

6. What **evidence** do you have that your Child Safety Week activities changed the way that children or adults think or act about child safety? Describe changes in attitudes or behaviour that you observed, that families reported to you, or that you found through evaluation e.g. parents reporting they had moved their cleaning products to a high shelf:

Please remember to send us a copy of the feedback you received or a copy of your evaluation report.

7. What other teams, agencies or groups did you work with? Please tick **all** that apply:

None (please **go to question 10**)

Charities

Childcare

Community/neighbourhood groups

Sure Start children's centres

Education

Faith communities

Fire & Rescue Service

Health service

Police

Road safety

Trading standards

Other (please specify) _____

8. Please describe the nature of your partnership work for Child Safety Week (please attach any additional information that would help us to develop examples of good practice):

9. Will your partnership work continue beyond Child Safety Week?

Yes

No

10. Did you have a budget for Child Safety Week?

Yes (please write in amount) £ _____

No

11. Did you use any of the Child Safety Week resources produced by Child Accident Prevention Trust?

Yes (please go to **question 13**)

No

12. Why did you not use any Child Safety Week resources? Please tick **all** that apply **and then go to question 18**:

Nowhere to display poster

Ideas booklet not appropriate

Could not download competitions/quizzes

Used own organisation's resources

Fact sheets not appropriate

Other (please specify) _____

13. Which Child Safety Week resources did you use? Please tick **all** that apply:

Free Child Safety Week ideas booklet

Free Child Safety Week poster

Free downloadable competitions/quizzes

Free competitions/quizzes from the ideas booklet

Free fact sheets

Template press release

Regional statistics

Other resources that you purchased from us

14. If you used the Child Safety Week competitions or quizzes, on average, how many copies did you make of each? (please write in average number of copies made) _____

15. Did you access our website (www.childsafetyweek.org.uk) in the run-up to Child Safety Week?

Yes

No (please go to **question 17**)

16. Which of the following did you do? Please tick **all** that apply:

- | | |
|--|---|
| <input type="checkbox"/> Viewed the Child Safety Week pages on the website | <input type="checkbox"/> Downloaded the Child Safety Week ideas booklet |
| <input type="checkbox"/> Downloaded competitions, quizzes and activities | <input type="checkbox"/> Downloaded fact sheets |
| <input type="checkbox"/> Viewed leaflets or booklets on-line | <input type="checkbox"/> Used the links in the on-line ideas booklet to other websites |
| <input type="checkbox"/> Tried the interactive websites listed in the ideas booklet | <input type="checkbox"/> Downloaded resources from other websites listed in the booklet |
| <input type="checkbox"/> Downloaded the template press release | <input type="checkbox"/> Visited CAPT's childminders website www.mindtheroad.org.uk |
| <input type="checkbox"/> Used the links in CAPT's website to the websites of government supporters of Child Safety Week | |
| <input type="checkbox"/> Used the links in CAPT's website to the websites of the charities and companies who sponsor Child Safety Week | |

17. Which of our resources did you like best and why? _____

18. How could we improve our resources to make them more appropriate to your work:

19. Will you continue to use any of the resources after Child Safety Week ends?

- Yes No

20. Do you plan to continue your work on child accident prevention after Child Safety Week is over?

- Yes (please give details below) No (please **go to question 22**)

21. What may be a barrier to this, if anything?

22. How could the Child Accident Prevention Trust help you work on child accident prevention? (E.g. develop an educational resource for families or guidance for your organisation, run a training course or seminar, provide feedback to a government department – please be as specific as possible about what you would find helpful)

23. Do you have a budget for CAPT accident prevention resources for parents and carers?

- Yes (please write in amount) £ _____ No

24. Would you be interested in child accident prevention training?

- Yes No (please **go to question 26**)

25. Do you have a budget for training?

- Yes (please write in amount) £ _____ No

