



**SafeTea**  
KEEP HOT DRINKS OUT OF REACH

**Evaluation of SafeTea: A multimedia campaign to prevent hot drink scalds in young children and promote burn first aid**

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## SafeTea Evaluation: Key Findings

The SafeTea campaign arose from the research findings of the Children's Burns Research Centre, which identified that scalds from hot drinks are the major cause of burn injuries to young children in the UK, and that parents have little knowledge about optimal burns first aid. To address this, the research Centre designed and tested 'SafeTea': an intervention to prevent hot drink scalds to infants and toddlers and to promote burns first aid knowledge to parents.

The intervention was up-scaled to a national multi-media campaign with funding from the Tinsplate Workers 2020 appeal, the Vocational Training Charitable Trust (VTCT) Foundation, and the British Burn Association (BBA), with the support of Ambassadors from the voluntary sector (listed in Appendix 1). This enabled us to fund: 1) a marketing consultant and professional graphic and media designers to produce high quality written and video materials 2) members of the research team to coordinate the development of the SafeTea campaign in the run-up to October 2019 3) administrative staff to distribute the resource packs 4) the voluntary time of two Scar Free Foundation (SFF) staff who ran the social media campaign.

**SafeTea was launched on 16<sup>th</sup> October 2019 on National Burns Awareness Day (NBAD)**, in collaboration with the Children's Burns Trust (CBT) and the BBA. The campaign was promoted on national and local radio and television news channels, in newspapers, the online press, articles and blogs, magazines, and health/injury prevention newsletters and bulletins (see Appendix 2). Two 'case studies' were used to attract media interest: an adult from Wales who had been scalded by boiling water as a child, and a toddler who was burned by hot coffee, and his mother from England. Information about the SafeTea campaign was sent to professionals across the UK, including GPs, health visitors, paediatricians and childminders (see Appendix 3).

The SFF provided funding to evaluate SafeTea using a mixed methods approach and to chart its success. Results are reported in terms of the reach, engagement, acceptability and impact of SafeTea.

### **The reach of SafeTea**

***The SafeTea campaign reached more individuals than originally anticipated, especially in the first month of the intervention.***

SafeTea can be considered successful in terms of its reach (the number of people who saw any SafeTea content). We ran two paid Facebook advertising campaigns in October and November 2019 for one

month each that were designed to reach a minimum of 5,500 people per day (165,000 people per month). SafeTea reached an estimated 50,000 people on Facebook on NBAD (16<sup>th</sup> October) alone, and another 50,000 people around one month later on 13<sup>th</sup> November, which was the start date of the second paid advertising campaign. SafeTea exceeded its anticipated reach, reaching an estimated average of 9,550 Facebook users daily between October 2019 and January 2020 (see Figure 1). The prevention video was viewed 154,000 times on Facebook and the first aid video was viewed 245,000 times, over the course of the campaign.

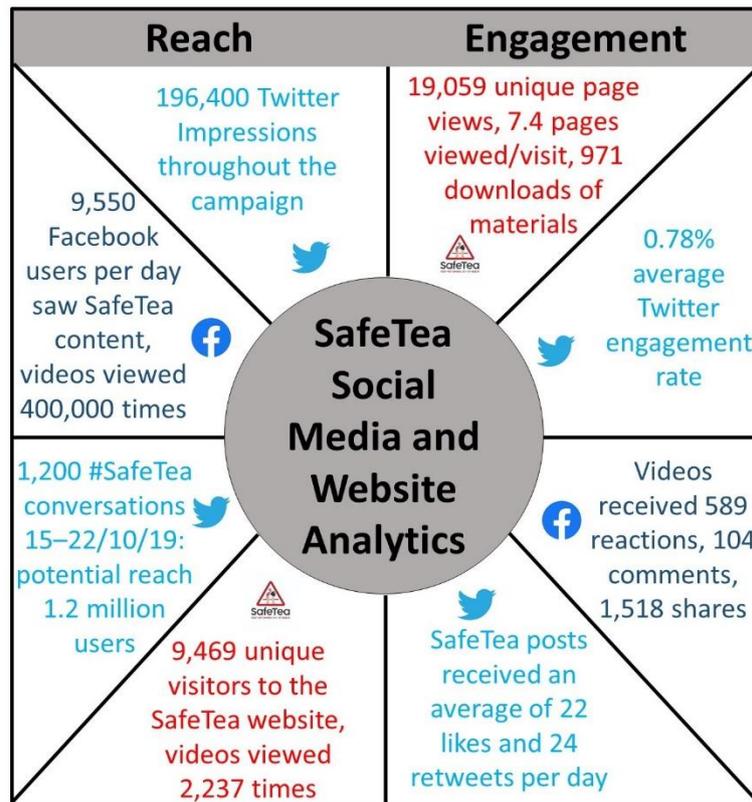
Between 15<sup>th</sup> and 22<sup>nd</sup> October (the week straddling NBAD), there were 1,200 Twitter conversations including the #SafeTea hashtag, potentially reaching up to 1.2 million Twitter users. Twitter impressions (the number of times users saw any SafeTea content) totalled 196,400 between October 2019 and January 2020. Impression rates steadily decreased after NBAD.

We ran a paid advertising campaign on Mumsnet for one month between 13<sup>th</sup> October and 16<sup>th</sup> November 2019. The adverts were viewed 27,781 times.

There were 9,469 unique visitors to the SafeTea website between October 2019 and January 2020, and social media users and website visitors originated from all over the country; however the majority were from London, with a large following from Cardiff and Bristol, where the campaign was developed and where there was local TV, radio, and press interest and publicity.

A total of 472 health, education and childcare professionals requested hard copy resource packs of the SafeTea materials via the website in order to deliver the intervention in their own settings, and 405 agreed to be sent an online survey about how they used the packs that they received. Forty percent (163/405 professionals) completed the survey in February/March 2020. Quantitative and qualitative results showed that those who received resource packs were proactive in sharing the SafeTea materials with parents and colleagues and spreading the SafeTea messages (see Appendix 4 for qualitative results). Of the 93% (151/163), who used the materials with parents, most estimated that they shared them with between one and ten parents, however 10% (15/151) used them with more than 100 parents. Many shared the SafeTea website link with their contacts via email or social media in order to spread the campaign messages as far as possible. This caused a 'cascade' effect and led to more professionals requesting the hard copy materials. Many respondents reported that the materials continue to be displayed around their workplace or homes and are used in educational sessions, thereby increasing the longevity of the campaign. There was also evidence that organisations used their own initiative in order to continue using and distributing the materials, for example by securing their own funding to print the materials.

Figure 1. Key reach and engagement metrics for the SafeTea campaign.



***SafeTea reached the target audience of parents/caregivers of children less than five years of age, and community practitioners and health professionals working with these parents/caregivers.***

The majority of Facebook followers (60%) were women between the ages of 25 and 44, and 54% of Facebook posts reached women in this age group. Of those who viewed any SafeTea-related content on Facebook, 86% were women of the same age range. The Mumsnet advertising campaign used specific targeting strategies to reach mums with young children.

We captured data regarding visitor type (parent/caregiver, professional, or ‘interested’) for 2,235/9,469 (24%) of website visitors. The breakdown was: parents/caregivers: 23%, professionals: 53% and ‘interested’ individuals: 24%.

In terms of professionals, SafeTea website users originated from NHS, primary care, injury prevention and parenting/nursery websites, suggesting that professionals working with parents/caregivers of young children were accessing the SafeTea website. The majority of those who requested resource packs from the website were health professionals such as health visitors, nurses and paediatric or burns specialists working in hospital or community settings, and education and childcare professionals working as childminders or in children’s centres and nurseries.

## Engagement with SafeTea

### *Social media users and website visitors responded to and engaged with the SafeTea campaign.*

Engagement on social media refers to any interaction with a social media account or page, and is measured using metrics such as likes, follows, reactions, retweets, comments and shares.

It was clear that Facebook users were engaged with the SafeTea campaign. Many people shared their own stories, and most posts received likes, shares and comments, particularly the videos. The prevention video received 100 reactions, 53 comments, and 420 shares and the first aid video received more attention 489 reactions, 51 comments and 1,098 shares. There were consistent peaks of Facebook followers throughout the campaign, and very few unfollows, suggesting that the content stayed relevant and interesting to the Facebook followers. In contrast, engagement on Instagram was poor.

SafeTea posts received an average of 22 likes and 24 retweets per day on Twitter between October 2019 and January 2020, however likes and retweets steadily decreased following NBAD. On Twitter, an engagement rate is a metric that measures how much people interact with the content and is calculated by dividing engagement (likes, retweets etc.) by the total number of impressions over a specified time period. An engagement rate between 0.09% and 0.33% is considered to be high, and the median engagement rate across every industry is 0.045<sup>1</sup>. The average engagement rate for SafeTea between October 2019 and January 2020 was 0.78%. Engagement rates steadily decreased following NBAD.

On Mumsnet, two of the six adverts surpassed their average click-through rate and received higher engagement than any other advert that was on Mumsnet at the time.

In terms of engagement with website content, there were 19,059 unique page views, and visitors viewed an average of 7.40 pages per visit. There were 971 downloads of the SafeTea materials. The videos proved to be very popular and were played on the website 2,237 times.

Qualitative analysis of survey responses suggested that both parents and children were engaged with the SafeTea campaign and were interested in developing their knowledge around burns prevention and first aid, as evidenced by the quotes in Appendix 4.

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<sup>1</sup><https://www.rivaliq.com/blog/social-media-industry-benchmark-report/>

***The components of the social media campaign that generated the most engagement were: the launch on National Burns Awareness Day; case stories posted by parents on Facebook; posts accompanied by images and videos; and factual posts with an emotive angle.***

On Facebook, content posted on NBAD received the most engagement. A SafeTea story posted by a mother who stated that she had successfully applied the correct first aid on her child's burn, leaving him with no long-term scarring, received high engagement. In addition, a post consisting of an image of a child's burnt hand alongside first aid advice from a burns surgeon received 17 reactions, 50 shares, 6592 views and a total of 700 engagements.

The top two performing Tweets were posted in October (one on NBAD) and focussed on burns first aid and factual information that children's skin burns more easily than adults' skin. On both Facebook and Twitter, posts containing factual information (e.g. only 1 in 4 children have the correct burn first aid) and emotive content achieved more engagement than general advice posts such as those encouraging people to have a designated SafeTea area. Posts achieved more engagement when they were accompanied by photos or videos, including posts that pictured the materials actually being used (e.g. the reach chart).

***The majority of SafeTea website visits (62%) originated from social media, and 97% of these originated from Facebook.***

Website analytics showed that the majority of website visits (62%) originated from social media, and that 97% of these originated from Facebook, with only a small number (176) originating from Twitter. Therefore, although engagement with the campaign was high on both social media platforms, it appeared that Facebook users were more likely to go on to visit the SafeTea website than Twitter users.

***Most users engaging with the website did so via their mobile phone and visited the resources pages.***

In terms of engagement with website content, the majority of visits were to the Resources pages of the website, and these were the pages that most visitors immediately navigated to upon entering the website. This is encouraging as it shows that most visitors were interested in downloading the SafeTea materials for their personal or professional use. It can also be partly explained by the fact that social media content and hyperlinks intentionally signposted users to the Resources pages of the website. It is notable that the majority of visitors (57%) accessed the website via their mobile phone which may have prevented them from being able to download and print the resources.

***Posters, flyers, and fridge magnets were the most popular SafeTea resources.***

The most popular resources in terms of downloads from the website were the flyers, posters and fridge magnets. In terms of the use of the materials by professionals, findings from the online survey revealed that the most popular materials were the posters and fridge magnets as these could simply be displayed or distributed and gave concise and clear information about burns prevention and appropriate burns first aid. Many professionals did not have time to incorporate the activity sheets into their lesson plans or work schedules, or to actively discuss the information in the flyers with parents, and some reported lack of appropriate technology as a barrier to sharing the SafeTea videos with others.

## **Acceptability of SafeTea**

***SafeTea users were positive about the campaign resources and praised their visual appeal, clarity, and ease of understanding for parents.***

Social media users and survey respondents' opinions of the SafeTea resources and of the campaign in general were extremely positive (see Appendix 4). There were very few negative or antagonistic comments on social media. The large majority of survey respondents reported that the SafeTea materials were "excellent" or "good" resources for hot drink burns prevention and burns first aid, and that the materials were "definitely" easily understood by parents. Respondents reported that the materials were visually appealing and attention-grabbing and that the information contained in the materials was simple, clear and concise. Some respondents suggested that resources in additional languages would be useful, and many wanted more copies of the leaflets and magnets to give out.

## **Impact/Behaviour Change**

***Professionals who used the resource pack reported increasing awareness of the dangers of hot drinks and benefits of first aid in the parents that they worked with, especially when using the reach chart.***

Survey respondents reported that they believed the campaign resulted in an increased awareness of the possibility of hot drink scalds occurring in children and that it succeeded in educating parents and professionals about the risks, and of the appropriate first aid measures to take if a child sustained a burn in their care. The posters and reach charts in particular were seen as useful resources to encourage parents to think about the risks associated with hot drinks. This led to parents and

professionals thinking and talking about how they could change their behaviours to minimise these risks. Respondents believed that the campaign had increased both children's and parents' knowledge of the correct first aid practices for burns (see Appendix 4).

## **Incidence of hot drink scalds and optimal burn first aid**

***Available epidemiological data were not sensitive enough to evaluate the effect of SafeTea on the incidence of hot drink scalds. There is some evidence that first aid practices for burns are improving. A wider, more focused epidemiological evaluation would be needed to monitor the impact of a future SafeTea campaign.***

We used a standardised data collection form, the Burns and Scalds Assessment template (BaSAT), to capture data on the number of children less than five years of age attending the emergency department (ED) in Cardiff with scalds from hot drinks before, during, and after the SafeTea campaign (October 2017 to March 2020), and to monitor the quality of first aid administered to children sustaining burns of any type. The proportion of scalds in children presenting to the ED with any burn was around 50%, and around 60% of these scalds were caused by hot drinks. Whilst there was no identifiable reduction in hot drink scalds during or after the SafeTea campaign, numbers were relatively small and data collection following the campaign was compromised by the COVID-19 pandemic. One encouraging finding was that the proportion of children presenting with a burn of any type between October 2017 and February 2020 who received appropriate first aid by a caregiver (around 65%), was considerably higher than that reported in the same centre from May 2015 to October 2017 (26%).

Data on admissions from the International Burn Injury Database (iBID) were provided by Mr Ken Dunn, based on returns from specialist burn units in England and Wales. The impact of SafeTea on admissions of children with hot drink scalds to hospital is difficult to interpret. Whilst overall admissions for scalds in children less than 5 years of age rose by 9% in 2019 compared to 2018 these are not categorised by cause. Table 1 shows admissions for scalds affecting <5% of the body surface area in children <5 years. In 2018, the monthly number of admissions remained static from October to December, then dropped a little in January 2019. In 2019, the numbers dropped from October to December, then rose again in January 2020.

**Table 1. Hospital admissions for scalds in children less five years of age in England and Wales, based on data extracted from the International Burn Injury Database (iBID)**

	2018/19	2019/20
Oct	71	99
Nov	68	79
Dec	68	63
Jan	64	77
% drop Oct-Jan	10%	22%

## **Discussion: Campaign strategy and execution**

***Launching SafeTea on National Burns Awareness Day and coordinating with the Children’s Burns Trust was critical to the success of the campaign.***

Launching the campaign on National Burns Awareness Day was clearly critical for optimising publicity. The day included wide press coverage of a case story from a mother and her young son who had sustained a serious scald. The story attracted widespread publicity and drew in other organisations such as the Royal College of Surgeons.

***SafeTea made its biggest impact in the first month of the campaign.***

Reach/impression rates, website visits and engagement with SafeTea were highest in the first week and maintained for the first month of the campaign, falling off thereafter. This was likely related to the reduced publicity, and the reduced frequency of social media posts from November onwards. In October, there were 3 or 4 posts a day, whilst in November onwards there were 1 or 2 posts a day as there was a lack of fresh content to post. In addition, audiences had likely already seen the content released from November onwards, leading to lower engagement. This demonstrates the importance of continually generating and posting new social media content, in order to keep engagement rates high, reach new users, and drive professionals to download and use the SafeTea materials from the website. These findings suggest that the campaign could have been shorter and more intense.

***The campaign design using social media and the website worked well as a model to drive users to the website.***

Part of the campaign strategy was to guide social media users to the dedicated SafeTea website where they would find additional information on burns prevention and first aid and the downloadable resources. Given that the majority of website users originated from social media platforms (62%) this strategy was clearly effective and it was evident that the social media component of the campaign was essential for promoting the campaign and driving traffic to the website. A high Twitter engagement rate is usually correlated with a high click through rate to a website, however only a very small proportion (2.6%) of SafeTea website visits from social media originated from Twitter. It may be that Twitter users engaging with SafeTea content were not necessarily using the materials to actively deliver the intervention in their settings but were promoting the messages of the campaign in a supportive role by retweeting, liking and commenting on the SafeTea posts. The remaining 38% of website users were likely professionals driven to the website by the other sources of publicity including articles and posts on NHS, GP and health/injury prevention websites.

## **Difficulties encountered/lessons learned**

The time taken to approach and engage ambassadors, influencers and stakeholders in the campaign was much longer than anticipated. In addition, creation and scheduling of social media content was time consuming. If the campaign were to run again, it would be useful to have someone to run the social media component full time, as there would be more capacity to generate fresh content, and respond to users' comments and questions, which would increase engagement and reach.

Instagram was not a platform that suited the intervention, probably due to the lack of suitable visual material for posting.

Regional press and media coverage was effective in Cardiff and Bristol where the project team were based and a more widespread publicity campaign in other regions, with local case studies may have widened the reach. Although we had good support from injury prevention organisations in Scotland, the engagement by TV and radio channels, the press, and on social media was low.

We attempted to capture data regarding user type (parent/caregiver, professional, or 'interested') and professionals' job titles via a pop-up window on arrival to the website; however this was implemented on the home page only, and did not allow us to capture this information if users entered the website through a different page.

Within the evaluation, it was difficult to determine precisely how many people the SafeTea campaign reached. The ability to reach a wide audience is undoubtedly a strength of a multimedia campaign,

however paradoxically this also presents the greatest challenge for evaluation. It is more difficult to reach the intended target audience as there is little control over who is exposed to the campaign messages.

In addition, we were limited by the information that Google Analytics and social media metrics can provide in terms of the data analysis. For example, Google Analytics does not provide information on profession and does not provide information on gender and age unless a user is logged into their personal Google account.

## **Recommendations**

A shorter, more intense campaign would be advisable and could be run again next year alongside NBAD as the resources remain current. Such a campaign would benefit from a fulltime member of staff to coordinate the social media component, with funding for social media advertising on Facebook and Mumsnet and promoting downloads of hard copy resources.

Any future campaign should be more widely advertised in regions across the UK, with local case stories used to generate publicity.

Whilst we have provided a process evaluation of the campaign, in future attention needs to be given to a wider evaluation of the presentation of hot drink scalds to health services over time and the first aid practices used by families when children sustain burns.

The SafeTea resources will remain freely available on the SafeTea website for the foreseeable future, and should be signposted by any injury prevention activities. Baby Buddy, a national interactive pregnancy and parenting guide, has now included the SafeTea first aid short video within its app.

## **Conclusions**

SafeTea reached a greater number of the target audience (young parents and professionals working with families) with a limited budget than what would be possible in a local face-to-face community-based campaign. Collaboration with NBAD enabled us to capitalise on publicity in the form of TV and radio ads and news articles, which significantly enhanced the actual campaign budget. The estimated number reached by the SafeTea campaign, including via social media, print media, web-based resources and health promotion activities by professionals is a minimum of half a million parents, with a potential upper limit of 1.2 million.

Engagement with users was successful and reflected in their rating of the materials as clear, understandable and visually appealing. The campaign and materials were acceptable both to professionals working with families and the parents themselves.

The first aid materials received more attention than the hot drinks prevention, as the campaign designers predicted. Whilst both campaign objectives were important, the first aid message was used as a 'hook' to engage the audience in both topics. First aid for children's burns appears to be improving.

The use of mixed methods and triangulation of data from different sources enabled us to increase the scope and depth of the evaluation findings and enhance confidence in our conclusions and recommendations. The SafeTea campaign strategy and resources have now been validated for effective use with an online population and could be used in future burns awareness campaigns.

## **Acknowledgements**

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## Appendices

### Appendix 1. SafeTea Ambassadors

- Children's Burns Trust (CBT)
- Child Accident Prevention Trust (CAPT)
- The Royal Society for the Prevention of Accidents (RoSPA)
- The British Burn Association (BBA)
- Institute of Health Visiting (iHV)
- Scar Free Foundation (SFF)
- Care of Burns in Scotland (COBIS)
- Scottish Fire and Rescue Service
- Scottish Burned Children's Club
- Scottish Community Safety Network
- The National Centre for Population Health and Wellbeing Research, Wales (NCPHWR)
- Ulster Paediatric Society
- National Fire Chiefs Council (NFCC)
- Professional Association for Child Care and Early Years (PACEY)
- Mini First Aid
- Best Beginnings
- Royal College of Paediatrics and Child Health (RCPCH)
- Paediatric Emergency Research in the UK and Ireland (PERUKI)
- Community Practitioners and Health Visitors Association (CPHVA)
- Best Start in Life (Public Health England)
- Flying Start Wales

## **Appendix 2. Round-up of top-line media coverage for the launch of SafeTea, October 16<sup>th</sup> and 17<sup>th</sup> 2019**

### **Radio:**

- Sky News Radio
- BBC Radio Wales, two interviews
- BBC Radio Bristol
- Swansea Sound
- Gateway 97.8

### **TV:**

- ITV News
- C5 News
- BBC TV Bristol
- ITV Wales
- ITV Anglia
- BBC Wales
- Dr Ranj on This Morning, 17<sup>th</sup> October

### **Online national press:**

- MailOnline
- Sun Online
- Metro Online
- ITV Online
- NHS Health in Wales

### **Print:**

- Metro

### **Online posts:**

- Cardiff University
- Bristol University
- National Fire Chiefs organisation
- Mumsnet adverts
- Care and Learning Alliance
- Royal Society for the Prevention of Accidents online newsletter, October edition

**Laura's story (SafeTea 'case story' about her toddler who was burned by hot coffee), with offered interview, went out to multiple named contacts at the following Women's consumer titles:**

- *Bella*
- *Best*
- *Chat*
- *Take a Break*

- *Woman*
- *Woman's weekly*
- *That's Life*
- *Heat*
- *Closer*
- *Simply You*
- *Pick Me Up*
- *Woman's Own*
- *Boots' Bump to Birth magazine*

## **Appendix 3. Publicity to professionals about SafeTea**

### **Health visitors**

- Institute of Health Visiting (iHV): Article in September Newsletter and blogs in October and December
- Presentation at iHV conference in September 2019
- As an ambassador, iHV re-tweeted SafeTea posts and posted updates on their website
- Community Practitioners and Health Visitors Association (CPHVA): Article in the journal *Community Practitioner* in October

### **Nursery nurses and childminders**

- Professional Association for Child Care and Early Years (PACEY): Blog in news on webpage, and on Facebook
- As an ambassador, PACEY shared posts on Facebook and Tweets
- First steps nursery: Blog on website

### **General Practitioners**

- Article in Primary Care Bulletin, sent to every GP in England and Wales
- Article in newsletter from the National Association for Patient Participation and the Practice Managers' Network sent to all practice managers in England
- Centre for Academic Primary Care, Bristol: Blog on website and article in newsletter sent to GPs across UK

### **Paediatricians and hospital doctors**

- Presentation at the Royal College of Paediatrics and Child Health (RCPCH) conference in April 2019
- Blog and tweets from Max Davie, RCPCH prevention lead
- Article in British Association for Community Child Health (BACCH) e-news in October
- Ulster Paediatric Society: e-news in September
- Article in British Burn Association (BBA) newsletter in October
- News cascade to Emergency Department doctors via the Paediatric Emergency Research in the UK and Ireland (PERUKI) network in October

### **Public health**

- NHS England: Publicity to early years workers via the Best Start in Life Programme in October
- NHS Scotland: Scottish Community Safety Network: blog
- NHS Wales: National Centre for Population Health and Wellbeing Research (NCPHWR) - publicity via social media
- Public Health Northern Ireland: publicity to community nurses via chief nurse
- British Association of Child and Adolescent Public Health (BACAPH): Blog

## Appendix 4. Selected quotes from the qualitative analysis of survey respondents' and social media users' comments on the SafeTea campaign and materials

Reach of the SafeTea campaign
<b>Professionals' proactivity in spreading the SafeTea messages</b>
<p><i>I'm a childminder and mum. This was very well designed and I was able to give parents a magnet each to help them remember the action plan for burns. I also shared the website link with fellow childminders. <b>Respondent 73, Childminder</b></i></p> <p><i>I used the resources myself in a toddler group and I emailed the link to the SafeTea website to all health visitors, paediatric consultants and juniors in the health board. <b>Respondent 85, Paediatric Specialist</b></i></p> <p><i>We shared it on our social media group page and sign-posted parents to the website for further information, this allowed them to share it on with their friends and families. <b>Respondent 162, Nursery Employee</b></i></p> <p><i>I gave one of the leaflets to a Soft Play that I go to and they requested their own pack and have the poster, flyer and magnet on display. <b>Respondent 71, Childminder</b></i></p> <p><i>If you are a parent, work with children or interested in #BurnsPrevention! Follow @SafeTeaCampaign and check out <a href="https://safetea.org.uk">https://safetea.org.uk</a> for some really useful information &amp; resources on how to prevent hot drinks burns to kids. <b>Twitter User</b></i></p>
<b>Longevity of the SafeTea campaign</b>
<p><i>We have kept the poster up to keep reminding parents to keep their hot drinks away from the toddlers. <b>Respondent 27, Baby and Toddler Group Leader</b></i></p> <p><i>I laminated the poster and still display it on my courses. <b>Respondent 81, Training Provider</b></i></p>
<b>Professionals' use of initiative in spreading the SafeTea messages</b>
<p><i>We photocopied the flyers and made them available for parents to bring home to read and share. <b>Respondent 86, Children's Centre Employee</b></i></p> <p><i>We have secured funding to get the reach charts printed locally and to use as a resource across our Trust area. <b>Respondent 125, Community Health Improvement Officer</b></i></p>
Engagement with the SafeTea campaign
<b>Parents' and children's engagement with the SafeTea campaign</b>
<p><i>I stuck the reach chart on the wall, each child measured how tall they are, and then on tip toes how high they could reach. It's still there now, the children regularly see if they can beat their record and pretend to burn their fingers and become doctors, it's a brilliant role play starter. <b>Respondent 55, Childminder</b></i></p> <p><i>The children were very interested in the poster and even those who can't yet read were working out what it was all about, before I explained. <b>Respondent 38, Childminder</b></i></p>

Parents were very interested in developing their knowledge. **Respondent 134, Health Visitor**

#### **Components of the SafeTea intervention (printed materials, activities, videos) that parents and professionals were most engaged with**

The layout/text and colours made the poster attractive to read and attracted attention. **Respondent 151, Burns Unit Employee**

The posters have quickly caught parents attention when in clinic and at groups. **Respondent 152, Health Visitor**

I absolutely love the magnets, they are visual, clear, concise, and easy to read. **Respondent 146, Support Worker**

Great film, really brings home the dangers of burns. **Facebook User comment on prevention video**  
Flyers are a good idea but we are reliant on parents reading, understanding and remembering the information. **Respondent 11, Youth Welfare Officer**

Unfortunately I didn't have time to incorporate the activities into my existing teaching, however it's something I will hold onto and possibly use in the future. **Respondent 66, First Aid Instructor**

#### **Acceptability of the SafeTea campaign and materials**

##### **Parents' and professionals' opinions of the SafeTea campaign and materials**

I think the concept and the materials provided are really good. **Respondent 3, First Aid Instructor**

This was a good campaign that had sensible information. **Respondent 145, Childminder**

SafeTea are doing great work on prevention and first aid awareness of burns in young children. **Facebook User**

The SafeTea Campaign have multiple fantastic resources to support your burn awareness training. **Twitter User**

##### **Clarity and comprehensibility of content in SafeTea materials**

The information on the leaflets was easy to understand because pictures were added. **Respondent 147, A&E Employee**

Some of our families have English as a second language but I felt the poster was suitable for all. **Respondent 11, Youth Welfare Officer**

The poster gets the message over to parents and health workers very well. **Respondent 32, Paediatric Specialist**

There are clear pictures depicting the dangers of hot drinks. **Respondent 33, Nursery Employee**  
The flyer gives clear methods for parents and carers to use when a burn has happened. **Respondent 107, Nursery Employee**

##### **Use of SafeTea materials for facilitating communication between professionals and parents**

I'm very impressed with your resources and this campaign - it has helped as a prompt for health visitors to discuss burns prevention and is a great visual aid for parents. **Respondent 84, Health Visitor**

*The campaign was excellent, it really was useful for follow-up appointments with families regarding accident prevention. **Respondent 109, Health Visitor***

*The posters and other resources were great for starting conversations with parents within the centre and when family support workers visited families. **Respondent 86, Children's Centre Employee***

### **Impact / Behaviour Change**

#### **Awareness/education of the risk of hot drinks scalds to young children and of appropriate burn first aid**

*I feel that all parents, professionals and adults entering the building now have a better awareness. **Respondent 162 Nursery Employee***

*My son had a near miss burn in day care and this campaign has definitely assisted in educating staff and other parents of the risks. **Respondent 60, Parent***

*I thought this campaign was excellent. I discussed it with my parents, one admitted she wouldn't really have known what to do if her child poured hot tea or coffee on himself. I educated her and recommended a parents first aid course. **Respondent 5, Childminder***

*The message of first aid appears to be getting through. **Respondent 78, Paediatric Specialist***

#### **Knowledge of correct burn first aid practices**

*The children look at and talk about the poster most days as it's on the back of the front door so it's a constant reminder about the dangers of hot drinks and why they must not touch hot drinks... The two three-year-olds have taken the information in from the magnet on the fridge and know how to call 999 and put the burn under cold water. It's been a very useful pack. **Respondent 71, Childminder***

*A lot of parents were originally unaware of the need to cool the burned area and that they should not apply creams prior to A&E assessment. **Respondent 134, Health Visitor***

*Many parents were not aware of how long they should cool the burn for and that they should use cling film to cover the burn. **Respondent 162, Nursery Employee***

#### **Responses to the SafeTea materials and messages**

*A parent straight away saw the poster and said 'oh gosh, I must stop having hot drinks near my child'. **Respondent 28, Childminder***

*My parent was shocked when I told her that her son could reach my kitchen side and she hadn't realised he could also reach hers. **Respondent 5, Childminder***

*People were surprised how long a cup of tea stays hot. **Respondent 53, Children's Centre Employee***

*I feel parents and children take more notice of the height chart and I often see parents measuring their children against it surprised to see how far their child can actually reach. **Respondent 155, Children's Centre Employee***

*I think the reach chart helped to make a few parents realise what children could do and stopped them leaving hot drinks in silly places. **Respondent 65, Childminder***

*I spoke to parents about SafeTea and this made us make a decision not to have tea in our setting when children are present. **Respondent 53, Children's Centre Employee***

*I got each child to demonstrate their reach and this really brought to my attention that I need to move things even further away although I try to use travel mugs. **Respondent 40, Childminder***

*Unfortunately parents don't always realise the dangers until an accident happens. The parents looked at the magnets and the reach chart but didn't seem to take the warnings seriously. I think most parents were rather blasé about the dangers! **Respondent 30, Baby and Toddler Group Leader***