner organisations;
- § A creative, engaging multi-agency marketing and communications strategy is developed, that builds a common language between 0-5 practitioners, parents and families in relation to accident prevention messaging.

2.2 Develop the MECC workforce

- § Develop a consistent accident prevention knowledge and understanding amongst all frontline 0-5 practitioners through tailored MECC training;

2.3 Focus on five key injuries

- § Carry out further analysis of hospital data in partnership with A & E departments/CCG's and Public Health Coventry.

- 2.4 **Provide progress reports** to Warwickshire Safeguarding Board and Children's Transformation Board;
- 2.5 **Public sector commissioned contracts/services** to include unintentional injuries prevention responsibilities

3. Understanding the local picture in Warwickshire

In Warwickshire, hospital admissions following an injury amongst 0-4 years and 0-14 year olds are significantly higher than the national and regional averages, and higher than the majority of our statistical neighbours. There has been a notable rise in these admissions since 2012/13.

Unintentional injuries are a significant public health issue. They are one of the most common causes of death in children over one year of age. Every year, they leave many thousands permanently disabled and disfigured. The economic cost of injury to children and their families can be high, as is the cost to health and social care services.

Evidence suggests that most unintentional injuries are preventable through increased awareness, improvements in the home environment and greater product safety. Research has found that home safety interventions and the use of injury prevention briefing increase the use of smoke alarms and stair gates, promoted safe hot tap water temperatures, fire escape planning and storage of medicines and household products, and reduced baby walker use, this aligns well with Warwickshire's Making Every contact Count (MECC) commitment.

Existing programmes and services across the County present excellent opportunities to drive reductions in unintentional injuries. For example, there are opportunities to integrate safety advice within all contacts with parents, taking a multi-agency MECC approach to tackling this priority agenda.

A copy of the full report "**Injuries relating to a hospital admission in 0-14 year olds in Warwickshire – a review of hospital episode statistic data**", is now on the Joint Strategic Needs Assessment website :<http://hwb.warwickshire.gov.uk/>

4. Feedback from table discussion:

Delegates were asked to consider two areas of focus:

- Who can make a difference?
- How can we make it happen?

Key messages and suggested actions from table discussions

| Key message | Comment |
|---------------------------|---|
| 1. Data/insight | <p>Further analysis of the data is needed to help understand discrepancies/anomalies;</p> <p>Investigate what our statistical neighbours are doing differently that we can learn from;</p> <p>Arrange meetings with each of the hospitals(Warwick, GEH, UHCW) to discuss the findings and to discern the data and practices at each are essential for learning and understanding;</p> <p>How do the findings resonate with staff on the ground? Are there anomalies/discrepancies?</p> <p>How does it align with partner reports/data, for example: child death overview panel report for under 5's?</p> <p>Are there any links/correlations to reduction in services/outreach to families?</p> |
| 2. Multi-agency approach | <p>It is clear from the workshop, that a multi-agency approach for disseminating information to parents is strongly recommended.</p> <p>Many agencies present identified opportunities for working more smartly together and to disseminate information to parents through existing channels. These are documented in Appendix 3</p> <p>Can we identify pathway of intervention opportunities to parents/carers with key messages?</p> |
| 3. Communication strategy | <p>Clear, consistent messaging and resources are needed for agencies to share and signpost parents to for information.</p> <p>How can we involve parents in delivery of increased awareness raising?</p> |
| 4. Training | <p>Child accident prevention training to be delivered to front line practitioners and integrated into the WCC training</p> |

| | |
|---|---|
| | <p>"Making every contact count" (MECC). How can we cascade this wider?</p> <p>Awareness raising is needed with children in schools.</p> <p>Can we develop a model of champions?</p> |
| 5. Accessible information | How do we reach those parents, carers, grandparents who do not traditionally access community services? |
| 6. Strategic ownership | <p>To ensure action is taken, strategic ownership is essential and key to the success of driving down the numbers of accidents;</p> <p>Consider where this priority should sit with strategic leadership reflecting both the NICE public health guidance and Public Health England recommendations.</p> <p>Appendix 3 refers to suggestions on who should drive this work.</p> <p>Appendix 3 documents which organisations are well placed to use their influence/outreach to promote improved child safety – how are these working? Can they be strengthened? Can we measure impact? Are we using all opportunities? Are there any gaps?</p> |
| 7. Specific actions identified by partner organisations | <ul style="list-style-type: none"> a) Bromford Housing: will use their website to share information with staff about child accident prevention; b) WCC Public Health and Strategic commissioning team: will look at E-learning opportunities with MECC for child accident prevention, with a fact-sheet; c) Councillor Les Caborn: will share the information from workshop with other WCC councillors; d) WCC Customer service: can help give out information to members of the public, raise awareness via Family Information Service website; e) Family Support Workers: can include discussion about safety in initial assessment and signpost family to resources/information; f) Health Visiting team: can cover child safety information in group settings/clinics/home visits; g) Develop a social media campaign to link all messaging (#tellFIS) |

| | |
|-----------------------------|--|
| | <ul style="list-style-type: none"> h) WCC Early Years Adviser can distribute and publicise information and training at local network clusters i) Look at how this aligns with Child Death overview panel report for under 5's j) All partners to share and disseminate information via networks; k) Re-convene a year on – and measure what has been achieved. |
| 8. Opportunities to explore | <p>Can we tap into local businesses/Corporate social responsibility to help fund/promote messaging?</p> <p>How can home safety messages be given where goods are sold in second hand shops/recycling centres?</p> <p>Can we map/identify funding opportunities and access to safe, affordable equipment for vulnerable families?</p> <p>Can we learn good practice from Grapevine in Coventry?</p> <p>Should we seek compulsory antenatal classes?</p> <p>Liaise closely with WCC Trading Standards to help get safety alerts and key messages out, ensuring warning signs are on items with small batteries</p> <p>Identify ways to raise awareness directly with children, increasing their understanding and knowledge about how to keep safe/assessing risks – possibly at school parents evening.</p> <p>How can we integrate messaging into current on-line guides for parents?</p> <p>Are there opportunities for peer support approaches? Child-to-child/child-to-parent education?</p> <p>How can we work with advertisers/regulatory bodies to ensure safety messages are included? E.g.: E-cigarettes being left unsupervised</p> <p>Can this priority area attract European funding streams?</p> |

5.Next steps:

We are keen to build on the energy and enthusiasms exhibited during the workshop and propose the following:

- § This summary report is distributed to all delegates and interested parties;
- § The governance proposal to sit under the Health and Wellbeing Board be clarified and confirmed;
- § A multi-agency steering group meeting is convened for October 2018 to look at the recommendations of this workshop and the recently published JSNA report.
- § A training session will be delivered by CAPT to existing MECC trainers in July 2018 and consideration given on how to incorporate this into the existing MECC e-learning platform module.

6.Feedback from delegates:

The following feedback was captured on the evaluation forms returned:

Excellent workshop – thank-you

Networking and finding solutions together

Very interesting data particularly around hospital admissions,

Really informative and useful workshop – I can take back to my team

Good match for me in terms information sharing to parents in libraries

Excellent event – so much can be done with limited effort

We received several pledges:

- *To share my learning and actions that can be taken with colleagues from the senior Leadership team of the Children and families service.*
- *I will be talking to my team of nurses about today and enthusing them to continue to share child safety messages with our teenage parents.*
- *Ensure all WCC members are fully informed and on-board.*
- *Sharing information from the workshop with the voluntary and community sector using the Children and Young People bulletin with specific call to actions: make sure partners know what you already do, champion safe children in Warwickshire, engage in the MECC training offer.*

In addition we received 14 nominations from delegates wishing to join a multi-agency steering group.

Appendix 1: Registered delegates

| Name | Organisation/department |
|-------------------------|--|
| Alison Morton | Public Health England |
| Alison Williams | Warwickshire County Council, Traffic and Road safety |
| Amy Jenkins | Salvation Army |
| Anthony Bishop | Warwickshire Young Carers' Project |
| Ben Donagh | Victim Support |
| Bill Basra | Warwickshire County Council, Early Help, Children & Family Service, Priority Families |
| Caroline Lamming-Chowen | Child Death Overview panel member |
| Caroline McKenzie | Warwickshire County Council, Public Health Insight |
| Catherine Coates | South Warwickshire NHS Foundation Trust / Member of working group for unintentional injuries |
| Cindy Stephenson | Warwickshire Police |
| Claire Hastings | South Warwickshire NHS Foundation Trust / Member of working group for unintentional injuries |
| Claire Pennell | Public Health England |
| Councillor Jeff Morgan | Warwickshire County Council |
| Councillor Les Caborn | Warwickshire County Council |
| Daniel Tolhurst | Stratford District Council, Leisure Services |
| Deb Bignell | Carers Support Service |
| Deb Key | Citizens Advice South Warwickshire |
| Elizabeth Needham | Bromford Housing |
| Emma Adams | South Warwickshire CCG |
| Gemma Childs | Warwickshire County Council, Fire & Rescue service / Member of working group for unintentional injuries |
| Gurpreet Sandhu | Warwickshire County Council, Strategic commissioning |
| Hayley Norman | Compass (School Nursing) |
| Helen King | Warwickshire County Council, Public Health, Warwickshire |
| Ian Evans | Child Accident Prevention Trust / Member of working group for unintentional injuries |
| Jason King | Midland Heart Housing provider |
| Jennie Palmer | Barnardos, Housing provider |
| Jess Tunley | Citizens Advice South Warwickshire |
| Joannah Whitten | Chase Meadow Community Centre |
| Joanne Rolls | Warwickshire County Council, Family Information Service / Member of working group for unintentional injuries |
| Julie Newton | Citizens Advice South Warwickshire |
| Karen Higgins | Warwickshire County Council, Public Health, Children's Public Health |
| Kate Harker | Warwickshire County Council, Children's Joint commissioning Board |
| Kate Sahota | Warwickshire County Council, Public Health, Children's / Member of working group for unintentional injuries |
| Keith McDermott | Warwickshire County Council, Fire & Rescue service / Member of working group for unintentional injuries |
| Kushal Birla | Warwickshire County Council, Customer service |
| Lee Clark | Rugby Borough Council |
| Lynn Bassett | Warwickshire County Council, Making every contact count |
| Maggie Clarke | Compass (School Nursing) |

| | |
|--------------------|--|
| Manjit Evans | Lighthorne Heath Children and Family Centre |
| Marianne Smith | South Warwickshire CCG |
| Marion Whyman | University Hospital, Coventry and Warwickshire (UHCW) |
| Matt Conibere | Compass |
| Melanie Goldsby | Bromford Housing |
| Monika Rozanski | Warwickshire County Council |
| Paul Tolley | Warwickshire Community and Voluntary Action |
| Rachel Tompkins | South Warwickshire NHS Foundation Trust |
| Sara Haigh | Warwickshire County Council |
| Sarah Foster | South Warwickshire NHS Foundation Trust |
| Sarah Harris | Warwickshire County Council |
| Simon Coupe | Warwickshire County Council, Trading Standards |
| Sophy Forman-Lynch | Warwickshire County Council / Member of working group for unintentional injuries |
| Stacey Gill | Stockingford Early Years Centre & Library |
| Stuart Baker | Warwickshire Police |
| Stella Thebridge | Warwickshire County Council |
| Sue Phillips | South Warwickshire CCG |
| Sue Robinson | Warwickshire County Council |
| Sue Sweeney | Warwick District Council Housing |
| Tom Kittendorf | Rugby Borough Council |
| Tracey Biggs | Rugby Borough Council |
| Tulula Carrigan | Warwickshire County Council |

Appendix 2: Agenda

'Safe children: together we've got this'

Working together to prevent unintentional injury to under-5s in Warwickshire

Stakeholder event – Tuesday 5th June 2018

Wolston Leisure & Community Centre, Wolston, Coventry CV8 3PD

AGENDA

| | | |
|----------------------|--|--|
| 09.30 - 09.35 | Welcome and introductions | Ian Evans <i>Child Accident Prevention Trust (CAPT)</i> |
| 09.35 - 09.45 | A priority for Warwickshire | Councillor Les Caborn <i>Portfolio Holder for Adult Social care & Health, WCC</i> |
| 09.45 - 10.00 | The best start in life - reducing accidents and hospital admissions in the early years. A national and regional perspective | Alison Morton <i>Public Health England</i> |
| 10.00 - 10.20 | The local picture – what the injury data tells us | Sue Robinson, <i>Public Health Warwickshire</i> |
| 10.20 - 10.30 | Who can make a difference? Making the wider connections with families and local partners | Ian Evans |
| 10.35 - 11.05 | <u>Table discussion: Session 1:</u> Who can make a difference? | All |
| 11.05 - 11.20 | Refreshment break | |
| 11.20 - 12.00 | Feedback and discussion | Ian Evans |
| 12.00 - 12.15 | Making it happen – action planning and priorities | Ian Evans |
| 12.15 - 12.45 | <u>Table discussion: Session 2:</u> How can we make it happen? | All |
| 12.45 - 13.00 | Feedback and discussion | Ian Evans |
| 13.00 - 13.15 | Conclusions and way forward | Helen King <i>Public Health Warwickshire</i> |
| 13.15 - 14.00 | Networking lunch and close | |

Appendix 3: Summary of table discussions

Session 1: Who can make a difference?

Question 1: What did you find most interesting/surprising about national/local picture?

- Wrong initial assumptions about affluence/deprivation
- No correlation between rural and urban
- If there is a real increase in one year olds – is this linked to development, are children more active/more likely to have an accident due their development stage?
- Does the data say anything about the number of children in a family, or whether the accident is a first or second child in family?
- Disappointed with position of Warwickshire, surprise that Warwickshire is worse than national stats, and no clear link to areas of deprivation.
- Data says head injuries, but Child panel files show suffocation highest
- Would like to look at the data and understand how many families are from vulnerable households
- What are our statistical neighbours doing differently that we can learn from? Have they retained funding for under 5's work?
- Is there a correlation between the reduction of the home safety packs (Safe at Home) being distributed to increase in stats?

Question 2: Which organisations are well placed to use their influence/outreach to promote improved child safety?

1. **GP's**: what do they currently do at health checks?
2. **Young Carers**: would be good to target
3. **Housing providers**: current Housing MOT checks /Health and wellbeing checks/visits are an opportunity to spot and discuss hazards in the home
Moving in packs?
4. **Estate agents**
5. **National Childbirth Trust (NCT)**: could they include in their education programme, highlighting potential hazards? Extend their remit to include CPR and basic first aid training to all new parents?
6. **Any agency/front line practitioner who has face-to-face contact** to be able to conversations with parents about issues. Health visitors/Social Workers
Children's Centres, Midwives, family hub staff, small steps, little contact;
7. **Trading Standards**: help to get safety alerts and key messages out, ensure warning signs are on items with small batteries
8. **Target all people who look after children (formal and informal)** eg: grandparents to have greater understanding of the issues
9. **Library service**
10. **Family Information Service**
11. **Dentists**
12. **Commissioners**

13. **Schools** ; education work with children so they can increase their understanding and knowledge about keeping safe/hazards, reception parents evening
14. **Early years providers (Childminders, nurseries, playgroups)**
15. **Emergency services**
16. **Leisure providers: local sports centres, clubs,**
17. **Faith based organisations (churches, community facilities)**
18. **Restaurants/pubs**
19. **Hospitals:** preventative information to be given to parents when children discharged from a hospital admission
20. **Voluntary and community sector organisations**
21. **Youth groups/clubs:** e.g. Brownies, Beavers. Scouts
22. **Entertainment venues where children and families attending eg: cinemas, community events – opportunity to distribute information**
23. **Supermarkets:** stalls in child safety week?
24. **GP practice/health centre:** in reception/ at clinics
25. **Fire and Rescue Service:** outreach work in schools, community
26. **Police service**
27. **Safeguarding Board**
28. **St. Johns Ambulance:** include in training course
29. **Pharmacists**
30. **CCG's:** look at the impact/connection between access to appointments at GP's and attendance at A&E
31. **Local event organisers** to discuss safety for young children, particularly relating to glow bands
32. **District and Borough councils: Housing, Leisure, Events, recycling information (particularly around small batteries)**
33. **County council:** road safety messages, trading standards, environmental health, access to schools for key messages, community facilities
34. **Road safety messages to children in school settings important – is there funding to do this?**
35. **Citizens Advice;** opportunities to give messages out, especially at home visit
36. **Recruit volunteers for Safe a baby's life**
37. **Social media opportunities from A&E**
38. **PLACED based approach**

Question 3: What are the opportunities for action for you?

1. Bromford : Will use their internal website to share information with staff about today's workshop
2. Kate Sahota: will look at E-learning opportunities for accident prevention, linking with the existing Making Every Contact count (MECC) with a factsheet
3. Councillor Les Caborn: will share the information from today's conference with other Councillors, display information in ante-chamber at Shire Hall;
4. Join a multi-agency steering group to develop an action plan to take forward

ideas, energy and enthusiasm from today's event

5. Customer Service at WCC can help give out information to members of the public, raise awareness via FIS/website
6. FSW: 1:1 initial assessments to include a discussion of safety and potential signposting relevant to the family
7. HV can cover child safety information in group settings
8. Can we tap into local businesses /CSR/ local support to community facilities?
9. How can we use social media to get consistent messaging across to parents, providers?
10. How can home safety messages be given where goods are sold via FreeCycle facilities?
11. Can we learn good practices from Grapevine in Coventry?
12. Should we seek compulsory antenatal classes?
13. Early Years Adviser to distribute and publicise information and training at local network clusters.
14. Child Death overview panel report for under 5's
15. Disseminate information to networks and groups that delegates sit on
16. Look at how messages are conveyed now – are these appropriate, accessible for all members of community – is the language right?

Question 4: What support would you need?

Consistence , clear information to pass onto families
Consistent training needed for practitioners to explain and raise awareness with parents/carers
Awareness raising needs to start in schools with students

General questions/worries/thoughts

1. How would parents who aren't accessing services receive these messages?
2. Are there any existing organisations that provide adjustments in home such as stair gates and fit them?

3. How can we work with advertisers of e.g.: E cigarettes to highlight the harms and dangers
4. Really important to have consistent messaging /training
5. Need momentum to take this forward and a focused agenda for the steering group
6. How can we involve parents in the delivery of better awareness raising?
7. Can this area attract European funding streams? WCC have made bids but in employment and other areas – not Early Years.

Session 2: How can we make it happen?

Question: What are the opportunities?

- To ensure that it is on all of our agendas in the same way Safeguarding is
- Need a multi-agency response with clear roles and responsibilities
- Involve parents?
- How can we integrate it into the Solihull approach of support for parents online?
- Opportunity for peer support type approach that could do home visits around safety
- How can we get the right information out at the right time – seasonal messages? Trampolines, scooters, paddling pools, sledges
- Use of social media to spread messages
- Can we build a pathway of interventions from different professionals at different stages?
- To build on the support and commitment from today's event with stakeholder buy-in
- Can we develop a model of Champions?
- Engaging wide stakeholders including MP's and local councillors
- Message to public "keeping children safe and well is good parenting"
- Share stories from A&E staff
- Add to commissioned services spec (MECC training and accident and prevention)
- Include in Welcome to Warwickshire
- Include outcomes in commissioned services for children's services
-

Question: What are the obstacles?

- How can we manage any increased workload/responsibility?
- How do we ensure ownership in each of the agencies? Would like to see it championed from the top

- How do we deal with continuity in organisations when staff leave, skill set lost?
- Have we lost opportunities to see children in the home environment with reduced funding services?
- Competing issues
- Clarity over strategic ownership
- Motivation for agencies to get involved
- Funding may restrict development
- Working in silos
- How do we work with parents to improve?

Question: Who should drive this work?

- Public Health to drive with support from multi-agency group
- Can it sit under WCC Health and Wellbeing Board (multi agency reps from across all sectors)?
- How will/can it align/link to Children's Transformation Board?
- An advisory board locally feeding into 0-5 Transformation
- Important to align with Safeguarding Board

Question: How can plans/actions be communicated effectively?

- There is already a lot of activity happening across the county, how can we share this with colleagues?
- Challenge is to be creative about how to disseminate information in engaging way – consult parents on how to do this?
- Suggest 3 year plan with goals and reviewed annually
- Annual conference on what has been achieved in the first year would be good
- Create a specific hashtag campaign, linking campaigns/information
- Online comms between Making Every Contact Count community to look at what works

Question: How do you engage stakeholders with wider benefits?

- Link to strategic objectives in organisational plans
- Where possible identify cost benefit/savings of preventative work
- Consumer market to offer specific items during child safety week?
- Focus on top 5 causes of accidents and organise campaigns each week on different ones.
-

Question: What support can we provide front line staff?

On-line training
Face – to face as well
Toolkit

Consistent messaging,
Resources relevant for different stages of child development

Question: Are there any knowledge/information gaps?

Further work to look at understanding admissions policies at each of the hospitals
How does the data compare to other age categories (older people)?

Question: How can we strengthen links with VCS?

Work closely with WCAVA, CAB and Sleep Safe

General comments:

- How do we measure success/improvement?
- Child health profiles turn from red to green!
- Staff confidence around accident prevention increased
- How can we follow up on accidents?
- How can we make better use of case studies to raise awareness/increase education about safety, show what works
- Do real life stories work? Shock tactics about children who have been severely injured/died?

*Thank you to report contributors: Ian Evans (CAPT and Sophy Forman-Lynch(WCC
Public Health & Strategic Commissioning*

July 2018